

# Welcome to Project ECHO Population Health Network: Reproductive Health Series

Series 1: Session 2

“Period pain in teens”



Supporting general practice, commissioning health services into gaps and driving service integration.

**phn**  
WESTERN VICTORIA  
An Australian Government Initiative

# Acknowledgement of Countries



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

I'd like to begin by acknowledging the Traditional Owners and custodians of the lands and waterways from which we are all zooming in from today.

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jaadwa and Jupagalk peoples

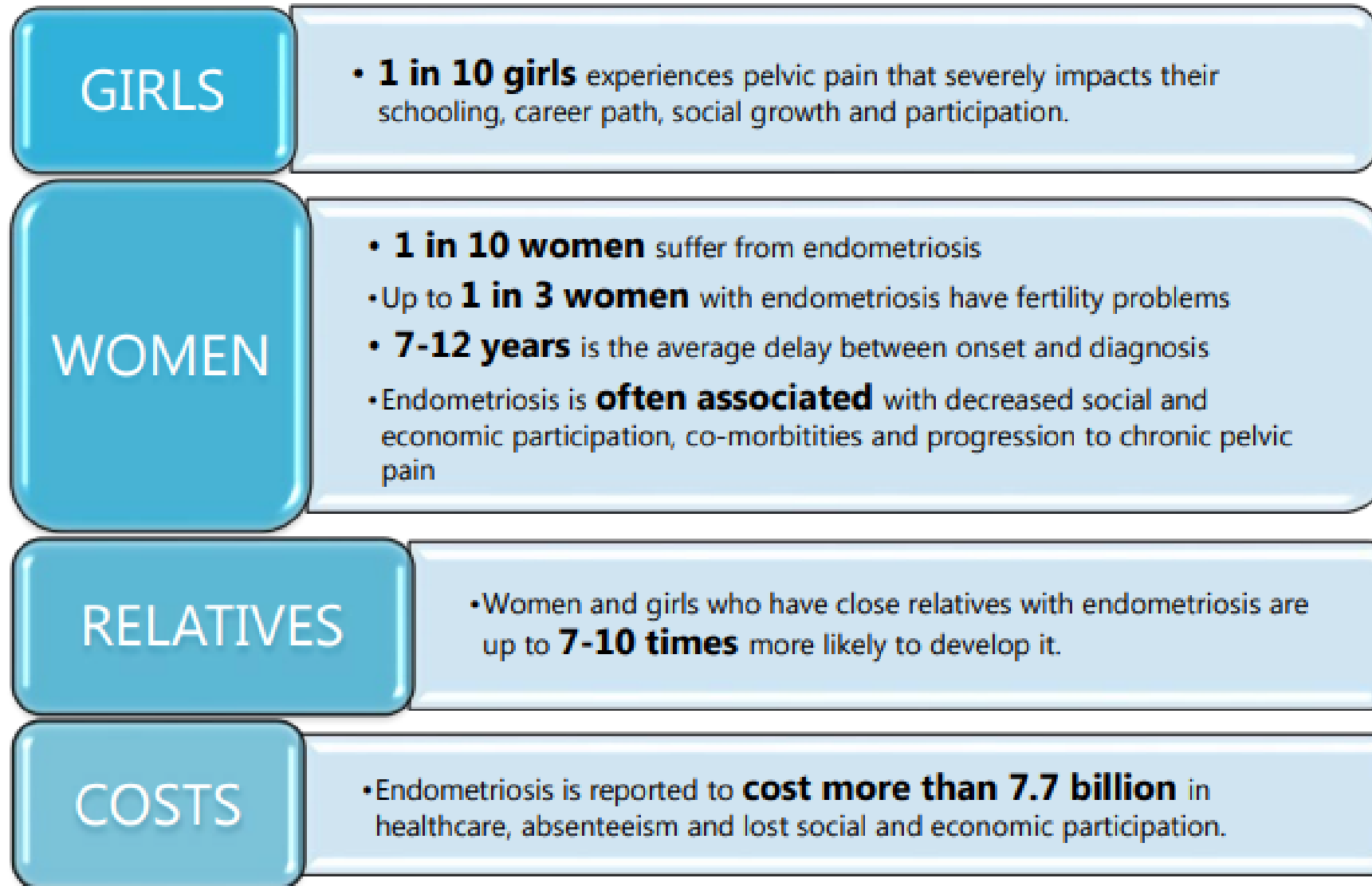
We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities.

We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation.

We support self-determination for First Nations Peoples and organisations and will work together on Closing the Gap.

