Presenting complaints in Gynecology Outpatient Department (OPD) and Prevalence and Assessment of Dysmenorrhea

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ABSTRACT

Introduction: Menstrual disorder encompasses a major chunk of gynecological outpatient department visits. Among menstrual disorders, dysmenorrhea is the commonest problem during reproductive life. Dysmenorrhea is crampy lower abdominal pain involving lower back, genitalia and upper thigh. Its prevalence varies widely from 40-94% with environment, ethnicity, lifestyle etc. It is a major cause for absenteeism from job/school. Common risk factors include family history, low body mass index (BMI), early menarche, psychological factors, smoking etc.

Methods: This non-interventional cross-sectional study was conducted over 427 females of reproductive age group (15-49 years) visiting Gynecology OPD for 6 months' duration. Information was gathered from patients using a semi-structured standardized questionnaire formulated after a pilot study after obtaining written consent. Patients out of the specified age group, not giving consent, or previously interviewed patients coming for follow-up were excluded from the study.

Results: This study showed the commonest complaint for visiting hospital as lower abdominal pain (50.6%), followed by menstrual abnormalities and Per-Vaginal (PV) discharge. Among menstrual problems, majority complained of irregularity of cycle (53.3%), followed by menorrhagia. The lifetime prevalence of dysmenorrhea was 86.4%, while point prevalence was 75.6%. Among dysmenorrheic individuals; 36.9%, 26.8% and 36.3% had mild, moderate, and severe pain respectively. Among them only 24.6% were taking medications and 6.5% were using hot water bag. There were significant correlations of severity of dysmenorrhea with its impact on activities (p=.000) and intervention (p=.000) though there was no significant correlation with family history, alcohol and tobacco consumption.

Conclusion: Lower abdominal pain is the commonest complaint for gynecological OPD visit. Among menstrual disturbances, dysmenorrhea is a common entity that has significant impact on life and needs proper intervention.

Keywords: *dysmenorrhea; gynecological problems; menstrual problems*

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INTRODUCTION

Menstrual disorders has been found to be the commonest gynecological problem (53.33%).[1] Dysmenorrhea is a syndrome of recurrent crampy lower abdominal pain often with nausea, vomiting, increased frequency of defecation, headache, and muscular cramps occurring during menses.[2] Primary dysmenorrhea is painful menstruation without any underlying pathology while secondary dysmenorrhea is the one associated with underlying pathology.[3,4]

Dysmenorrhea is commonest problem of menstruation affecting adolescent age females with prevalence ranging from 40-91%.[3,5] A study in Virginia, USA showed that primary dysmenorrhea was present in 40-50% of menstruating females and caused significant disruption in quality of life and absenteeism.[4] Study of medical students in Iran shows prevalence of 38.3%[6] and 71% prevalence of dysmenorrhea; 15% stated it has interfered with their daily life[7]. Similarly, studies in Ethiopia found the prevalence of dysmenorrhea to be 85.1%[8] and from India showed 58.06%[9] and 71.96%.[10] A study conducted among medical students in Nepal found the prevalence of dysmenorrhea to be 48%.[11]

Dysmenorrhea is common in daughters of dysmenorrheic women. Various factors like low body mass index (BMI), smoking, early menarche, pelvic infections, psychological disturbances, genetic influence, and sexual assault have influence on the prevalence and severity of dysmenorrhea. Emotional and behavioral problems like anxiety, stress, and depression may exacerbate dysmenorrhea.[3, 11]

Though dysmenorrhea is a common gynecological problem, enough hospital-based studies have not been done in Nepal to know the true extent of this problem. The aim of this study is to describe the presenting complaints in the Gynecological OPD in a tertiary hospital of Kathmandu and to describe the prevalence and assess the extent of dysmenorrhea and its impact on daily activities in the women visiting the OPD.

METHODS

This non-interventional cross-sectional study was conducted over females of reproductive age group (15-49 years) visiting the Gynecology OPD of tertiary hospital for 6 months from February 18, 2016 to August 18, 2016. The necessary information like demographic details, menstrual history was collected using a semi-structured standardized questionnaire formulated based on standard research questionnaires and used in interview after implementing it in a pilot study in the same female population.

The data was collected during gynecology OPD days (twice a week) after proper informed consent from the patient. Patient of reproductive age group giving consent were included and interviewed once only. Patient who were out of age demarcation, not giving consent, or previously interviewed patients coming for follow up were excluded from the study. Collected data were entered in SPSS (Statistical Package for the Social Sciences) version 22 and analyzed.

