

Period pain

Dysmenorrhoea

Peer reviewed by **Dr Colin Tidy, MRCGP**

Last updated by **Dr Doug McKechnie, MRCGP**

Last updated 13 Mar 2023

✓ Meets Patient's **editorial guidelines**

Est. **8 min** reading time

Most women have some pain during periods. The pain is often mild but, in about **1 in 10 women**, the pain is severe enough to affect day-to-day activities. The pain can be so severe that they are unable to go to school or work. Doctors may call period pain 'dysmenorrhoea'. Period pain is one type of pelvic pain.

At a glance

- Period pain, or dysmenorrhoea, is crampy pain in your lower tummy.
- It can spread to your lower back or the top of your legs.
- Primary dysmenorrhoea has no underlying cause, while secondary dysmenorrhoea is due to other conditions.
- Painkillers like ibuprofen or paracetamol, warmth, and gentle exercise can help.
- See a doctor if you have a fever, unusual vaginal discharge, or sudden severe pain.
- Seek medical advice if your period pain changes or becomes more severe.

This summary has been automatically generated from the article content to help readers quickly understand the key points.



Scan this QR code to view this article online or visit <https://patient.info>

Our clinical information meets the standards set by the NHS in their Standard for Creating Health Content guidance.

What does period pain feel like?

The main symptom is crampy pain in your lower tummy (abdomen). Often, the first few periods that you have are painless. Period pains may only begin 6-12 months after you have started your periods. The pain:

- May spread to your lower back, or to the top of your legs.
- Usually starts as the bleeding starts, but it may start up to a day before.
- Usually lasts 12-24 hours but lasts 2-3 days in some cases.
- Can vary with each period. Some periods are worse than others.
- Tends to become less severe as you get older, or after having a baby.

In some women, other symptoms occur as well as pain – for example:

- Headaches.
- Tiredness.
- Faintness.
- Breast tenderness.
- Feeling sick (**nausea**).
- Bloating.
- **Diarrhoea**.
- Feeling emotional or tearful.

Note: the following symptoms can indicate other medical conditions:

- High temperature (**fever**).
- **Vaginal discharge**.
- Sudden severe abdominal pain.
- Pain when you have sex.



- Vaginal bleeding after having sex.

You should see your doctor if any of these symptoms develop. Keeping a **diary of your symptoms** can help your doctor to better understand the cause of your period pain.

What is dysmenorrhoea?

"Dysmenorrhoea" is the medical term for painful menstrual periods.

Primary dysmenorrhoea

This is the most common type of painful period. This occurs where there is no underlying problem of the womb (uterus) or pelvis. "Primary" means that there's no other health condition causing it. It often occurs in teenagers and in women in their 20s.

Secondary dysmenorrhoea

This is pain caused by a problem of the womb or pelvis. "Secondary" means that the pain is due to another medical condition. This is less common and is more likely to occur in women in their 30s and 40s.

What causes dysmenorrhoea?

The cause is often not clear (this is called primary dysmenorrhoea). In primary dysmenorrhoea, the womb (uterus) is normal. It is thought that normal body chemicals called prostaglandins build up in the lining of the womb. Prostaglandins help the muscular wall of the womb to contract and remove the lining of the womb during a period.

In women with period pain there seems to be a build-up of too much prostaglandin, or the womb may be extra sensitive to the prostaglandins. This may cause the womb to contract too hard. This reduces the blood supply to the womb and leads to pain.

Secondary dysmenorrhoea

A problem of the womb or pelvis sometimes causes painful periods. For example:



- **Endometriosis.**
- **Fibroids.**
- Infection of the womb and Fallopian tubes (**pelvic inflammatory disease**).

Secondary dysmenorrhoea symptoms

Again, the main symptom is lower tummy pain during your periods (menstrual cramps). With secondary dysmenorrhoea, your periods tend to become more painful after several years of 'normal' periods (that is, periods with normal, mild, period pains).

The following may indicate secondary dysmenorrhoea:

- If you have a change in your usual pattern of pain. For example, if your periods become more painful than they used to be, or the pain lasts longer than it used to. In some women with secondary dysmenorrhoea the pain starts several days before the period begins, and lasts all the way through the period. (This is uncommon with primary dysmenorrhoea.)
- If you have other symptoms – for example:
 - Irregular periods.
 - Bleeding between periods.
 - Pains between periods.
 - The bleeding becomes heavier than previously.
 - Vaginal discharge.
 - Pain during sex.
 - Pain in your back passage (rectum).

You should see your doctor if you develop any of these problems.

What tests are needed for painful periods?

In many cases (particularly in teenagers) the symptoms are so typical that it can be confidently diagnosed by your doctor just by asking about your symptoms. Your



that it is normal (which it is in primary dysmenorrhoea).

Tests and an internal (pelvic) examination are not normally needed unless symptoms are unusual. In that case an underlying cause of painful periods (secondary dysmenorrhoea) may be suspected.

