PIPADOR REVISION

MRCOG Part 1 Revision Notes

Dysmenorrhoea

CLINICAL MANAGEMENT • LECTURE 455

VISUAL EXAMINATION REVISION NOTES

2026 Edition

455

MRCOG PART 1 REVISION NOTES | CLINICAL MANAGEMENT

Dysmenorrhoea

Primary and secondary dysmenorrhoea — definitions, assessment and management

Primary	Secondary	NSAIDs	COC / LNG-IUS
No pathology	Pathology — think endometriosis	First line	Hormonal options

■ KEY FACTS: Learning objectives

- Define primary and secondary dysmenorrhoea.
- Describe assessment and red flags.
- Describe management in line with NICE CKS and NICE NG73 (endometriosis).

455.1 Key definitions

Term	Definition
Dysmenorrhoea	Painful menstruation
Primary dysmenorrhoea	Menstrual pain without underlying pelvic pathology — usually begins within 6–12 months of menarche, lasts 1–3 days, due to excess prostaglandins
Secondary dysmenorrhoea	Menstrual pain due to pelvic pathology (endometriosis, adenomyosis, fibroids, PID, copper IUD)
Deep dyspareunia	Pain deep in the pelvis during intercourse — suggests endometriosis or PID

■ IN PLAIN ENGLISH: Dysmenorrhoea

Most period pain in teenagers is primary and responds to NSAIDs and hormonal contraception. Pain that **starts later, worsens, or comes with other symptoms** suggests a cause — especially endometriosis.

455.2 Assessment

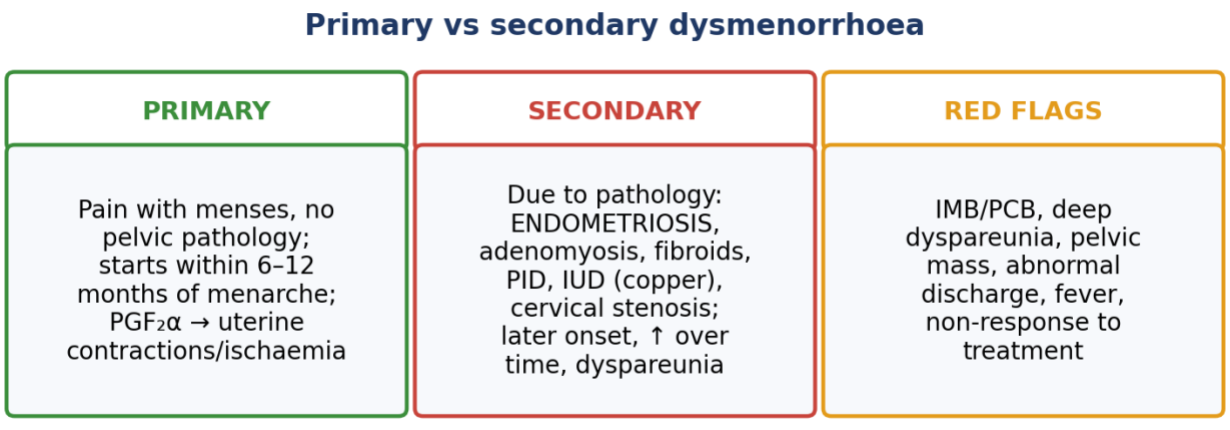


Figure 455.1 — Primary vs secondary dysmenorrhoea

- History: onset, timing, severity
  - Impact (school/work)
  - Associated symptoms (dyspareunia, dyschezia, dysuria, HMB, IMB, discharge), contraception, sexual history, fertility wishes.
- Examination: abdominal ± pelvic (not needed in young women with typical primary dysmenorrhoea unless red flags).
- Investigations: pregnancy test, STI screening (chlamydia/gonorrhoea) if at risk, TVS/pelvic USS if secondary dysmenorrhoea suspected or treatment fails.

