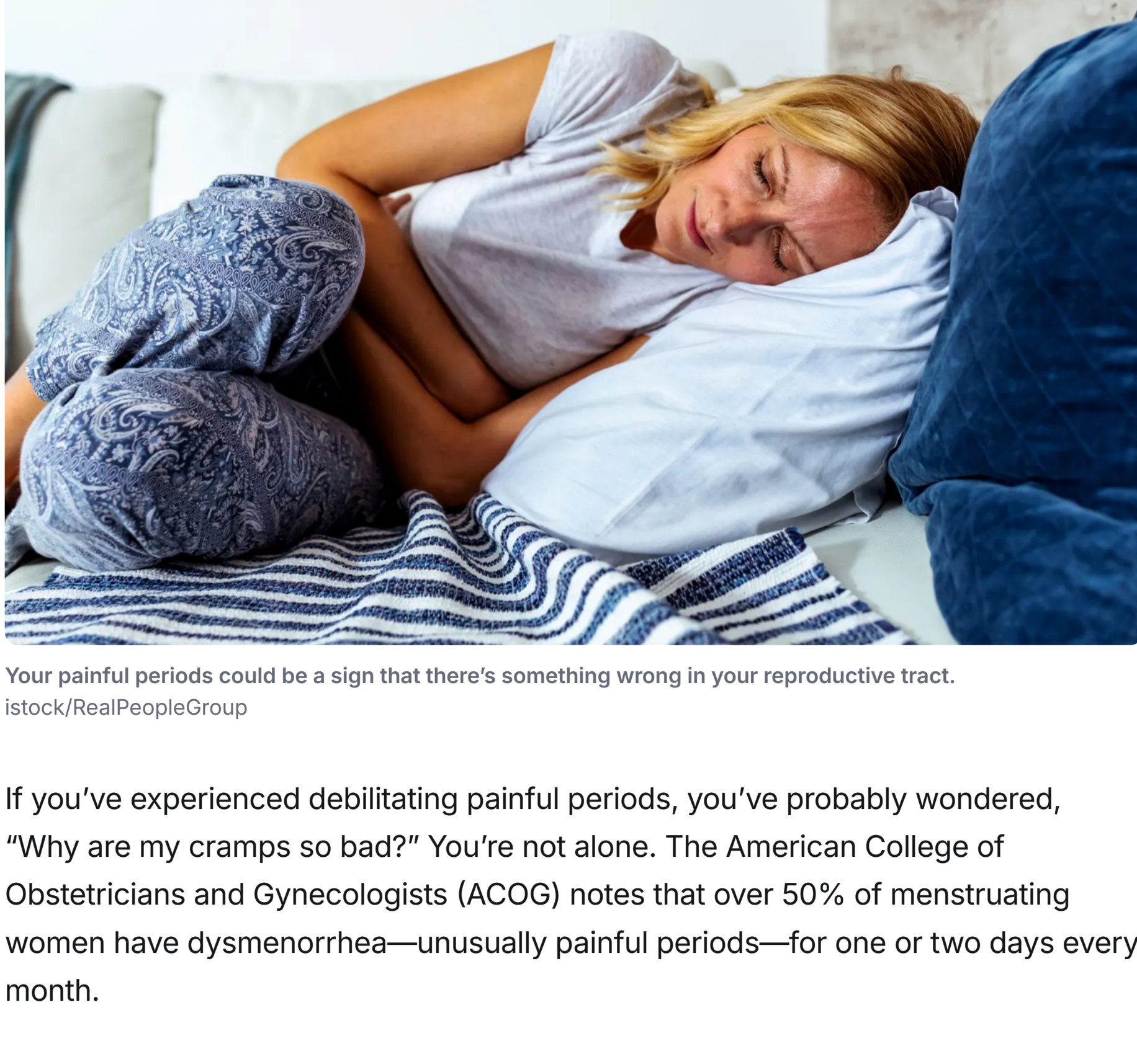


 **Medically Reviewed**

What Your Painful Periods May Be Trying to Tell You

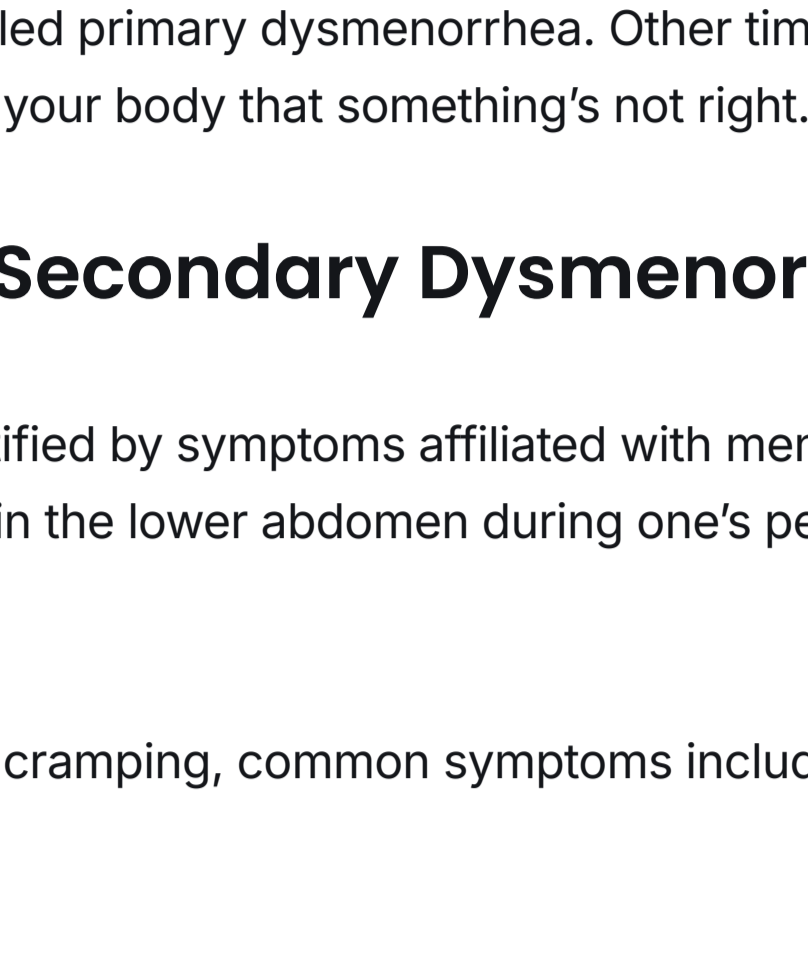
Secondary dysmenorrhea could be your body's way of telling you there's something wrong with your reproductive system. Here's how to get on the road to diagnosis and treatment.

May 25, 2022 By: [Michelle Beauclair](#)
Medical Reviewer: [Andrea Eisenberg, M.D.](#)



Your painful periods could be a sign that there's something wrong in your reproductive tract. [istock/RealPeopleGroup](#)

If you've experienced debilitating painful periods, you've probably wondered, "Why are my cramps so bad?" You're not alone. The American College of Obstetricians and Gynecologists (ACOG) notes that over 50% of menstruating women have dysmenorrhea—unusually painful periods—for one or two days every month.



Though menstrual-associated pain for most women is usually mild, some experience unbearable period pain that prevents them from normal daily activities. Sometimes, dysmenorrhea is a natural side effect of the hormonal activities during your period—that's called primary dysmenorrhea. Other times, though, your painful period is a signal from your body that something's not right.

Primary and Secondary Dysmenorrhea

Dysmenorrhea is identified by symptoms affiliated with menstruation, hallmarked by pain and cramping in the lower abdomen during one's period that disrupts daily activity.

