



MAKING THE CRAMP CONNECTION

A PERSONAL
PAIN
ASSESSMENT
TOOL



YOU ARE NOT ALONE

If you are reading this brochure, you or someone you know is experiencing painful periods. Evaluating this pain and determining its severity, in partnership with your doctor, is the first step in *Making the Cramp Connection*.

Many women assume that painful cramps — from slight twinges to severe spasms — are a normal part of their period. However, it is important to know when pain is “normal” and when pain may signal a more serious medical condition. Severe, persistent menstrual pain requires a doctor’s examination in order to determine whether or not it is a serious, but treatable condition: endometriosis. Endometriosis is estimated to affect six million women in the United States; chronic pelvic pain is associated with endometriosis in a vast majority of these cases.

Endometriosis is one of the most common gynecological

disorders, yet its exact cause remains unclear. However, the severity of period pain is not necessarily related to the extent of the disease. A growing number of doctors have started to rely on a patient’s symptoms, history and current medical condition to diagnose endometriosis. If you suspect that your cramps are not normal, your doctor will need specific information from you in order to help correctly diagnose and treat you.

Whether your period pain is merely irritating or truly debilitating, if cramps interfere with your life, you — and your doctor — can do something about them.

This brochure includes some basic information about endometriosis. It also includes a self-test to help you give your doctor appropriate information and to support you in discussing your condition with him or her.

UNDERSTANDING CRAMPS

Pain from menstrual cramps is thought to be a result of contractions in the uterus, which may be caused by the release of prostaglandins. Women feel these contractions as abdominal cramps. Whether your period pain is mild or severe, you should know that there may be options for overcoming it.

Strategies for Overcoming “Normal” Pain

If you experience discomfort during your menstrual periods, you have a number of potential options for relief:

Exercise — Regular exercise increases blood flow to the uterus, which can help relieve muscle tension that contributes to cramps.

Medication — In some cases, your doctor may suggest taking an over-the-counter or prescription medication before your period begins or soon after; however, **it is important to consult a doctor if your pain is persistent or severe.**

Seek heat relief — Take a warm bath; place a hot-water bottle or heating pad on your belly to relax the uterus; or drink warm, non-caffeinated beverages.

Take good care of yourself — Get enough sleep and eat right. Some doctors feel that diet may play a role in alleviating or lessening period pain; you should discuss dietary considerations with your own doctor.

If traditional treatments don’t alleviate or lessen your pain, if you experience unusually heavy bleeding, or pain with ovulation or intercourse, then it is important to consult a doctor.

When Pelvic Pain Means Something More Serious

Chronic pelvic pain (CPP) is defined as pelvic pain that has continued for six months or more. It is estimated that nearly 15 percent of American women, or one in seven women, between the ages of 18 and 50 may have CPP at some point in their lives.

For many women, pelvic pain and cramps are a common complaint. In fact, most women will experience some type of pelvic pain during the course of their lives. Many times the pain is part of the normal functioning of the pelvic organs. However, when pelvic pain persists it may indicate a serious problem that needs further treatment.

Potential Causes of CPP

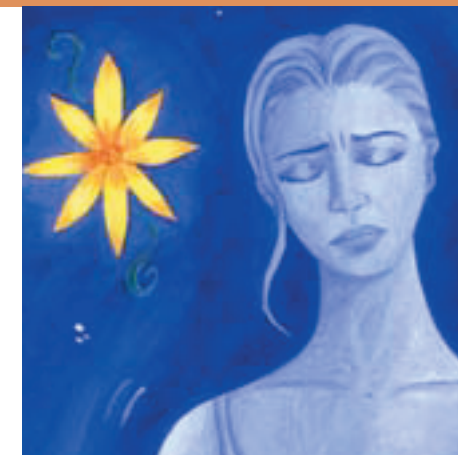
- 1 **Depression** — an emotional state of extreme sadness, dejection, lack of worth and/or emptiness.
- 1 **Endometriosis** — growth of endometrial tissue outside of the uterus.
- 1 **Fibroids** — a non-cancerous tumor of smooth muscle found especially in the uterine wall.
- 1 **Fibromyalgia** — a chronic condition causing pain and stiffness in the muscles and joints that is either diffuse or has multiple trigger points.
- 1 **Infection** — invasion of the body by germs that reproduce, produce toxins and cause injury.

