

Does the combined oral contraceptive pill help those that suffer from primary dysmenorrhoea?

Clinical Question	How safe and effective are oral contraceptive pills (OCP) for the management of primary dysmenorrhoea?
Bottom Line	OCPs are more effective than placebo at treating dysmenorrhoea. However, they have adverse effects in the form of irregular bleeding, headache, and nausea. Continuous use of OCPs without pause compared to the standard 21-day treatment/seven-day pause regimen may be superior at treating dysmenorrhoea. There were no differences found between the different OCPs and there was insufficient evidence to estimate the effects of NSAIDs compared to OCPs
Caveat	This review did not cover long-term adverse effects (over six months) due to lack of long-term RCTs. Prescribers need to also consider that the use of OCPs as treatment for dysmenorrhoea does not just depend on efficacy, but also depends on the suitability of OCPs for the woman. If a woman wants to become pregnant or has contraindications to the OCP, then the OCP would be an unsuitable treatment option at that time.
Context	Dysmenorrhoea (painful menstrual cramps) is common and a major cause of pain in women. Combined oral contraceptives (OCPs) are often used in the management of primary dysmenorrhoea, but there is a need for reporting the benefits and harms. Primary dysmenorrhoea is defined as painful menstrual cramps without pelvic pathology.
Cochrane Systematic Review	Schroll JB, Black AY, Farquhar C, Chen I. Combined oral contraceptive pill for primary dysmenorrhoea. Cochrane Database of Systematic Reviews 2023, Issue 7. Art. No.: CD002120. DOI: 10.1002/14651858.CD002120.pub4. This review contains 21 trials with a total of 3723 participants.

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Systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002120.pub4/full>