Figure 1: Indication of the impact of endometriosis in Australia<sup>12,13,14,15,16</sup>

Note: this information is taken from a range of references. Statistics for transgender and non-binary individuals are unknown.





# A Vision for Women's Reproductive Health

- **Accessible** -Women (and PWU) *are able to* obtain the health services that are available.
  - *In a timely manner*
- **Acceptable** -Women (and PWU) *are willing to* obtain the health services that are available.
- **Equitable** -*All Women (and PWU),* not just selected groups, are able to obtain the health services that are available.
- **Appropriate** -The *right health services* (i.e. the ones they need) are provided to them
- **Effective** -The *right health services are provided in the right way,* and make a positive contribution to their health.

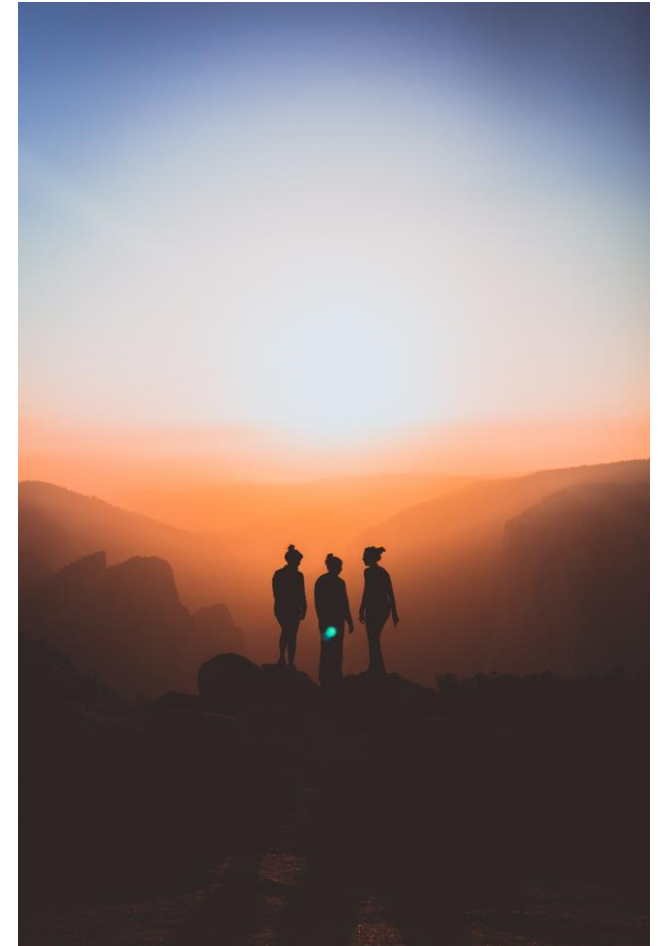


# Our Problem Statement for the coming sessions

- *Women and people with uteruses need access to prevention, early recognition and management of persistent pelvic pain*
- *But they face a challenge and barriers*

Through this "knowledge sprint" we'll be reflecting on the following questions

- What are their challenges?
- What barriers do they face?
- What challenges do providers face in bringing about best practice and high quality care?



## Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in “chat”
- Use chat to ask questions
- Please remain on ‘mute’ except when speaking
- **Please turn video on**
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.



