A careful history and physical assessment are performed to rule out any underlying organic cause of dysmenorrhea. If no organic cause can be found, the diagnosis is primary dysmenorrhea. In addition, attitudes and expectations about menstruation and lifestyle disruption are identified and explored.

**Diagnosis**

Various diagnostic tests are performed to identify structural abnormalities, hormonal imbalances, and pathologic conditions that could cause menstrual pain. Diagnostic tests are described in Chapter 49.

Diagnosis is made based on findings from a pelvic examination and diagnostic procedures, including a Papanicolaou (Pap) smear and cervical and vaginal cultures, ultrasound of the pelvis and vagina, and CT scan or MRI to detect structural abnormalities, malignancy, or infections. Laboratory tests used to assess possible causes of dysmenorrhea are as follows:

- FSH and LH levels to assess the function of the pituitary gland. The results are correlated with the time of the menstrual cycle.
- Progesterone and estradiol levels to assess ovarian function.
- Thyroid function tests (T3 and T4) to assess thyroid function.

Laparoscopy is used to diagnose structural defects and blockages caused by scarring, endometriosis, tumors, and cysts (Figure 51–1). See the box below for nursing care of the woman having a laparoscopy. A dilation and curettage (D&C) of the uterus may be performed to obtain tissue for evaluation or to relieve dysmenorrhea and heavy menstrual bleeding. (This procedure is discussed later in this chapter.)

**Medications**

Dysmenorrhea may be treated with analgesics, prostaglandin inhibitors such as NSAIDs, or oral contraceptives (see the Medication Administration box on the next page).

**Alternative and Complementary Therapies**

The complementary therapies listed for the woman with PMS may also be useful for the woman with dysmenorrhea. Other