Secondary dysmenorrhoea

Your doctor will usually examine you if they suspect that you have secondary dysmenorrhoea. This may involve an internal examination to check your womb (uterus) and pelvis as well as an examination of your tummy. The idea is to look for possible causes of your painful periods, such as fibroids in your womb. Your doctor may also suggest that they take some samples (swabs) during the examination to look for any signs of infection.

If your GP feels that you have secondary dysmenorrhoea, they may arrange further tests (such as an ultrasound scan) or refer you to a specialist (usually a gynaecologist) for their opinion and other investigations. The investigations that are carried out depend on the likely underlying problem. They may include:

- An **ultrasound scan** of your womb and pelvis.
- Using a **telescope to examine the inside of your womb (a hysteroscopy)**.
- Using a telescope to examine the internal organs of your pelvis (a laparoscopy).
See the separate leaflet called Laparoscopy and Laparoscopic Surgery for more detail.

How to ease period pain

Most women with painful periods have mild pain that they can treat themselves at home. However, if your pain becomes more severe and is interfering with your usual activities, you should see your doctor.

There are a number of treatments that may help if you have primary dysmenorrhoea:

Keep active

Try light exercise and try gentle massage and relaxation techniques.



Warmth

You may find it soothing to hold a hot water bottle against your lower tummy (abdomen), or to have a hot bath. The pain often does not last long, and this may be all that you need. (Be careful not to burn yourself with a hot water bottle which is too hot.)

Non-steroidal anti-inflammatory painkillers

Anti-inflammatory painkillers can greatly ease the pain in about 7 out of 10 cases. They work by blocking the effect of the prostaglandin chemicals that are thought to cause the pain. Also, non-steroidal anti-inflammatory painkillers usually reduce the amount of bleeding. There are several types and brands, and most need a prescription.

A commonly prescribed option is **mefenamic acid**. However, you can buy one type (**ibuprofen**) at pharmacies. Some tips when using an anti-inflammatory include the following:

- Take the first dose as soon as your pain begins, or as soon as the bleeding starts, whichever comes first. Some doctors advise to start taking the tablets the day before your period is due. This may prevent the pain from building up.
- Take the tablets regularly, for 2–3 days each period, rather than 'now and then' when pain builds up.
- Take a strong enough dose. If your pains are not eased, ask your doctor or pharmacist if the dose that you are taking is the maximum allowed. An increase in dose may be all that you need.
- Some people cannot take non-steroidal anti-inflammatory painkillers. For example, people with a stomach ulcer, and some people with asthma.
- Side-effects are uncommon if you take a non-steroidal anti-inflammatory painkiller for just a few days at a time, during each period. Read the leaflet that comes with the tablets for a full list of possible side-effects and cautions.

Paracetamol

Paracetamol is an alternative painkiller that you can try if you cannot take non-steroidal anti-inflammatory painkillers. Also, paracetamol can be used in combination with a non-steroidal anti-inflammatory painkiller if the anti-



Scan this QR code to view this article online or visit <https://patient.info>

Our clinical information meets the standards set by the NHS in their Standard for Creating Health Content guidance.

inflammatory alone is not enough. Always read the details on the packet so that you do not exceed the maximum daily dose of either painkiller.

Combined hormonal contraceptive (CHC) in the form of 'the pill', the patch or the ring

These are called 'combined' hormonal contraceptives because they contain two hormones – oestrogen and progesterone. They provide contraception (preventing pregnancy), but are still a good option for heavy periods even if you don't need contraception. Heavy and painful periods are much less likely if you take CHC. You can also take them in a way so that you have fewer periods in a year, giving you control over when you have a period. This will reduce the number of times you have pain. [See the separate leaflet called Contraceptive Hormone Pills, Patches and Rings for more detail.](#)

The intrauterine system (IUS)

A special intrauterine contraceptive called the IUS is an option if you also need long-term contraception. This is a T-shaped plastic frame that is inserted into the womb (uterus). The IUS slowly releases a progestogen hormone called levonorgestrel. This 'thins' the lining of the womb. It is a very effective contraceptive, and also reduces the amount of pain and bleeding during periods. [See the separate leaflet called Intrauterine System \(IUS\) which describes the IUS in more detail.](#)

Other progestogen contraceptives

Another option if you also need contraception is to try another type of contraception that contains progestogen. These might also be recommended if you can't have combined hormonal contraception (some people have medical conditions that make it unsafe). Options include the progestogen only contraceptive pill, the progestogen implant, or an injectable progestogen contraceptive. See the separate leaflets called [Progestogen-only Contraceptive Pill \(POP\)](#), [Contraceptive Implant](#), and [Contraceptive Injection](#) which describe these options in more detail.