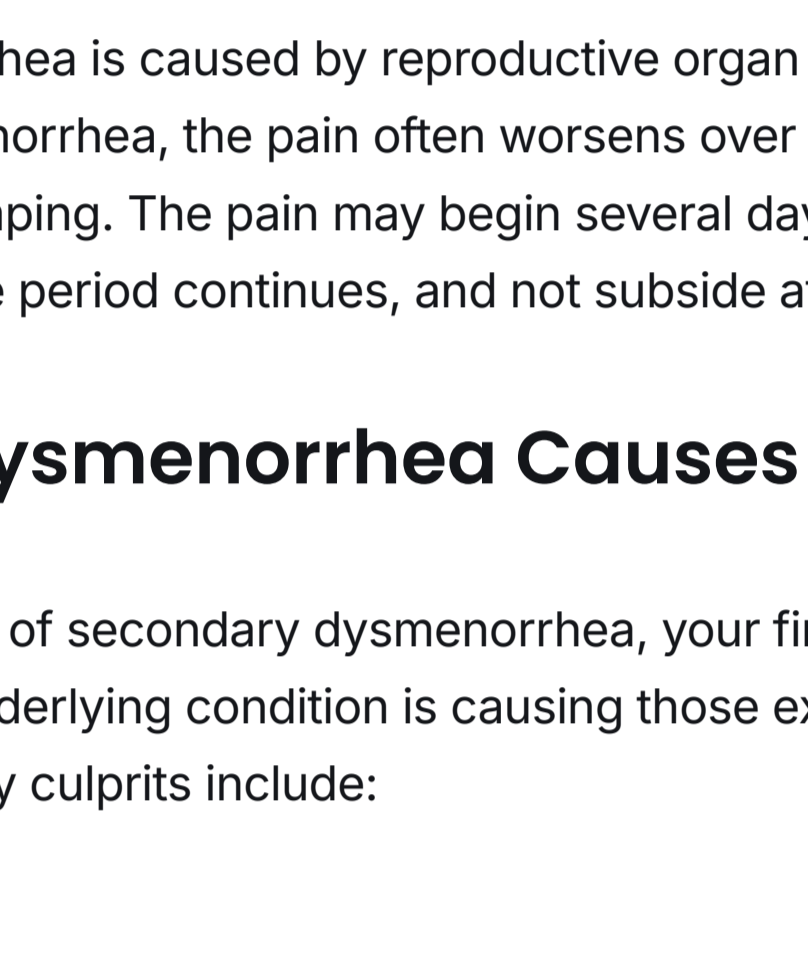
In addition to pain and cramping, common symptoms include:

- Nausea
- Vomiting
- Diarrhea
- Headache
- Low back pain
- Fainting
- Weakness
- Pain radiating down the legs
- Fatigue

Dysmenorrhea is classified as either primary or secondary.

Primary Dysmenorrhea

[ACOG defines](#) primary dysmenorrhea as, "the cramping pain that comes before or during a period." Prostaglandins, natural chemicals created in the uterine lining, are responsible for the pain, the severity of which is related to prostaglandin levels. Prostaglandins regulate the contractions of the uterine muscles and blood vessels.



Prostaglandin levels are high on the first day of a period and consequently, because of the increased contraction frequency, pain ensues. As the uterine lining continues to be shed and bleeding continues, the prostaglandin levels decrease, resulting in less pain after the first couple days of period onset.