# WVPHN – Your CPD Centre



RACGP  
CPD Approved  
Activity

Reviewing  
Performance  
**5**  
hours



RACGP  
CPD Approved  
Activity

Measuring  
Outcomes  
**05**  
hours

We are here to help you complete your CPD requirements for the 2023-25 Triennium

## Project ECHO

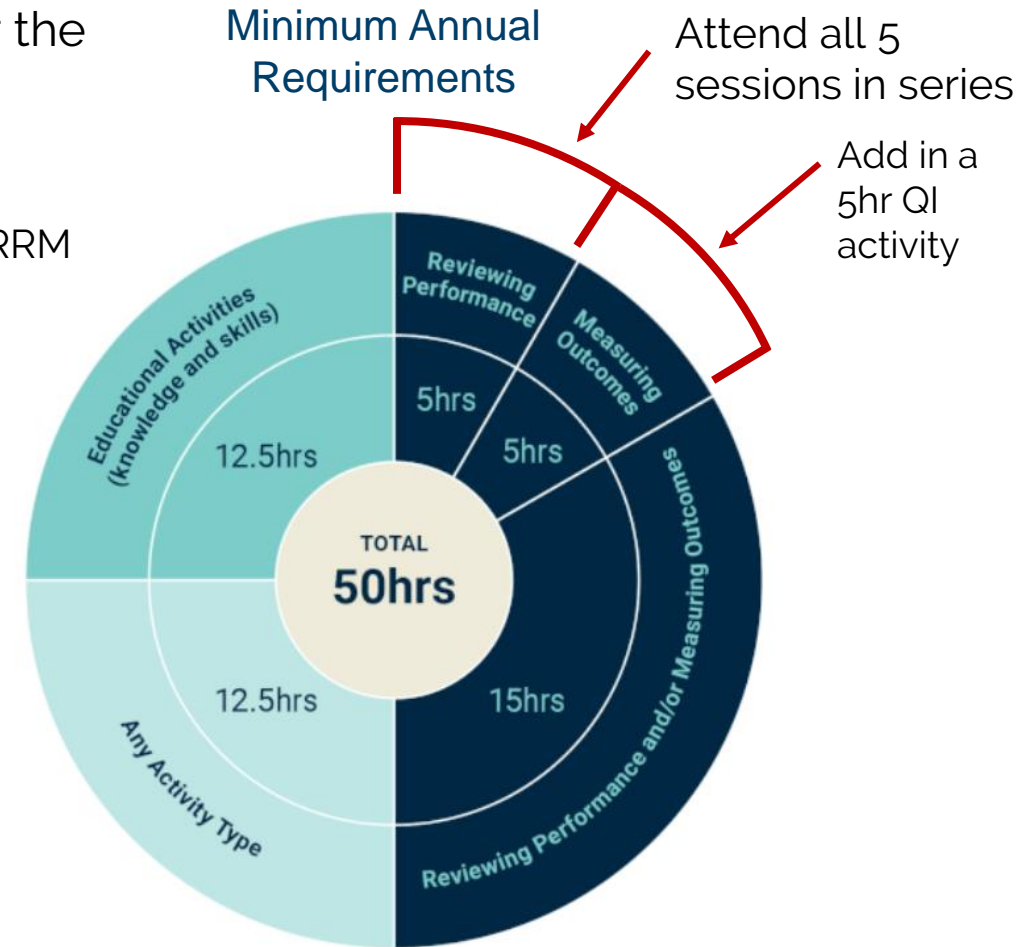
- accredited as a Peer Group Learning (PGL) Activity with RACGP and ACRRM
- eligible for *Reviewing Performance* hours

## If a GP attends

- Each of the 5 ECHO sessions in a series
- We upload 5 **Reviewing Performance** hours to your CPD Dashboard

## Add in a Mini audit

- Related to the ECHO series
- Developed and supported by PFs
- 5 **Measuring Outcomes** hours



# Learning outcomes

## Series learning outcomes

- Discuss the use of practice level and population health data to inform quality improvement plans
- Discuss the use of digital tools to develop innovative approaches to health service issues.
- Consider challenges and barriers to providing best practice care for reproductive health in the primary care setting
- Participate in a community of interest, learning and practice.
- Opportunity to review and discuss emerging COVID-19 information relevant to general practice

## Session 2 Learning outcomes

- Describe how to take a good menstrual history
- Describe the relationship between Heavy menstrual bleeding and pelvic pain syndromes
- Demonstrate best practice approaches to management of menstrual pain along the spectrum
- Evaluate when to manage in primary care and when to refer to specialist services

Don't forget to fill out our session evaluation at the end of the session.





# Learning Health System Improvement cycle

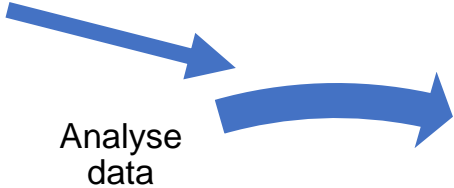
## -A community of learning and change



Stakeholder value alignment process  
PHN, BSWPHU, GPHU,  
GWH, BSWWH

Community comes together in pursuit of a Health Problem of interest

External Evidence



CERSH, SPHERE

Evidence Synthesis process

If community decides that something of importance has been learned that points towards something that could be improved, *then.....*

Assemble data

Community of Practice  
Women's Reproductive Health  
CST-Cervical Screening Test  
PPP-Persistent Pelvic Pain  
EMA-Early Medical abortion

Design Intervention

Take action

Capture Practice as data



# Agenda– Reproductive Health Series 1: Session 2

## “Period Pain in teens”

**Facilitator: Dr Bianca Forrester**, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

**Sonia Grover**, Director Gynaecology, Royal Children's Hospital, Clinical Professor, Department of Paediatrics, University of Melbourne, Lead Investigator- NHMRC “Long step study”- Longitudinal study of teens with period pain.

