

Adolescent dysmenorrhoea into adulthood: predictors and outcomes

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Introduction

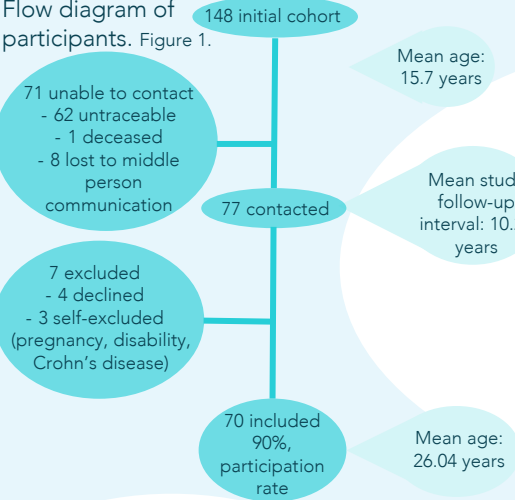
Dysmenorrhoea affects between 20-90% of adolescents (1). There are no known follow-up studies of adolescents with dysmenorrhoea into adulthood.

Methods

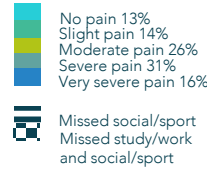
Follow-up of initial study cohort of adolescents with dysmenorrhoea at 4-14 years. Analysis of current menstrual symptoms, treatment and diagnoses, as well as features in adolescence associated with dysmenorrhoea in adulthood. Data from self-collected questionnaires and surgical records.

Results

Flow diagram of participants. Figure 1.



Severity of pain with menstruation as an adult and portion who reported missing study/work or social/sport commitments in the preceding 3 months due to period pain Figure 2.

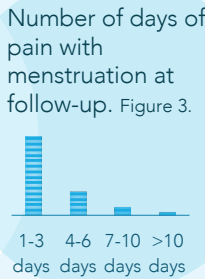


No significant difference found between rates of adolescents missing school (15 or 25%) and adults missing study/work (20 or 33%) (p = 0.49).

Management of dysmenorrhoea: in adolescence, previous and current Table 1.

Management of dysmenorrhoea	Management as adolescent (n=148)	Current management (n=61)
Pain killers	81% (121)	80.3% (49)
OCP	79% (117)	44.3% (27)**
Cyklokapron	20% (30)	1.6% (1)**
Oral progesterone	15% (22)	0**
Diet, supplements	7% (11)	3.3% (2)
DMPA	5% (8)	0
Hot water bottle/heat pack	4% (6)	24.6% (15)**
Naturopathic medications	2% (3)	8.2% (5)
Rod etonogestrel implant	1% (2)	4.9% (3)
Levonorgestrel IUD	1% (1)	4.9% (3)*
Exercise	0	4.9% (3)**
Acupuncture	0	1.6% (1)
Homeopathy	0	1.6% (1)

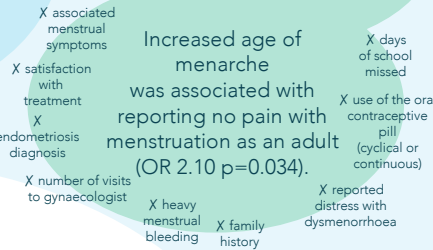
p<0.05, **p<0.01, OCP – oral contraceptive pill, IUD - intra uterine device, DMPA -depomedroxyprogesterone acetate



Adolescent features associated with reported levels of period pain as an adult. Figure 4.

No adolescent characteristics were found to be associated with severe or very severe pain with menstruation as an adult.

Increased age of menarche was associated with reporting no pain with menstruation as an adult (OR 2.10 p=0.034).



Discussion

- **First of its kind** to follow-up adolescents with dysmenorrhoea into adulthood, others looked at adult populations (1,2,3) • the rate of dysmenorrhoea within the broad range reported for the general population (30-80%) (4,5), it had also decreased in keeping with previous findings of lower rates in adults (4)
- the **management of pain with periods changed significantly**, participants used the OCP, cyklokapron and oral progesterone less as they were older, which may be secondary to lower rates of dysmenorrhoea, but also potentially a reflection of dysmenorrhoea

being poorly and haphazardly managed as noted elsewhere (7,8) • **increased age of menarche** has been found in follow-up adult and retrospective studies to be associated with **lower rates of dysmenorrhoea** (2,5) but some other reported risk factors were not significant in this study (such as family history) (2,5) • study limitations include the lack of a pain catastrophisation score in adolescence and data regarding impacts on quality of life • findings are important for **counselling young women** and provide stimulus for **further research**

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