

GUEST EDITOR

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COMMON MENSTRUAL DISORDERS

Foreword

In most cultures and folklores, menstruation is shrouded with taboos and mysticism. To a lesser extent, this also has been evident in some of the traditional medical advice and management of menstrual disorders. Although menstrual disorders constitute the single major presenting complaint in the practice of medicine among women of the reproductive age group, our understanding of the pathophysiologic mechanism responsible for menstrual dysfunction, until recently, has been poorly understood. Consequently, the specific therapy, if any, of these disorders has been empirical, and surgical intervention has been recommended frequently and unhesitatingly. Recent advances in neuroendocrinology and endocrinology and biochemistry of gonadal function have permitted a better understanding of the physiology of the menstrual cycle and menstruation. This, in turn, has permitted a better understanding of the derangement from normal physiology in menstrual disorders.

This timely symposium covers the various common menstrual disorders. The contributors have been selected for their expertise in the particular topic and for their ability to write lucidly and to relate to the clinical situation and, therefore, the clinician. Within the constraints of space limitation, this symposium covers 12 topics, all of which are encountered not uncommonly in clinical practice. The symposium opens with an extensive, scholarly, yet clinically meaningful exposé of the neuroendocrinology of the menstrual cycle. The information covered in this first chapter is pivotal to the discussions in the subsequent chapters. Often, women have expected the menstrual cycle to be an extremely high precision chronometer, but even the most technologically advanced and high-precision time pieces gain or lose time. Thus an understanding of the chronobiology and neuroendocrine regulation of the menstrual cycle hopefully will arm the physician to determine

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what is within the expected variation of the normal menstrual cycle and what constitutes a disorder and to reassure patients.

The chapters dealing with dysmenorrhea, amenorrhea, adolescent menstrual problems, and hyperprolactinemia provide new information based on advances made in these areas in the last decade. Certainly, the approach to and management of dysmenorrhea have undergone dramatic but rational changes based on our understanding of the role of prostaglandins in this disorder. The evaluation and management of hyperprolactinemia have experienced many changes and are still going through more changes. Premenstrual Tension Syndrome, as old as womankind, is gaining increasing medical and social attention. The contributors have discussed this disorder in an unemotional, scientific, scholarly, and objective manner. It is obvious that at present there is no scientifically *proven specific* therapy for this problem. Nevertheless, this is one disorder where, paradoxically, consumer or specifically women-led groups have strongly advocated and dictated therapy with progesterone. Never before since thalidomide, have so many been led by so few to accept readily and spread a method of therapy that is yet to be proven effective by acceptable and rigorous scientific methodology.

I thank the contributors of the symposium for their chapters and we hope that the symposium will arm our physician readers with effective and applicable information in their day-to-day management of women with menstrual or menstruation-related disorders.

M. Y. D.