- Period pain in teens

**Case Discussion: Dr Hannah Walker**, UFS Medical Centre

**Liz Lush**, Clinical Educator and pelvic physiotherapist, PPEP Talk, Pelvic Pain Foundation of Australia

- PPEP Talk

**Panel for Discussion: Dr Kate Graham**, GP and COVID and Public Health Clinical Advisor and Health Pathways Clinical Editor , Western Victoria Primary Health Network

**Naomi White**, Senior Manager Regional Partnerships and Public Health – Grampians, Western Victoria Primary Health Network

**Network Co-ordinator: Jemma Missbach**, Project ECHO Coordinator, Western Victoria Primary Health Network





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# Period Pain in teens

## Early recognition, assessment and Management in Practice

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Identifier first line

Second line







# Painful periods in teens

## *Spectrum of pain and relationship between pain and histology*

20-30% of young Australian women miss school and other activities due to pain (and associated symptoms)

Undiagnosed and untreated heavy menstrual bleeding (HMB) and associated pain can lead to chronic pelvic pain

HMB can lead to endometriosis

Up to 20% of women have chronic pelvic pain

Many women wait 5-10 yrs before they have active pain management



Early management may prevent chronic pelvic pain

# What happens with menstruation



Menstruation is an inflammatory process

- Prostaglandins
- Inflammatory mediators

# When is period pain a problem

Pain and associated symptoms

Functional impact:

- Days missed from school/work
- Missing activities
- Impacting on life



Heavy Menstrual loss:

- Soaking through pads or tampons in <2 hrs
- Changes over night





# Taking a menstrual history

*Take a good menstrual history*

## Hormones

Last menstrual period

Menarche

Number of days between cycles (first day of last period to first day of this period)

## Pain and bleeding history:

Number of days bleeding

Quality of bleeding

Quality of any pain (10 pain questions)

Impact on function

Mistimed bleeding or pain

Associated symptoms:

## Prostaglandins

Nausea

Vomiting

Diarrhoea

Dizziness

Fainting

## Hormones

Mood

Headache, other CNS

...other

## Systems Review in Teens

Sexual History

Family history

- Menstruation
- bleeding

Relevant medical history

Medications

Immunisations

HEADSS

...other



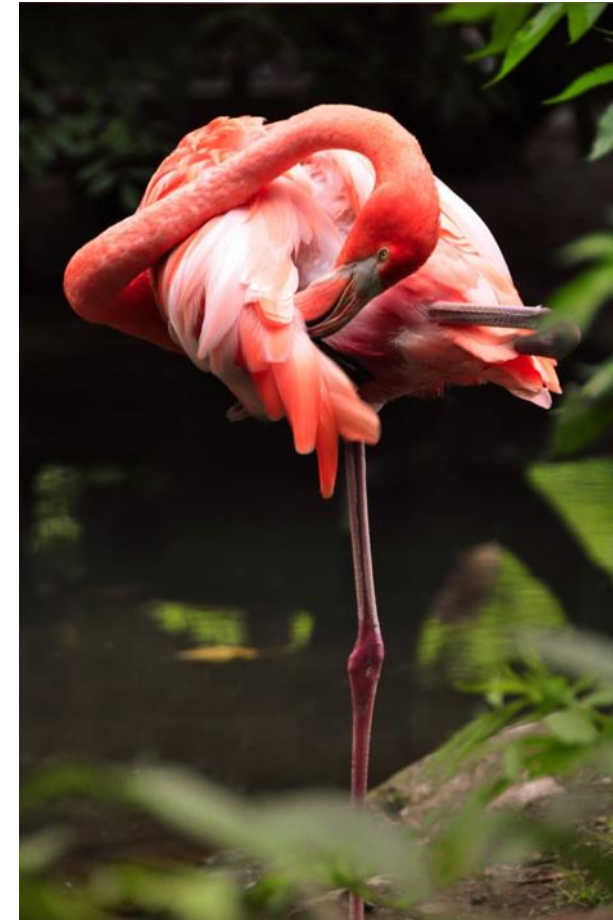
# *Myth- There is a set of symptoms that predict the presence of an increased likelihood of endometriosis on laparoscopy*

*Zoom Poll:*

*Do you think there is a set of symptoms that will predict a diagnosis of endometriosis?*

