Problems associated with the menstrual cycle

I. PMS: Pre-menstrual Syndrome
   A group of symptoms that start 7 to 14 days before menses
   - Acne
   - Bloating abdomen
   - Constipation
   - Crying spells
   - Depression
   - Fast heartbeat
   - Feeling hungry
   - Feeling irritable or tense
   - Feeling tired
   - Feeling anxious
   - Headache
   - Joint pain
   - Mood swings
   - Not feeling as interested in sex
   - Tender and swollen breasts
   - Trouble concentrating
   - Trouble sleeping
   - Swollen hands or feet
   - Wanting to be alone
   - Weight gain

A. Physical fluctuations noted during the cycle are normal
   - During menses
     - Post ovulation
     - Body temp. rises
     - Food intake and energy expenditure rise
     - Cravings for sweets increases
     - Premenstrually
   - Week after menses
   - During/near ovulation
### B. Tips on controlling PMS

- Eat complex carbohydrates (such as whole grain breads, pasta and cereals), fiber and protein. Cut back on sugar and fat.
- Take vitamins and a calcium supplement.
- Avoid salt for the last few days before your period to reduce bloating and fluid retention.
- Cut back on caffeine to feel less tense and irritable and to ease breast soreness.
- Cut out alcohol. Drinking it before your period can make you feel more depressed.
- Try eating up to 6 small meals a day instead of 3 larger ones.
- Get aerobic exercise. Work up to 30 minutes, 4 to 6 times a week.
- Get plenty of sleep—about 8 hours a night.
- Keep to a regular schedule of meals, bedtime and exercise.
- Try to schedule stressful events for the week after your period.

### C. PMS, a misogynistic myth?

- Impossible to define PMS, very difficult to diagnose
- Both men and women experience mood fluctuations in the course of any given month...
  - If symptoms follow the same pattern each month, it may be PMS

### II. Causes of amenorrhea

- Primary amenorrhea –
- Due to:
  - Thyroid disorders, problems with adrenal cortex or pituitary gland
  - Extreme malnutrition
  - Genetics – Mayer-Rokitansky-Kuster-Hauser syndrome mullerian agenesis or dysgenesis; AIS, Turner’s syndrome – ovaries undergo atresia, no primordial oocytes
- Cryptomenorrhea –
- Secondary amenorrhea –
III. Abnormal uterine bleeding

Any departure from the norm

- **Metrorrhagia** – bleeding between periods
  - Light spotting near ovulation – due to surge in LH

- Problems with corpus luteum cause lower levels of progesterone to be released, and can cause abnormal bleeding
  - Hypomenorrhea
  - Hypermenorrhea
  - Oligomenorrhea
  - Dysfunctional uterine bleeding – heavy, and/or irregular bleeding that cannot be attributed to another cause

Diagnosis

- Make sure that bleeding is coming from the vagina and is not from the rectum or in the urine. Inserting a tampon into the vagina will confirm the vagina, cervix, or uterus as the source of bleeding.
- Careful history is important
- See your gynecologist for a complete exam
### IV. Painful Periods

#### A. Primary Dysmenorrhea – painful menses (without any evidence of physical abnormality)
- Cramps

#### B. Secondary Dysmenorrhea – Physical abnormalities can result in painful periods:
1. Pelvic adhesions
2. Cervical stenosis
3. Fibroid tumors
4. Endometriosis

---

#### 1) Pelvic Adhesions
- Band of scar tissue that binds 2 parts of your tissue together, they may appear as thin sheets of tissue similar to plastic wrap or as thick fibrous bands
- Pelvic inflammatory disease (PID)

---

#### 2) Cervical stenosis
- Constriction or narrowing of the cervix
- May be congenital or due to scarring from infection, trauma or surgery
- Treatment = 
3) Fibroid tumors

- solid tumors which are made of fibrous tissue
- size of fibroids varies immensely
- diagnosed when an enlarged, irregularly shaped uterus is identified during a pelvic exam

Types:
- Submucosal, subserous, intramural, pedunculated

Symptoms:

4) Endometriosis

- Adenomyosis
Treatment of Fibroids & Endometriosis:

- **Hysterectomy** –
  - Alternative treatments should be tried first!

1. **Myomectomy** – excise fibroids without removing the uterus by making an incision into the uterus
   - Laparatomy -
   - Laparoscopy –

2. **GNRH agonists** –

3. **Uterine artery embolization** - placing a small catheter into an artery in the groin and directing it to the blood supply of the fibroids.
   - http://www.youtube.com/watch?v=A-Za7OnmpKal
V. Pre-existing conditions affected by the cycle

- Epilepsy – seizure disorders increase in frequency premenstrually and menstrually.

- Migraines – 60% of women who have migraines experience them in the premenstrual phase

- Rheumatoid arthritis – more pain & joint swelling during the early part of cycle, due to anti-inflammatory affect of progesterone

- Asthma – 1/3 of asthmatic women experience greater problems during pre-menstrual phase

VI. Toxic Shock Syndrome - TSS

- Rare and sometimes fatal disease caused by a toxin produced by

  - Associated with the use of highly absorbent tampons
  - May also be a result of skin wounds or infections elsewhere in the body
  - Tampons MUST be changed every 4 to 6 hours!!!

Symptoms of TSS

The average time before symptoms appear for TSS is 2 to 3 days after an infection with Staphylococcus, although this can vary depending on the cause of the infection.

- high fever (greater than 102 degrees Fahrenheit )
- rapid drop in blood pressure (with lightheadedness or fainting)
- sunburn-like rash on the entire body
- vomiting and diarrhea
- severe muscle aches
- bright red coloring of the eyes, throat, and vagina
- headache, confusion, and disorientation
- kidney and other organ failure
FAQ

- Is it okay to have sex during my period?
- Are vaginal infections more likely during my period?
- Sometimes there are thick blood clots in my menstrual flow, does that mean something is wrong?
- My mother had a hysterectomy. Does that mean I'll need one too?