1 **Interstitial Cystitis** — a bladder condition involving an inflammatory lesion causing urinary frequency and pain.

1 **Irritable Bowel Syndrome** — a chronic non-inflammatory condition characterized by abdominal pain and altered bowel habits.

Treating Chronic Pelvic Pain

Treating pelvic pain appropriately — and ruling out serious conditions — requires the help of a doctor. Treatment options may range from medication to relaxation techniques to surgery. With important information from you, your doctor will determine which treatment is right for you.



TALKING TO YOUR DOCTOR

If you want to do something about your period pain, you will need to work with your doctor. A conversation about your period should follow naturally from questions about your general condition and medical history.

If you feel reluctant to talk to your doctor about this issue, give some thought to finding a doctor with whom you feel more comfortable. You should not feel rushed or uncomfortable during your visit, nor should you refrain from asking questions because you are intimidated or feel there is no time. Good communication with your doctor is essential to your overall health.

You have taken an important step by reading this brochure and educating yourself. A few additional tips will help you facilitate a conversation with your doctor:

- 1 Use the self-test and charts in this brochure to help you accurately track your period pain.
- 1 Write down a list of questions and concerns before your visit so that you won't forget them.
- 1 Bring your medical records, or have them transferred from your previous doctor in advance, if you are visiting a doctor for the first time.
- 1 Ask your doctor or nurse to explain or write down any information you don't understand.

You may want to specifically discuss the following questions:

- 1 What do I need to do to monitor my health? Are there any dietary or lifestyle changes I should make?

- 1 Do I have to undergo testing? What do these tests involve? Will my insurance cover them? What do I have to do to prepare for these tests? When will I know the results?

- 1 What is the diagnosis?

- 1 What is the prescribed treatment? What are the benefits and risks? Is this the most successful treatment available? Are there alternatives?

- 1 Should I take medication(s)? What do(es) the medication(s) do? When and for how long should I take the medication(s)? Are there side effects? What should I do if I experience any of these? Is there a generic equivalent? How will the medication interact with the medication(s) I am already taking? What are the risks? What are the benefits?

- 1 If I undergo surgery, what do I need to do to prepare in advance? Will it be an outpatient procedure or require a hospital stay? How long is the recovery period? What are the risks? What are the benefits?

- 1 What are my options if treatment fails?

Endometriosis

Endometriosis, one of the most common gynecological conditions, is estimated to affect six million women in the United States. It occurs when endometrial tissue, which lines the uterus, spreads beyond the uterus and attaches to surrounding organs and ligaments. Endometriosis is typically found on the ovaries, the fallopian tubes, the ligaments supporting the uterus, the lining of the pelvic cavity or the bladder.

This tissue behaves the same way the uterine lining does by responding to the hormones of the menstrual cycle. Every month the tissue builds up, breaks down and bleeds, just as if in the uterus. Eventually, the cyclical swelling, stretching of tissues, inflammation and scarring can lead to symptoms even when you are not having a period.

Who Is At Risk

Endometriosis is more common in women who have relatives with the disease; in women who have periods shorter than every 28 days; and in those who typically have a period lasting longer than a week.



Signs and Symptoms

Although endometriosis is a complex disease, there are a number of common signs and symptoms including:

Pelvic pain — The pain may vary, ranging from a dull ache to debilitating spasms.

Painful periods — Pain may begin before and continue throughout your period. It is typically located in the center of your pelvis, but can be one-sided or spread to your back or legs.

Pain with intercourse — You may experience pain in a particular position, on deep penetration, or an aching in the pelvis after sex.

Infertility — Some women may experience the inability to conceive children.

Other symptoms such as painful bowel movements, bloating, constipation, painful pelvic exams and painful or frequent urination may occur depending on the location of the growth.

Treatment Options

While there is no cure for endometriosis, a variety of treatment options do exist. Some women are more concerned about pain management; others want to preserve their fertility. Your doctor will take this into consideration along with your age, symptoms and the extent of the disease before prescribing a course of treatment.