*-Yes*

*-No*



# Lesions vs Symptoms

## *Current doctrine*

- *Wait for investigations to provide diagnosis*

## *Base treatment on diagnosis*

## *Unintended outcomes*

- *Treatment delay*
- *No improvement with excision of mild endometriosis*
- *Dependence on more surgery in future*
- *Cost*
- *Not based on current evidence*

## *Optimal Management*

- *Aim to manage symptoms*

## *Base treatment on history*

- *Reduce heavy menses*
- *Control cyclic symptoms e.g pain*
- *+/-USS*

## *Outcomes:*

- *Improve quality of life*
- *Avoidance of unnecessary surgery*
- *Care close to home (GP)*
- *No evidence of negative impact on fertility*





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# Relationship between Heavy Menstrual Bleeding and later Persistent Pelvic Pain





# When to investigate when to refer?

## For USS:

Atypical pain

- Pain worse towards end of period

Good gynae scan

Doesn't need to be trans vaginal

\*Note on TV USS- teens

Also consider in women not getting better

## To Allied Health:

Identify if there is muscular pain

- Pain rectus muscle
- Painful oblique

->Send to physio

Identify if IBS

- Manage

Identify stressors and pressures

- Impact on pain
- >MH worker

## To gynae:

Aim is to suppress menses

If struggling to suppress, pain not getting better

-refer to gynae

-Higher dose pills

-Zoladex

-Role of Laparoscopy

# Management of Period Pain

## NSAIDS

- Tds first symptoms, with food

## Tranexamic Acid

- 1g QID prn on days of heavy bleeding
- (also for ovulation pain)

## OCP

- Microgynon, Brevinor 1
- Continuous (period at end of first 21 pills)

## Augment

- Add in ½ primolut (5mg) daily up to 2 daily
- Or Implanon or mirena





# *Myth- It's unhealthy to miss your periods*

*Zoom poll- How do you advise patients to take the OCP?*

- Take the pill as per the packaging: 21 hormones and 7 days off for bleeding
- 3-4 pill packs back-to-back and then a withdrawal bleed
- Run the hormone pills continuously (back to back as long as you like)

# Management of Heavy menstrual Bleeding

## Tranexamic Acid

- 1g QID prn on days of heavy bleeding

## OCP

- Microgynon, Brevinor 1
- Continuous (period at end of first 21 pills)

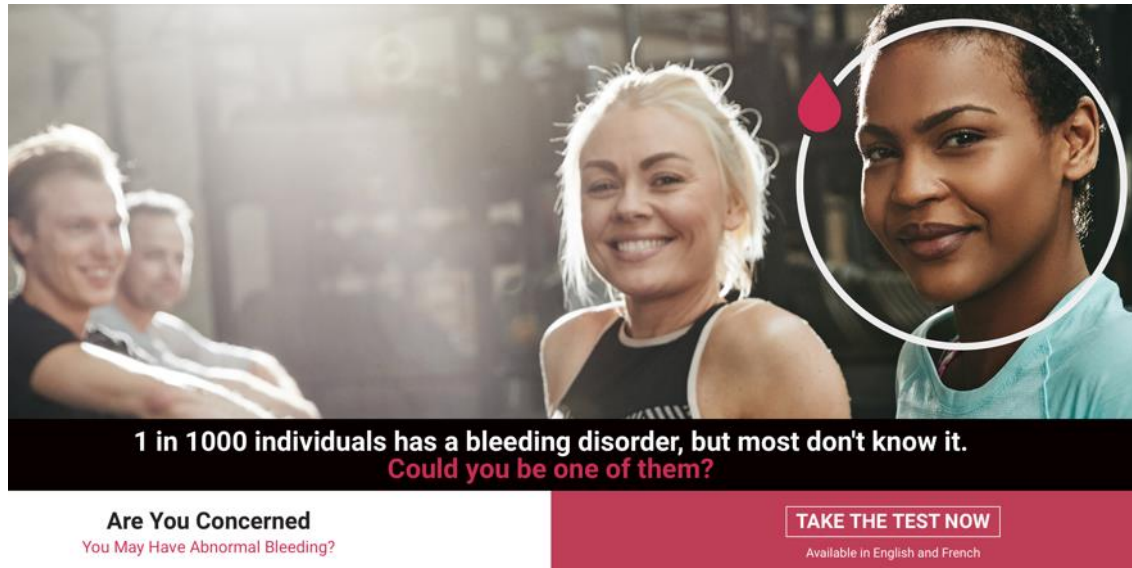
## Mirena

- IU, 5 yrs

## Augment

- COCP plus Mirena
- Or could use ½-2 of 5mg Primolut

# Patient Resources



1 in 1000 individuals has a bleeding disorder, but most don't know it.  
Could you be one of them?