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Secondary Dysmenorrhea

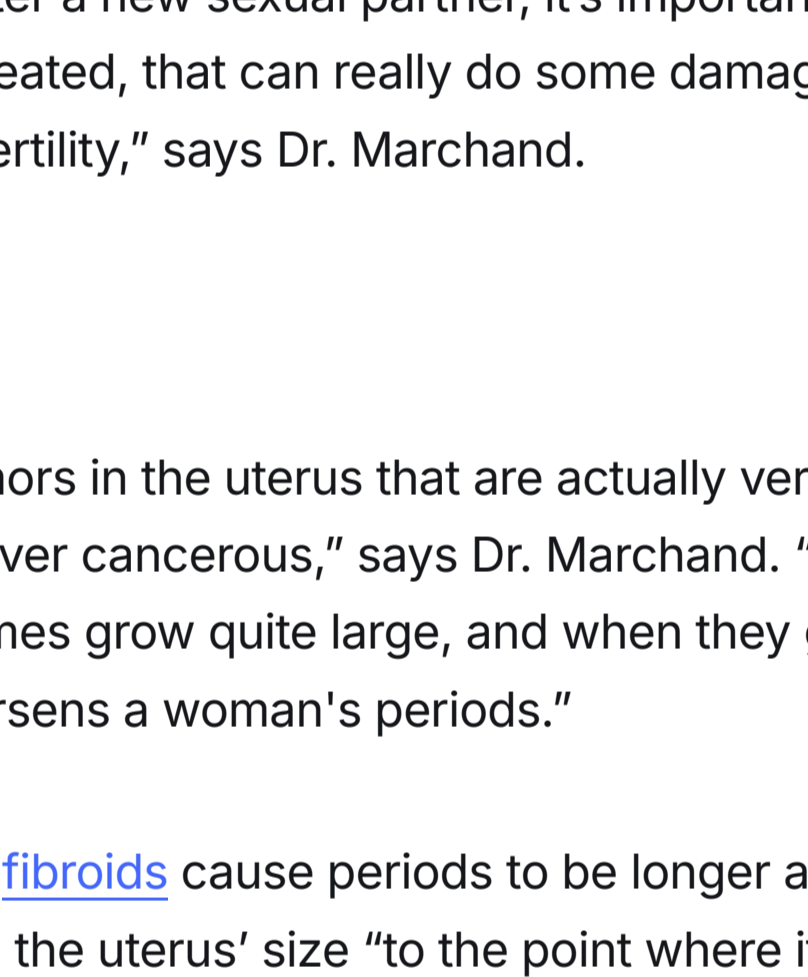
Secondary dysmenorrhea is caused by reproductive organ disorders, notes ACOG. Unlike primary dysmenorrhea, the pain often worsens over time, lasting longer than typical menstrual cramping. The pain may begin several days prior to the period starting, worsen as the period continues, and not subside after it ends.

Secondary Dysmenorrhea Causes

If you have some form of secondary dysmenorrhea, your first step to feeling better is figuring out what underlying condition is causing those extra-painful periods. Some of the most likely culprits include:

Endometriosis

Endometriosis is the most common cause of secondary dysmenorrhea, and [research suggests 5% to 15% of women](#) of reproductive age are affected. It's caused by uterine-like tissue (endometrium) growing outside of the uterus: on the bladder, fallopian tubes, and ovaries or behind the uterus.



Similar to the uterine lining, in response to fluctuating hormones, the tissue disintegrates and bleeds. Pain can be generated by the bleeding, particularly during one's period.

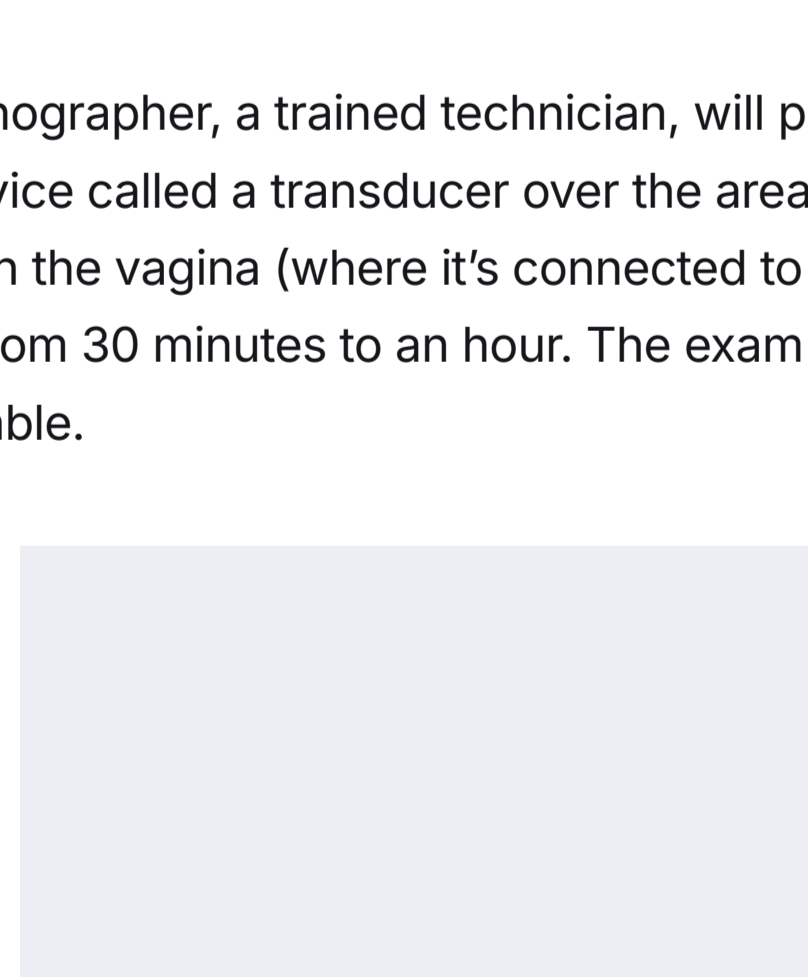
Additionally, scar tissue, known as adhesions, can form within the pelvis where the bleeding happens. The adhesions can be problematic as they sometimes cause organs to adhere to each other, which can also generate pain.

