

Managing menstrual problems of girls with disabilities presents medical dilemma

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New research shows girls with learning and physical disabilities are more likely to suffer period problems compared to the general population.

And there is no 'one-size fits all' solution when managing the symptoms, says a new review written by Head of Lancaster University Medical School and Consultant Gynaecologist Professor Anne Garden.

Co-authors are former Lancaster University [medical student](#) Elizabeth Jeffery, who graduated in the school's first cohort in 2011 and Kent-based Consultant Gynaecologist Salma Kayani, a former trainee of Professor Garden's when she worked in Liverpool.

The review looks at the behavioural and emotional changes associated with menstruation in adolescents with learning and physical disabilities and examines the advantages and limitations of therapeutic and surgical options for managing such problems.

Menstrual problems in girls with disabilities are often unique to the [population](#) and can cause significant disruption to their lives, states the review.

Symptoms such as restlessness, aggression, hyperactivity, increased agitation and self-mutilation can be common. The review also highlights parental and carer concerns regarding menstrual management and hygiene, including vulnerability to sexual abuse and pregnancy, as well as inappropriate behaviour, especially if the adolescent is in residential

care.

In addition, adolescents with disabilities are more likely to have menstrual problems than the general female population.

Previous studies have shown that up to 18% of adult women with disabilities have premenstrual syndrome, compared with only 5% of the general female population.

Women with epilepsy have a higher incidence of polycystic ovarian syndrome and hyperprolactinaemia and irregular bleeding is also more common in girls with Down's syndrome as they have a higher incidence of thyroid disease.

The review also discusses the advantages and limitations of both therapeutic and surgical options as management options, including the combined oral contraceptive pill, the combined transdermal patch, the progestogen-only pill and implanon. [Surgical options](#) including hysterectomy are also discussed.

Under most circumstances, menstrual problems can be successfully managed by medical treatments and permanent surgical procedures must only be considered as a last resort when symptoms and signs of menstruation are severe and medical management have failed, state the authors.

The review also emphasises that there is no one-size fits all solution and a multidisciplinary team is needed when treating adolescent girls with learning and [physical disabilities](#).

Professor Garden said: "Managing the menstrual problems of [girls](#) with disabilities represents a challenging medical dilemma. However, not all

adolescents with [disabilities](#) will encounter problems.

"The decision of treatment has to rest on a multi-disciplinary team, alongside the girl and her parents or carers who should be given the opportunity to know available management options and the advantages and disadvantages of each.

"Healthcare professionals also play an important role in addressing concerns around the onset of menstruation, reassuring and discussing management options prior to menarche."

The research was published in The Obstetrician & Gynaecologist (TOG) the quarterly publication of the Royal College of Obstetricians and Gynaecologists' medical journal for continuing professional development.

Provided by Lancaster University

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