RESULTS

Table 1: Distribution of complaints in patients visiting Gynecology OPD

Complaints	Chief complaint		Second complaint		Combined
	Frequency	Percent	Frequency	Percent	Percent
Menstrual disturbances	100	23.4	20	17.4	30.9
Lower abdominal pain	216	50.6	50	43.5	68.6
PV discharge	59	13.8	40	34.8	25.5
Prolapse	6	1.4	0	0.0	1.5
Others	46	10.8	5	4.3	13.1
Total	427	100.0	115	100	100

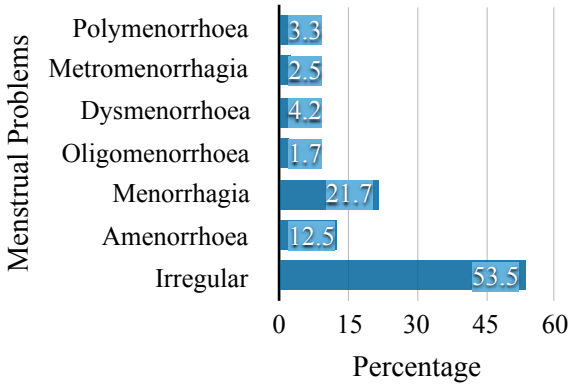

Figure 1: Frequency of menstrual problems in percentage

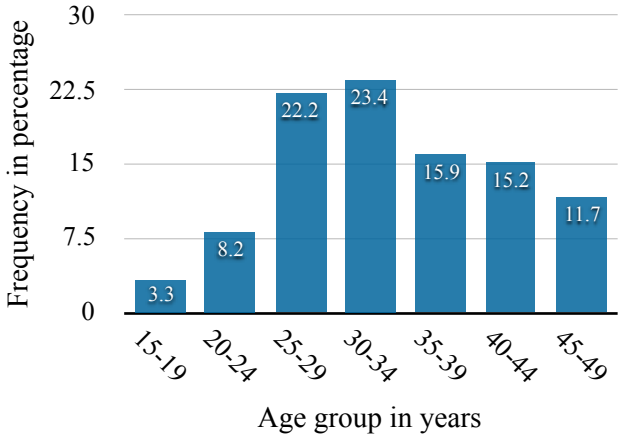

Figure 2: Age distribution of patients in percentage

Among 427 patient included in the study meeting the eligibility criteria, 115 had more than one complaint. About half of the participants' complained lower abdominal pain behind visiting hospital (50.6%), followed by menstrual abnormalities (23.4%), PV discharge (13.8%), prolapse (1.4%) and other complaints (46, 10.8%) including follow up for some operative intervention, genital irritation and other non-specific complaints. Second complaint also showed similar distribution other than PV discharge being more than menstrual irregularities. In total, lower abdominal pain was present in 68.6% followed by menstrual abnormalities in 30.9%, PV discharge in 25.5%, prolapse in 1.5% and other complaints in 13.1% of participants (Table 1).

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Among females having menstrual problems about half (53.3%) complained of irregularity of cycle (not on anticipated days), followed by menorrhagia (21.7%), amenorrhea (12.5%), dysmenorrhea, polymenorrhea, metromenorrhagia and oligomenorrhea (Figure 1).

Majority of the participants were aged 30-34 years (23.4%), followed by 25-29 years (22.2) then from other age, progressively declining towards both extremes (Figure 2).

Among the evaluated subjects, 86.4% had experienced dysmenorrhea at least once in their

Table 2: Mean age of menarche, cycle length and period of flow Vs Severity of pain.

Severity of pain	Frequency	Percent	5% trimmed mean age at menarche	5% trimmed mean length of menstrual cycle	5% trimmed mean period of flow
No pain	58	13.6	14.27	29.51	4.15
Mild	136	31.9	14.30	31.21	4.61
Moderate	99	23.2	14.66	29.46	4.81
Severe	134	31.4	14.26	29.77	5.08
Total	427	100.0	-	-	-

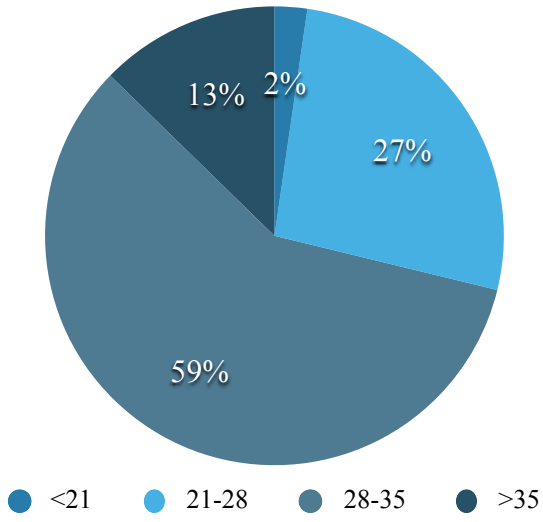

Figure 3: Average Lengths of menstrual cycle among participants

lifetime, while 13.6% had never experienced it. Likewise, 75.6% of the subjects were dysmenorrheic at the time of interview (point prevalence); showing dysmenorrhea to be a common problem, though impact on daily activities varied based on severity.