Besides being miserable, [endometriosis](#) can affect fertility and conception. Close to half of women with the condition are unable to conceive.

When and where period pain occurs can offer clues to if the pain is caused by endometriosis.

"If a woman has pain, particularly pain with intercourse or pain that feels like it's outside the uterus but it's happening during her period, it's very likely that's endometriosis," shares Greg Marchand, M.D., board certified in obstetrics and gynecology and director of the [Marchand Institute for Minimally Invasive Surgery](#).

Research suggests that increased menstruation exposure resulting from longer than average flow, short menstrual cycles, and low parity—the number of children you've had—are potential risk factors.



Pelvic Inflammatory Disease

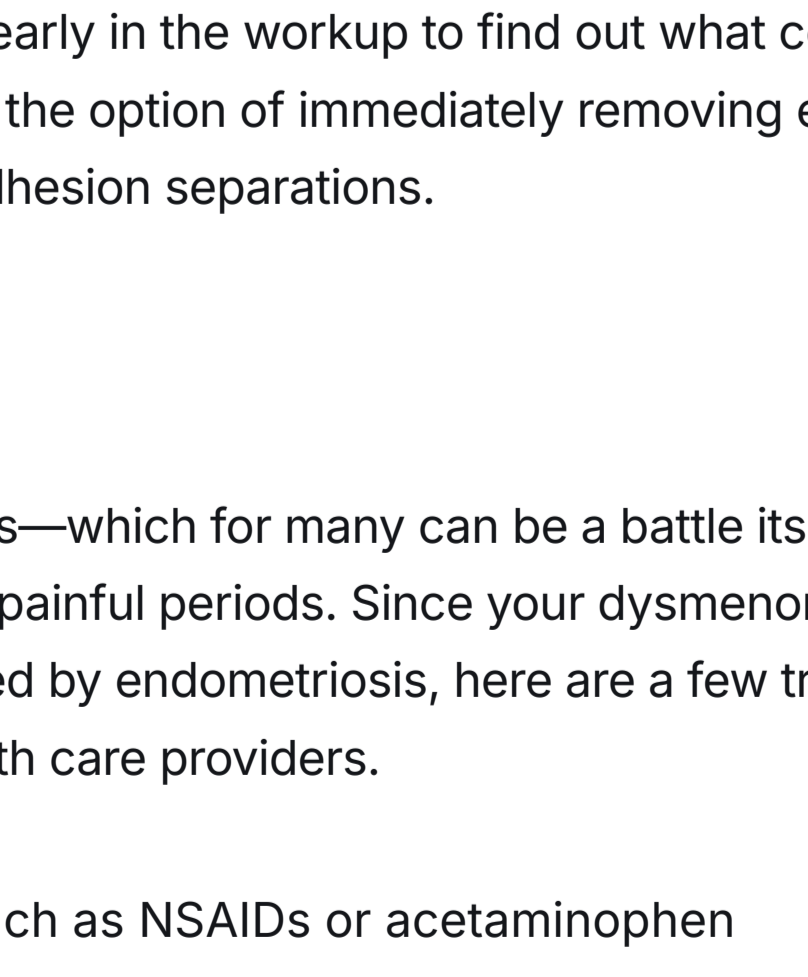
Sexually transmitted diseases (STDs) are most often the causes for pelvic inflammatory disease (PID), says Dr. Marchand. In some cases, however, bacteria that normally live in the vagina, not a known STD, can also be a cause.