Treatment options for endometriosis include hormonal therapy such as a synthetic progestin (a testosterone derivative) and GnRH agonists, which are used to reduce the size of the growths; and surgery, which can be used to remove or destroy endometrial growths.



MYTHS & FACTS

Myth: Cramps are “normal”; women just have to deal with them no matter how bad they may be.

Fact: While many women experience cramping during their period, chronic pelvic pain — that is pain that is persistent and severe — is a sign that something may be wrong. Studies have shown that as many as 71 to 87 percent of women with chronic pelvic pain lasting six months or more have endometriosis.

Myth: Endometriosis is curable.

Fact: There is no cure for endometriosis at this time. However, treatment options include hormonal therapy such as a synthetic progestin (a testosterone derivative) and GnRH agonists, which are used to reduce the size of the growths; and surgery, which can be used to remove or destroy endometrial growths. These treatments may alleviate symptoms for long periods of time.

Myth: Only older, Caucasian (white), professional women suffer from endometriosis.

Fact: Endometriosis affects women of all racial backgrounds, of any reproductive age, and of all educational and income levels. It may previously have been believed that only white professional women had it, because they were the most likely women to seek medical attention for pelvic pain and, therefore, were more commonly diagnosed.

Myth: Endometriosis is easily and quickly diagnosed.

Fact: Endometriosis is often missed. Before getting a correct diagnosis, most women who have endometriosis visit more than four doctors over the course of more than nine years. However, if you examine the period pain you experience and talk to your doctor, you can get help early. Don't wait.

**Re-examine Your Period —
Developing Your Period Pain Profile**

In the self-test that follows, carefully consider your pain during your last few periods. Track your pain during the next two months on the charts on pages 10 through 11. If you answer yes to any of the questions, this information will help you and your doctor to discuss your condition so that an appropriate diagnosis can be made and an appropriate treatment can be selected.

PERIOD PAIN PROFILE: SELF-TEST FOR WOMEN																																													
<p>Do you experience any of the following symptoms with your pain? Check any that apply.</p> <table border="0"> <tr> <td>Nausea</td> <td><input type="radio"/></td> <td>Painful defecation</td> <td><input type="radio"/></td> </tr> <tr> <td>Vomiting</td> <td><input type="radio"/></td> <td>Painful urination</td> <td><input type="radio"/></td> </tr> <tr> <td>Poor appetite</td> <td><input type="radio"/></td> <td>Vaginal dryness</td> <td><input type="radio"/></td> </tr> <tr> <td>Constipation</td> <td><input type="radio"/></td> <td>Frequent urination</td> <td><input type="radio"/></td> </tr> <tr> <td>Diarrhea</td> <td><input type="radio"/></td> <td>Blood in urine</td> <td><input type="radio"/></td> </tr> <tr> <td>Back pain</td> <td><input type="radio"/></td> <td>Heavy periods</td> <td><input type="radio"/></td> </tr> <tr> <td>Leg pain</td> <td><input type="radio"/></td> <td>Irregular periods</td> <td><input type="radio"/></td> </tr> <tr> <td>Rectal pain</td> <td><input type="radio"/></td> <td>Bloating or swelling</td> <td><input type="radio"/></td> </tr> <tr> <td>Rectal bleeding</td> <td><input type="radio"/></td> <td>Insomnia</td> <td><input type="radio"/></td> </tr> <tr> <td>Painful sex</td> <td><input type="radio"/></td> <td>Fatigue or low energy</td> <td><input type="radio"/></td> </tr> <tr> <td>Lack of interest in sex</td> <td><input type="radio"/></td> <td>Other (please specify) <input type="radio"/></td> <td></td> </tr> </table>	Nausea	<input type="radio"/>	Painful defecation	<input type="radio"/>	Vomiting	<input type="radio"/>	Painful urination	<input type="radio"/>	Poor appetite	<input type="radio"/>	Vaginal dryness	<input type="radio"/>	Constipation	<input type="radio"/>	Frequent urination	<input type="radio"/>	Diarrhea	<input type="radio"/>	Blood in urine	<input type="radio"/>	Back pain	<input type="radio"/>	Heavy periods	<input type="radio"/>	Leg pain	<input type="radio"/>	Irregular periods	<input type="radio"/>	Rectal pain	<input type="radio"/>	Bloating or swelling	<input type="radio"/>	Rectal bleeding	<input type="radio"/>	Insomnia	<input type="radio"/>	Painful sex	<input type="radio"/>	Fatigue or low energy	<input type="radio"/>	Lack of interest in sex	<input type="radio"/>	Other (please specify) <input type="radio"/>		<p>Do you experience pelvic pain with a pattern; for example, is it more extreme during your period or mid-cycle? Is it constant?</p> <p>When did your pain start?</p> <p>Is your pain always there or does it come and go?</p> <p>What makes it worse?</p> <p>What makes it better?</p> <p>How many days in the last month did you feel less well than usual because of your pain?</p> <p>How many days in the last month did you stay in bed more than half the day because of your pain?</p> <p>How many days in the last month did you cut down on your usual activities more than half the day because of your pain?</p>
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Your General Health