There are no significant differences in 5% trimmed mean age of menarche, cycle length and period of flow with women having different grades of pain or not having dysmenorrhea (Table 2).

On an average, pain starts 1 day prior to 1st day of menstruation (5% Trimmed Mean -1.07 with median -1) and ceases on the 3rd day of menstruation (5% Trimmed Mean 2.17 with median 2, starting from 0 as the first day). The length of the cycle of participants widely varied, 362 reported cycle lengths of 21-35 days' duration while 54 reported cycle lengths of more than 35 days and 10 reported lengths less than 21 days (Figure 3).

Table 3: Severity of pain and impact on routine activities. P value is 0.000

Severity of pain	Impact on routine activities				Total
	None	Mild	Moderate	Severe	
No pain	58	0	0	0	58
Mild	99	21	14	2	136
Moderate	20	19	53	7	99
Severe	7	3	27	97	134
Total	184	43	94	106	427

Among 369 women with dysmenorrhea, about half 50.9% had pain free cycles occasionally and 43.6% also had menorrhagia.

Study showed no significant correlation of dysmenorrhea and its severity with family history, smoking and alcohol use. Use of methods of contraception, especially hormonal pills were to be very low and irregular, thus its correlation with dysmenorrhea could not be assessed.

Among the individuals having dysmenorrhea at least once; 36.9% grade their pain as mild, 26.8% as moderate, and 36.3% as severe. Impact on daily activities showed correlation with severity of pain, with most of the individuals who had severe pain taking total rest, and those having mild pain reporting little or no impact in their daily activities (Table 3).

Among the individuals having dysmenorrhea, about two third (244) were not taking any intervention measures, while 91 were taking allopathic medications, 28 were using hot water bags, 3 were taking ayurvedic medications and the remaining three were following some other modality of treatment. Severity of pain with showed significant correlation with interventions done (Table 4).

DISCUSSION

This study showed the commonest chief complaint behind visiting hospital to be lower abdominal pain followed by other common menstrual abnormalities and PV discharge. Among females having menstrual problems, majority complained of irregularity of cycle. Though some studies showed menstrual problems as the commonest complaint behind visiting gynecological OPD, lower abdominal pain was the commonest complaint in our study.[1,9] It may be due to the fact that in our setting, many women do not bother to visit the hospital just because of slight alteration in menstruation, thinking it unavoidable or insignificant.

Dysmenorrhea is a common problem most women of reproductive age face at some point. Our study showed point prevalence of 75.6% which is comparable to other studies showing prevalence of 72.7%[3], 71%[7] and 71.96%.[10] In contrary one study

Table 4: Severity of pain and interventions done

Severity of pain	Interventions done						p-value
	None	Allopathic	Ayurvedic	Hot water	Others	**Total**	
No	58	0	0	0	0	58	0.000
Mild	111	13	2	9	1	136	
Moderate	75	20	0	4	0	99	
Severe	58	58	1	15	2	134	
Total	302	91	3	28	3	427	

showed low prevalence of 38.3%.[6] Being a hospital-based study, the prevalence can be expected to be more than in the general population. Among the dysmenorrheic, every third were having either mild, moderate or severe pain. Most of them were not taking any intervention measures, while about one fourth were taking medications probably due to attitude of females towards pain of menstruation. There was significant correlation among severity of pain, impact on daily activities and interventions done, though there was no significant correlation of dysmenorrhea with family history, alcohol consumption and tobacco use.

Studies have shown association between family history, tobacco and alcohol consumption. But in our study, their associations were insignificant, probably due to significantly low number of participants reporting the consumption of alcohol and tobacco.

CONCLUSIONS

From this study it is concluded that among women visiting the Gynecology OPD, lower abdominal pain is the commonest gynecological problem, followed by menstrual disturbances.

Dysmenorrhea is a very common entity most women of reproductive age experience, and can have a great impact on daily activities of these women with correlation to its severity. So to prevent significant disturbances in daily activities, it has to be addressed with appropriate therapeutic intervention or lifestyle modification.

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