

Period pain to menstrual irregularities: A comprehensive guide to menstrual disorders.

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Introduction

Menstruation, often known as a period, is the normal vaginal bleeding that occurs as part of a woman's monthly cycle. Many women experience painful periods, often known as dysmenorrhea. Menstrual cramps, a throbbing, cramping pain in your lower abdomen, are the most common cause of pain. Other symptoms may include lower back discomfort, nausea, diarrhoea, and headaches. Premenstrual syndrome (PMS) is not the same as period discomfort. PMS manifests itself in a variety of ways, including weight gain, bloating, irritability, and fatigue. PMS usually begins one to two weeks before your period [1].

The majority of menstrual cycles last between 24 to 32 days, with a 28-day cycle considered normal. During the reproductive years, the menstrual cycle fluctuates but is most consistent between the ages of 20 and 40. The average blood loss per cycle is between 37 and 43 ml, with a highest limit of 80 ml per menstruation. Menstrual dysfunction, or interruption in the flow or timing of this cycle, is a relatively common reason for a gynaecologist's visit. The causes are numerous, but several common causes are addressed here, along with treatment options [2].

Women who have painful periods may have greater than average quantities of natural substances. These substances (prostaglandins) produce uterine, intestinal, and blood vessel contractions. For period pain, nonsteroidal anti-inflammatory drugs (NSAIDs) are commonly recommended as first-line treatment to reduce pain and inflammation. Hormonal therapies, such as oral contraceptives or progestins, can also be prescribed to regulate menstrual cycles and alleviate dysmenorrhea. Additionally, complementary therapies, including heat therapy, acupuncture, and herbal remedies, may offer relief for some individuals. Adolescents typically describe heavy menstrual bleeding (HMB). In evaluating such patients, the hematologist's role is threefold: perform a clinical and laboratory evaluation for an underlying bleeding disorder based on the degree of clinical suspicion, identify and manage any concomitant iron deficiency, and provide input to the referring provider regarding the management of HMB, particularly for patients with identified hemostatic defects. Several clues in the menstrual history, such as menstrual flow that soaks >5 sanitary products per day or requires product change during the night, passage of large blood clots, or failure

to respond to conventional therapies, should raise suspicion for an underlying bleeding disorder [3].

Menstrual irregularities, characterized by variations in cycle length, frequency, or flow, require a tailored treatment approach depending on the underlying cause. Hormonal contraceptives, such as combined oral contraceptives or progestin-only pills, are often prescribed to regulate hormonal imbalances and establish a regular menstrual pattern. In cases of polycystic ovary syndrome (PCOS), lifestyle modifications, weight management, and medications to address insulin resistance may be recommended. Surgical interventions, such as dilation and curettage (D&C) or endometrial ablation, might be considered in certain situations to address abnormal uterine bleeding. Furthermore, addressing underlying conditions contributing to menstrual disorders is essential. For example, managing stress through relaxation techniques and counselling can help alleviate symptoms. In cases of endometriosis, which can cause severe period pain and fertility issues, surgical interventions, such as laparoscopy, may be necessary to remove endometrial tissue [4].

Shared decision-making between healthcare providers and patients is crucial in determining the most appropriate treatment approach. Factors such as the severity of symptoms, personal preferences, and the desire for fertility preservation should be taken into account when considering treatment options [5].

Conclusion

The treatment of period pain and menstrual irregularities encompasses various modalities aimed at reducing symptoms, regulating menstrual cycles, and improving overall well-being. A combination of pharmacological therapies, hormonal interventions, lifestyle modifications, and complementary approaches can be utilized to address individual needs effectively. Healthcare providers play a critical role in guiding women through these treatment options, empowering them to make informed decisions and ultimately achieve better menstrual health.

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