"If you suspect you have pelvic inflammatory disease because you had a new onset of [pelvic pain](#) after a new sexual partner, it's important to get the care because if it's left untreated, that can really do some damage inside the pelvis, maybe even cause infertility," says Dr. Marchand.

Fibroids

"Fibroids are small tumors in the uterus that are actually very common and I'm going to say almost never cancerous," says Dr. Marchand. "The problem is that they grow and sometimes grow quite large, and when they grow and deform the uterus, generally it worsens a woman's periods."

He notes the enlarged [fibroids](#) cause periods to be longer and worsen cramps. In addition, they increase the uterus' size "to the point where it can cause a lot of pain and really start to crush the other organs in the pelvis."



Adenomyosis

Adenomyosis occurs when tissue that typically lines the uterus starts to develop in the uterus' muscle wall. This more commonly occurs in older women who have borne children.

Other Medical Conditions

Medical conditions that cause period pain include urinary disorders and Crohn's disease.

Getting a Diagnosis

The first step in getting a diagnosis generally involves a visit with your obstetrician/gynecologist to discuss your symptoms and menstrual cycle. Your doctor may then proceed with a pelvic exam. Depending upon the exam findings your doctor may prescribe medications or move forward with ultrasound or laparoscopic exams.

Ultrasound

Diagnostic ultrasound, also known as diagnostic medical sonography or sonography, uses sound waves to create images of bodily structures.

Before the ultrasound examination, a safe, water-based gel will be placed on your skin directly over the examination area. The gel supports the sound wave transmission necessary to create the images.

During the exam, a sonographer, a trained technician, will press and move a small, hand-held medical device called a transducer over the area or sometimes within the body, often through the vagina (where it's connected to a probe). An ultrasound exam generally lasts from 30 minutes to an hour. The exam is typically pain-free but can be uncomfortable.

Dr. Marchand explains, "Ultrasound is critical because it's going to tell us if there's any tumors there. It's going to tell us if there's any large cysts. They can see polyps in the uterus as well as fibroids. And even in cases where we're diagnosing something that is not visible on ultrasound like endometriosis, the ultrasound will still be very helpful to show us where the patient is hurting. And then from there we can make some good assumptions as to where the pain might be from based on where the patient's hurting."

Laparoscopy

Laparoscopy is a minimally invasive diagnostic tool. The procedure is done by making a small cut (incision) near the belly button through which the laparoscopy—a thin, lighted, and flexible camera—is guided into the abdomen. The procedure is commonly done with general anesthesia in a hospital or surgical center.

"Laparoscopy can show you endometriosis, whereas endometriosis really can't be seen on ultrasound. The other thing it's very good for is adhesions, when stuff is stuck together in the pelvis. Particularly when someone may have had pelvic inflammatory disease in the past, laparoscopy is very good for that," says Dr. Marchand.

He grants that while laparoscopy isn't the first approach in diagnosis, it's a great diagnostic tool to use early in the workup to find out what could be causing pain. Laparoscopy provides the option of immediately removing endometriosis during the exam and doing adhesion separations.

Now What?

Armed with a diagnosis—which for many can be a battle itself to get—you can now begin to address your painful periods. Since your dysmenorrhea is statistically most likely to be caused by endometriosis, here are a few treatment options to discuss with your health care providers.

- Pain medication such as NSAIDs or acetaminophen
- Hormone therapy, such as some forms of birth control
- Laparoscopic surgery to remove tissue
- Hysterectomy

"Most importantly, get care. Pelvic pain is extremely common and very treatable," advises Dr. Marchand.

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Michelle Beauclair, Health Writer: Michelle Beauclair is a writer specializing in medical, financial technology, artificial intelligence, and oil and gas content. Contact her at M@beauclairmedia.com or [Beau Clair Media](#).

Andrea Eisenberg, M.D., Obstetrician-Gynecologist: Andrea Eisenberg, M.D., is a board certified ob/gyn in the Metro Detroit area. She takes care of women throughout their lifespan, from the teenage years through menopause, including delivering their babies.

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