

Introduction

Little is known about the perception of dysmenorrhoea (painful menstruation) by adolescents and their parents, and about the experience of menstruation and reproductive health by young people with periods in New Zealand. This study sought to address that, and to inform future practice regarding adolescent dysmenorrhoea.

Methodology

Adolescents aged 15-19 years and their carers attending a public tertiary hospital adolescent gynaecology clinic, referred with dysmenorrhoea, were invited to complete the Adolescent Pediatric Pain Tool (APPT) and PCS-C or PCS-P (child and parent versions of the pain catastrophising scale). The PCS-C was repeated after six months.

Results

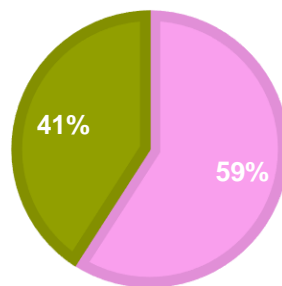
22 adolescents consented to and completed the initial study

- o19 adolescents attended with parents
- o14 parents completed the PCS-P questionnaire

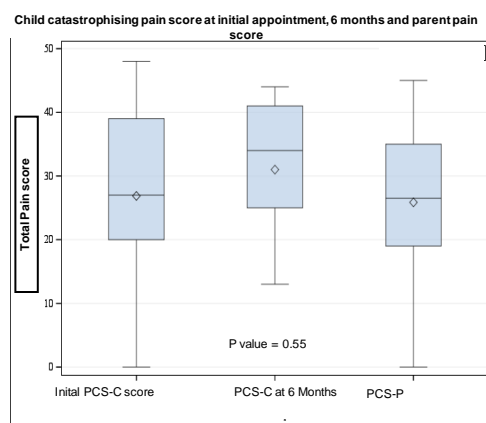
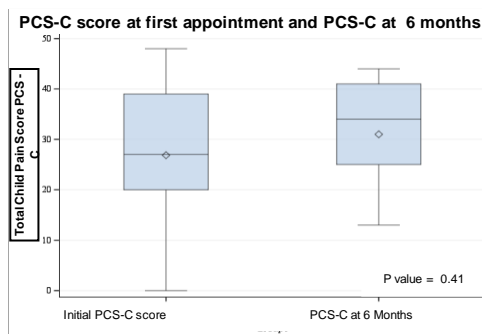
Results

COMPLETION RATE OF PCS-C AT 6 MONTHS

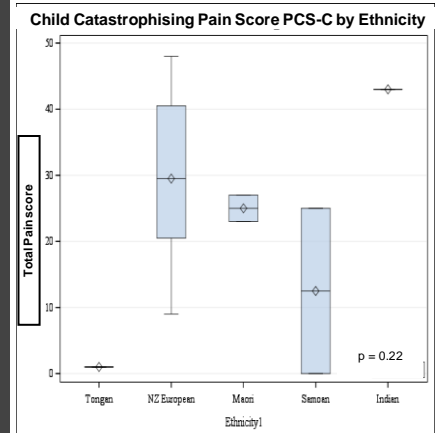
Completed Did not Complete



- There was no significant difference between the initial median PCS-C score and PCS-C 6-month score (p-value 0.41) nor between the median PCS-C, PCS-C at 6 months and the PCS-P (p-value 0.55).



Results



Subgroup analysis indicated no significance in pain scores (PCS-C) and ethnicity (p-value 0.22).

Conclusion

This study has shown:

- that gynaecological management of adolescent dysmenorrhea does not objectively improve pain
- there is no correlation between adolescent pain scores and that of carers.

Initial recruitment was high, but follow-up rates suggest that more thought is needed about strategies to improve adherence among adolescents.

Recruitment was hampered by the Covid pandemic and ethics requirements for in-person clinic consent, limiting the sample size and therefore interpretation of results. Based on our experience, a larger study is feasible.

Acknowledgement

We would also like to thank the adolescent individuals and their families who participated in this study.