**Are You Concerned**  
You May Have Abnormal Bleeding?

**TAKE THE TEST NOW**  
Available in English and French

The Self-BAT (self-administered bleeding assessment tool) is a scientifically validated scoring tool developed by Dr. Paula James targeted at individuals who are concerned about bleeding.

Taking this test will help you better understand whether current, or previous, bleeding episodes are normal or abnormal.

# Management of cyclic symptoms

NSAIDS

Hormones

- OCP
- Progestagens



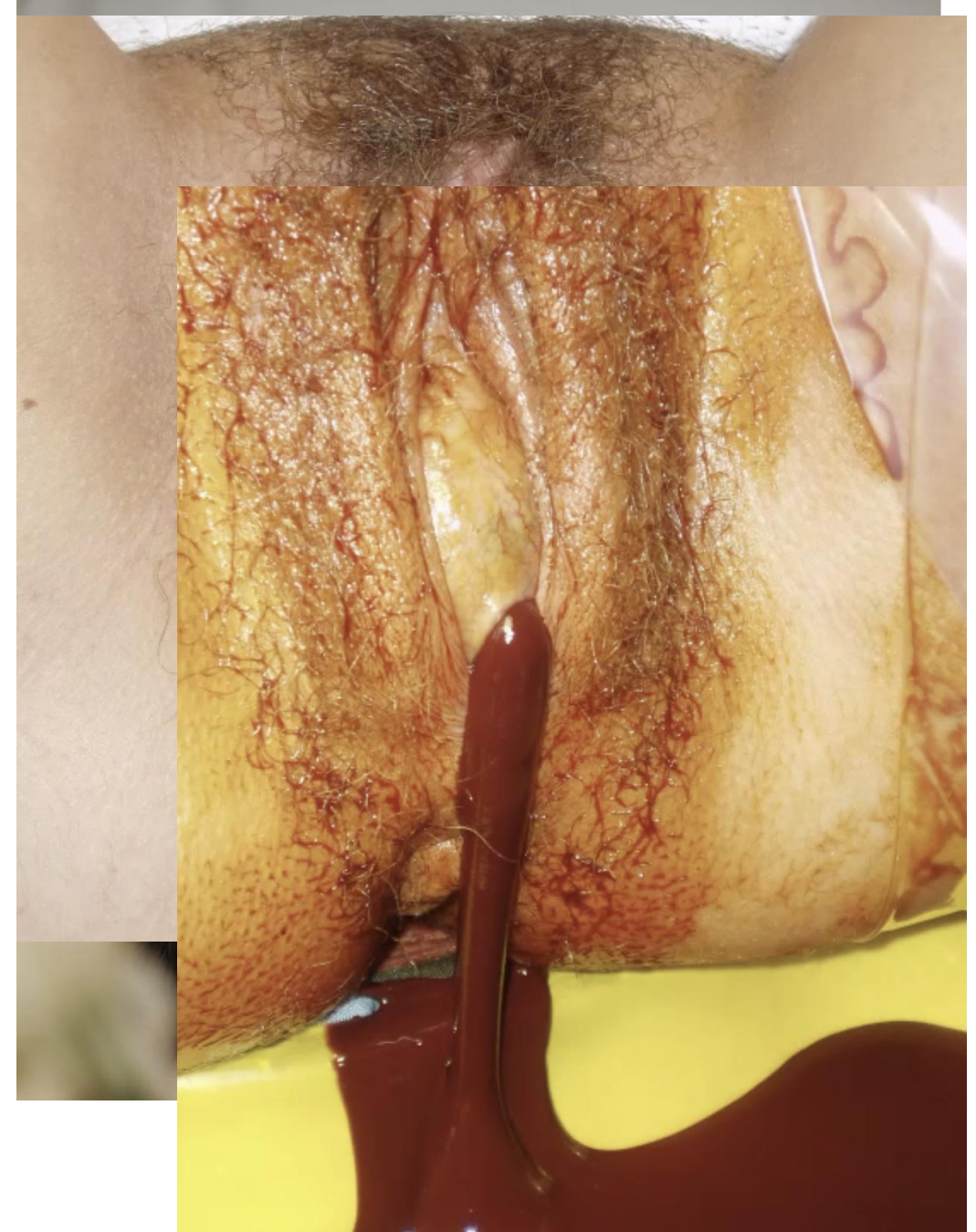
**Next slide - Trigger warning, look away if it's too early.**



## *Serious disorders not to be missed....*

Sophie, 12 yo presents at mother's request  
Cyclical moodiness, acne and pain  
No bleeding  
Increasing urinary symptoms  
Gentle examination-suprapubic fullness, palpable

Next steps?