The **Basic Patient Health Profile Chart** on pages 12 and 13 will serve as a benchmark for you to refer back to as you are *Making the Cramp Connection*. This information will also be essential for your doctor in ruling out other conditions and in identifying underlying conditions that may affect treatment.

BASIC PATIENT HEALTH PROFILE CHART

Check any that apply.

Current medications:

Birth control pills

Hormone supplements

High blood pressure medication

Pain medication

Over-the-counter drugs (such as aspirin or cold medicine)

Vitamin supplements

Herbal supplements

Other _____

Do you have or have you ever had:

High blood pressure

High cholesterol

Angina/chest pain/heartburn

Inflammatory bowel disease

Urinary incontinence

Diabetes

Other _____

Age: _____ Height: _____ Weight: _____

List any surgery you have ever had.

List all medications or other therapies you have tried for your pain and what the results were.

List any medications to which you are allergic or medications that don't agree with you. What happened when you took the medication?

Have you been through menopause?

Have you ever been pregnant? Are you trying to become pregnant?

Have you ever been sexually abused?

Do you smoke?

How often do you consume alcohol: Never 1–5 times per week 6–12 times per week 2 or more drinks per day

Have you lost or gained a significant amount of weight recently? How much?

Is your life right now: No more stressful than usual Very stressful More stressful than ever

FOR MORE INFORMATION

The following organizations can provide additional information and resources about endometriosis and reproductive health.

National Women's Health Resource Center

www.healthywomen.org
120 Albany Street, Suite 820
New Brunswick, NJ 08901
Phone: 877-986-9472 (toll-free)
Fax: 732-249-4671
Email: info@healthywomen.org

American College of Obstetricians and Gynecologists

www.acog.org
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920
Phone: 202-863-2518
Fax: 202-484-5107
Email: resources@acog.org

American Society of Reproductive Medicine

www.asrm.org
1209 Montgomery Highway
Birmingham, AL 35216-2809
Phone: 205-978-5000
Fax: 205-978-5005
Email: asrm@asrm.org

Endometriosis Association

www.endometriosisassn.org
8585 N 76th Place
Milwaukee, WI 53223
Phone: 414-355-2200
Fax: 414-355-6065
Email: endo@endometriosisassn.org

Endometriosis Research Center

www.endocenter.org
630 Ibis Drive
Delray Beach, FL 33444
Phone: 561-274-7442, 800-239-7280
Fax: 561-274-9117
Email: endoefl@aol.com

National Family Planning and Reproductive Health Association

www.nfprha.org
1627 K Street, NW
12th Floor
Washington, DC 20006
Phone: 202-293-3114
Fax: 202-293-1990
Email: info@nfprha.org

This educational tool, developed by the National Women's Health Resource Center, is dedicated to helping women make informed decisions about their health and encouraging women to embrace healthy lifestyles that promote wellness and prevent disease.

This brochure was made possible through an educational grant from TAP Pharmaceutical Products Inc.

This patient education booklet is not intended to be a substitute for information provided to you by your physician or provided to your physician by TAP Pharmaceutical Products Inc.

You should discuss with your physician any questions you have about the diagnosis and treatment of cramps, chronic pelvic pain or endometriosis.