455.3 Management

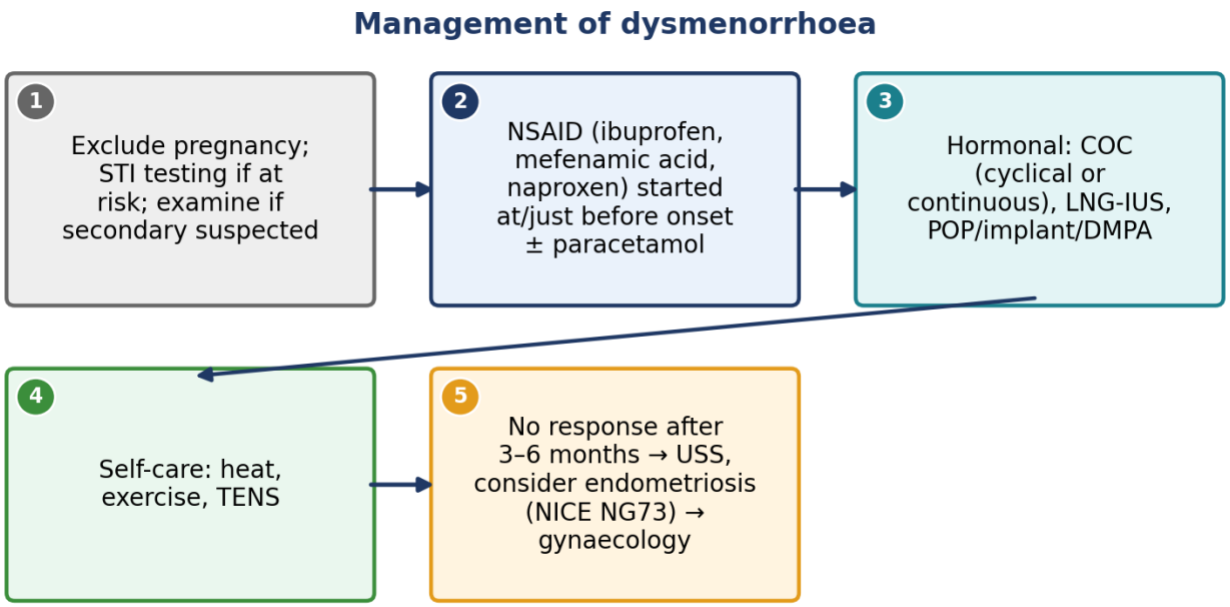


Figure 455.2 — Management of dysmenorrhoea

Option	Details
NSAIDs	• Ibuprofen, naproxen or mefenamic acid regularly from onset (or just before) • Paracetamol if NSAIDs contraindicated
Hormonal contraception	COC (cyclical or continuous/tailored), LNG-IUS, progestogen-only methods — trial for 3–6 months
Non-drug	Local heat, exercise, TENS
Secondary dysmenorrhoea	Treat cause: endometriosis (NICE NG73), adenomyosis (LNG-IUS, GnRH, hysterectomy), PID (antibiotics), copper IUD (change method)
Referral	Failure of 3–6 months' treatment, abnormal examination/USS, suspected endometriosis

■ COMMON PITFALLS

Labelling persistent, worsening pain as 'normal period pain' — average delay in endometriosis diagnosis is ≈ 8 years.

Forgetting STI screening/PID in sexually active women.

455.4 Must-know summary

■ EXAM TIP

- Primary = no pathology (prostaglandins); secondary = pathology (endometriosis, adenomyosis, PID, fibroids, copper IUD).
- NSAIDs first line; hormonal contraception second; heat, exercise, TENS.
- Investigate (USS, STI tests) if secondary features or treatment failure.
- Refer if no response after 3–6 months or suspected endometriosis.

■ MNEMONIC / MEMORY AID

Secondary causes — 'EAT PIC': Endometriosis, Adenomyosis, Tumours (fibroids), PID, IUD (copper), Cervical stenosis.