

paravertebral muscles and increasing the pelvic blood supply. Soft, rhythmic rubbing of the abdomen (effleurage) is useful because it provides a distraction and alternative focal point. Biofeedback, transcutaneous electrical nerve stimulation (TENS), progressive relaxation, Hatha yoga, acupuncture, and meditation are also used to decrease menstrual discomfort although evidence is insufficient to determine their effectiveness ([Lentz, 2012](#)).

First-line medication treatment for adolescents with dysmenorrhea is the administration of nonsteroidal antiinflammatory drugs (NSAIDs), which block the formation of prostaglandins. Girls should be instructed to begin the medication either at the first sign of symptoms or bleeding or 1 to 2 days before the onset of their menses, and then take on a regular schedule for 2 to 3 days ([Roberts, Hodgkiss, DiBenedetto, et al, 2012](#)). The medications should be taken with food. If an NSAID such as ibuprofen is not effective, another NSAID should be tried because some women receive relief from different NSAIDs.

OCPs are also effective and a reasonable choice for women who want to use a contraceptive agent. OCPs are effective in relieving symptoms of primary dysmenorrhea for approximately 90% of women, but no single OCP has been shown to be superior to another ([Lentz, 2012](#)). However, OCPs may be contraindicated for some women.

## **Nursing Care Management**

All adolescent girls need reassurance that menstruation is a normal function. When nurses are asked for advice regarding menstrual problems, they have a valuable opportunity to engage in health teaching concerning menstrual physiology; hygiene; and the importance of a well-balanced diet, exercise, and general health maintenance. Health teaching can dispel myths about menstruation and femininity.

A careful history indicates a potential problem and the need for evaluation, referral to an appropriate practitioner, health service, or clinic. The history should include the onset of symptoms; the duration, type of pain, and relationship to menstrual flow; the age at menarche; family history of dysmenorrhea; and sexual history. The nurse should also ask about previous treatments, including dosages of medications. Depending on the results of the history, the