# LongSTEPPP Project



Periods shouldn't  
ruin your life



Share this page





# Podcast

21 APRIL

## Period pain in teens

Period pain is common and commonly impacts upon teens. While 90% of school or other important activities due to period pain and associated symp





Questions?

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Questions



# Case Presentation: 16 YO with irregular cycle

- **Situation:** 16 year old with irregular cycle, menorrhagia and dysmenorrhoea. Doesn't want to go on the pill. Has tried ponstan and panadol (declined TEA)
- **Background:** 16yo female  
Coeliac disease  
Notified me of sexual abuse in Dec last year after disclosing to youth group leader (maternal grandparents) now seeing psychologist and on fluoxetine 20mg daily
- **Assessment:** Doesn't want to go on the Cocp (have tried to explore why, not sure yet)  
Not sexually active  
She feels she has endometriosis
- **Recommendation:** Pelvic USS in Jan 22 showed enlarged bilateral ovaries with tiny small follicles concerning for underlying polycystic ovaries morphology. March 23 pelvic USS showed no follicles. Has been referred gynae.



# Questions to the group

1. Relationship between symptoms and her abuse?
2. Likelihood of having endometriosis?
3. Why doesn't she want to go on the pill?
4. Why 2 scans are so different and the frustration that brings?
5. Anything else I can be offering/doing in the meantime?

# PPEP Talk® for Health Professionals

Periods, Pain and Endometriosis Program Talk



# Scan the QR code to be taken to online resources

- Information for Health Professionals brochure
- PPEP Talk® Promo Flyer
- Easy Stretches to Relax the Pelvis handout
- How to become a PPFA Subscriber



# Who are PPFA and ACE?

## **Pelvic Pain Foundation of Australia:**

- not-for-profit organisation
- improving the quality of life of people with pelvic pain
- support health professionals

## **Australian Coalition for Endometriosis:**

- consumer and advocacy body representing the needs of people with Endometriosis in Australia
- PPFA, EndoActive, QENDO and Endometriosis WA.





# PPEP Talk®

- 1-hour, positive, fun, educational and interactive program that de-mystifies periods and pelvic pain
- Developed by a Gynaecologist & Specialist Pain Medicine Physician in conjunction with a multidisciplinary team
- Discussion around
  - normal vs not normal menstrual symptoms
  - simple self-management options
  - when to seek help
- 1:1 opportunity post presentation
- A book on Endometriosis and Pelvic Pain and guide to further resources
- Tailored programs
- Pre PPEP Talk® Video: basic period education
- PPEP Talk® Next Steps: online session post PPEP Talk®





- Basic anatomy
- 5 types of pelvic pain
- Neuroscience of pain
- Endometriosis description
- Variation in symptoms
- Positive GP relationship
- Simple self management
- Diet and lifestyle
- Medication options
- Hormonal options
- Laparoscopy

## PPEP TALK® COVERS



# National Survey Findings

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## PERIOD IMPACT AND PAIN ASSESSMENT (PIPPA) TOOL QUESTIONS:

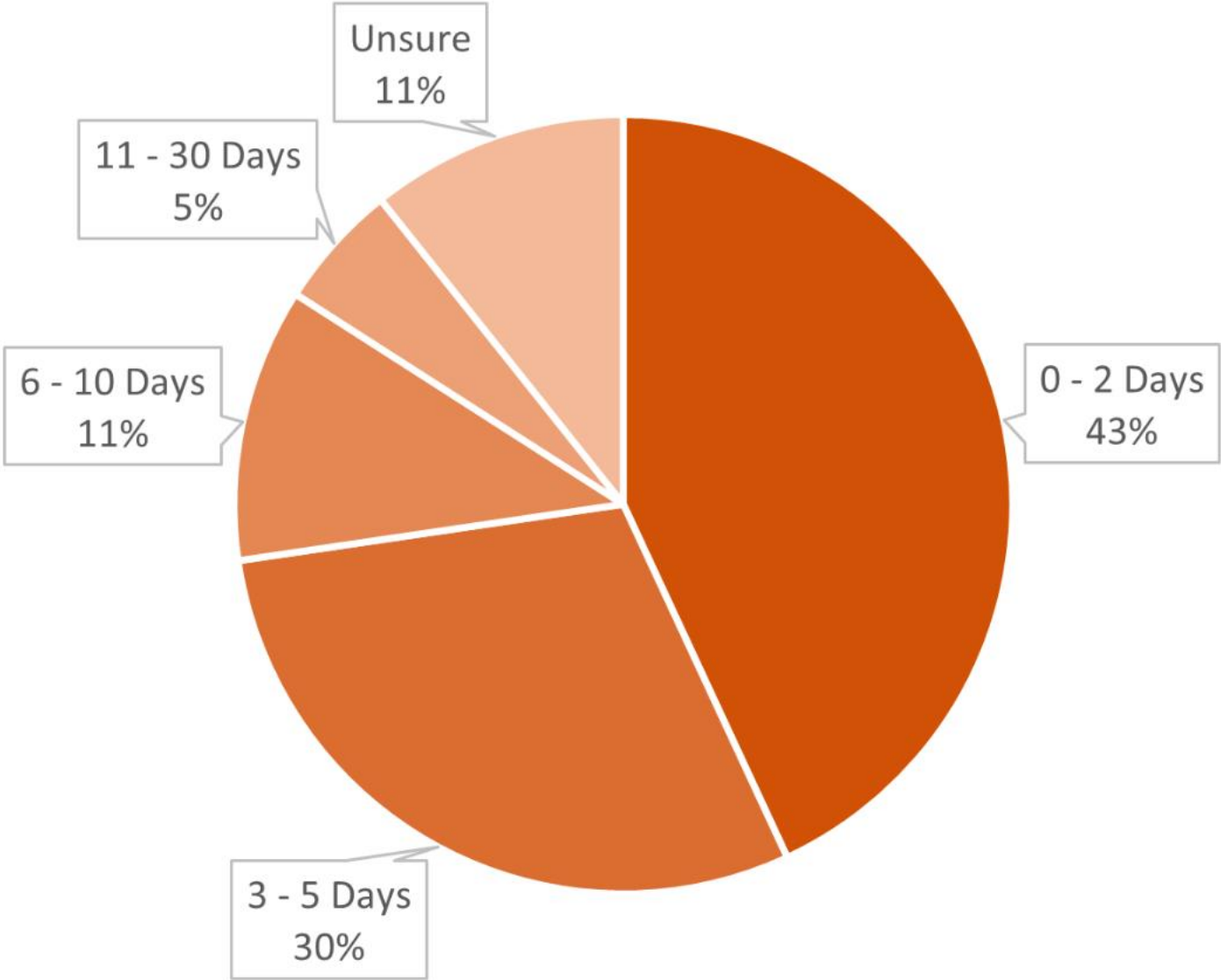
Over the last 6 months:

- 47% experienced regular severe period pain
- 45% said their period has significantly interfered with their usual daily activities
- 21% regularly missed school or work because of their period
- 26% felt sure there was something wrong with their periods
- 41% experience bowel or bladder pain





# Average days of pain per month



# National Survey Findings: Students (AFAB)



# What can you do right now?

- Encourage schools, community and sporting groups to book a PPEP Talk®
- Become a PPFA Subscriber
- Attend Bi-Monthly Online Education Sessions for Subscribers
- Attend PPFA annual Pelvic Pain Seminar
- Seek supportive colleagues





# HealthPathways Reproductive Health

## CLINICAL

[Termination of Pregnancy \(TOP\)](#)

[Follow-up for Termination of Pregnancy \(TOP\)](#)

[Contraception and Sterilisation](#)

[Contraceptive Implant](#)

[Intrauterine System or Device \(IUD\)](#)

[Contraceptive Injection](#)

[Persistent Pelvic Pain](#)

[Endometriosis](#)

[Cervical Screening](#)

[Cervical Cancer](#)

[Cervical Polyps](#)

## REFERRAL

[colposcopy](#)

[non-acute gynaecology assessment](#)

[gynaecology advice](#)

[acute gynaecology assessment](#)

[Referral for termination of Pregnancy](#)

## CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: [healthpathways@westvicphn.com.au](mailto:healthpathways@westvicphn.com.au)

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

## WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.



## Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat



## Upcoming Sessions

- **Thursdays @ 7.30am**
- 15 June
- Break for holidays
- Weekly from 27 July til 7 September

If you have a case, you would like to discuss with the group:

- **Case template** [here](#)
- Email [projectechocovid19@westvicphn.com.au](mailto:projectechocovid19@westvicphn.com.au)
- Use the comment box in the evaluation form