A transcutaneous electrical nerve stimulation (TENS) machine

A [TENS machine](#) can be an option for women who prefer not to use medication. These machines give out a small electrical current. They seem to work by interfering with pain signals which are sent to the brain from the nerves. However, you would



normally have to buy a TENS machine, as they are not available on the NHS for the treatment of period pain. **See the separate leaflet called TENS Machines for more details.**

Secondary dysmenorrhoea treatment

The treatment of secondary dysmenorrhoea depends on the underlying cause. Read more about **fibroids**. See the separate leaflets called **Endometriosis** and **Pelvic Inflammatory Disease**, which describe in more detail some of the problems that can cause secondary dysmenorrhoea. These leaflets also discuss treatment.

If you have an **intrauterine device (IUD - also known as 'the copper coil')** and have painful periods, the treatments for primary dysmenorrhoea (described above) often help. However, some women prefer to have their IUCD removed if symptoms do not improve.

Frequently asked questions

When can period pain start after I begin having periods?

It's common for the first few periods to be painless. Period pain may only begin 6–12 months after you've started your periods.

What is the difference between primary and secondary dysmenorrhoea?

Primary dysmenorrhoea is the most common type of painful period, occurring without any underlying problem of the womb or pelvis. Secondary dysmenorrhoea, on the other hand, is pain caused by another medical condition affecting the womb or pelvis, and is less common.

What kind of exercise can help ease period pain?

Light exercise and gentle massage, along with relaxation techniques, can help ease period pain.



Can period pain be treated without medication?

Yes, aside from pain relief medication, warmth (like a hot water bottle or a hot bath), light exercise, gentle massage, and relaxation techniques can help. A TENS machine, which uses a small electrical current to interfere with pain signals, is also an option for those who prefer not to use medication.

How do combined hormonal contraceptives help with painful periods?

Combined hormonal contraceptives, such as the pill, patch, or ring, contain two hormones (oestrogen and progesterone). They significantly reduce the likelihood of heavy and painful periods. You can also use them to have fewer periods in a year, which helps control when you experience pain.

These questions and answers have been generated from the information in this article.

Further reading and references



- **Marjoribanks J, Ayeleke RO, Farquhar C, et al** (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=26224322); Nonsteroidal anti-inflammatory drugs for dysmenorrhoea. Cochrane Database Syst Rev. 2015 Jul 30;(7):CD001751. doi: 10.1002/14651858.CD001751.pub3.
- **Pattanittum P, Kunyanone N, Brown J, et al** (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=27000311); Dietary supplements for dysmenorrhoea. Cochrane Database Syst Rev. 2016 Mar 22;3:CD002124. doi: 10.1002/14651858.CD002124.pub2.
- **Smith CA, Armour M, Zhu X, et al** (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=27087494); Acupuncture for dysmenorrhoea. Cochrane Database Syst Rev. 2016 Apr 18;4:CD007854. doi: 10.1002/14651858.CD007854.pub3.



- **Dysmenorrhoea** [🔗](https://cks.nice.org.uk/topics/dysmenorrhoea/) (<https://cks.nice.org.uk/topics/dysmenorrhoea/>); NICE CKS, October 2023 (UK access only)

About the author [View full bio](#)

Dr Doug McKechnie, MRCGP

Medical Writer

MA, MBBS, MSc, DRCOG, MRCP(UK), MRCGP(2021), FHEA

Dr Doug McKechnie is an NHS GP working in London. He works full-time clinically and is also the Deputy Lead for the Clinical and Professional Practice module at University College London Medical School.

About the reviewer [View full bio](#)

Dr Colin Tidy, MRCGP

General Practitioner, Medical Author

MBBS, MRCGP, MRCP (Paediatrics), DCH

Dr Colin Tidy is an NHS Doctor, based in Oxfordshire.

Article history

The information on this page is written and peer reviewed by qualified clinicians.

Article also available in **English**, **German**, **Spanish**, **French**, **Italian** (<https://it.patient.info/womens-health/period-pain-dysmenorrhoea>), **Portuguese** (<https://pt.patient.info/womens-health/period-pain-dysmenorrhoea>), **Hindi** (<https://hi.patient.info/womens-health/period-pain-dysmenorrhoea>), **Hebrew** (<https://he.patient.info/womens-health/period-pain-dysmenorrhoea>), **Arabic** (<https://ar.patient.info/womens-health/period-pain-dysmenorrhoea>), and **Swedish** (<https://sv.patient.info/womens-health/period-pain-dysmenorrhoea>).

• Next review due: 10 Feb 2028

• 13 Mar 2023 | Latest version



Scan this QR code to view this article online or visit <https://patient.info>

Our clinical information meets the standards set by the NHS in their Standard for Creating Health Content guidance.

Last updated by

Dr Doug McKechnie, MRCGP

Peer reviewed by

Dr Colin Tidy, MRCGP



Scan this QR code to view this article online or visit <https://patient.info>

Our clinical information meets the standards set by the NHS in their Standard for Creating Health Content guidance.