

Menstrual Dysfunction in Athletes: A Systematic Literature Review

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INTRODUCTION

Menstrual dysfunction (MD) is typically presented as one or more of abnormalities associated with the cycle **regularity, duration, flow and pain**¹

MD in athletes is largely a physiological manifestation of **low energy availability**, often associated with stress, weight loss and/or excessive exercise²

All forms of MD can have **adverse implications** on athletes' health, injury risk and performance³

However, there is currently **no published systematic review** that provides a comprehensive review of the literature pertaining to MD in female athletes

AIMS

Investigate the prevalence of MD and dysmenorrhea in athletes

Clarify assessment tools and definitions of MD to inform athlete monitoring and screening practices

METHODS

ELIGIBILITY CRITERIA FORMULATED USING PICOS

- Population**
Competitive female athletes of reproductive age
Not using hormonal contraception
- Comparison**
Age groups (adolescents and adults)
Sports
- Outcomes**
Primary: Prevalence of MD in athletes
Secondary: Method used to identify MD
- Study Design**
Original research which provides:
 - Quantitative prevalence of MD
 - Type and definition of MD
 - Assessment method used to identify MD

Note: No specific intervention

METHODOLOGICAL QUALITY ASSESSMENT

Mixed Methods Appraisal Tool⁴

Rate 'yes', 'no', or 'unable to determine' for each criterion

PRELIMINARY DATA SYNTHESIS

Pooled prevalence calculated only if MD definitions used across studies are consistent with experts/ACOG

Narrative synthesis of findings on MD definitions and assessment tools

LITERATURE SEARCH AND STUDY SELECTION

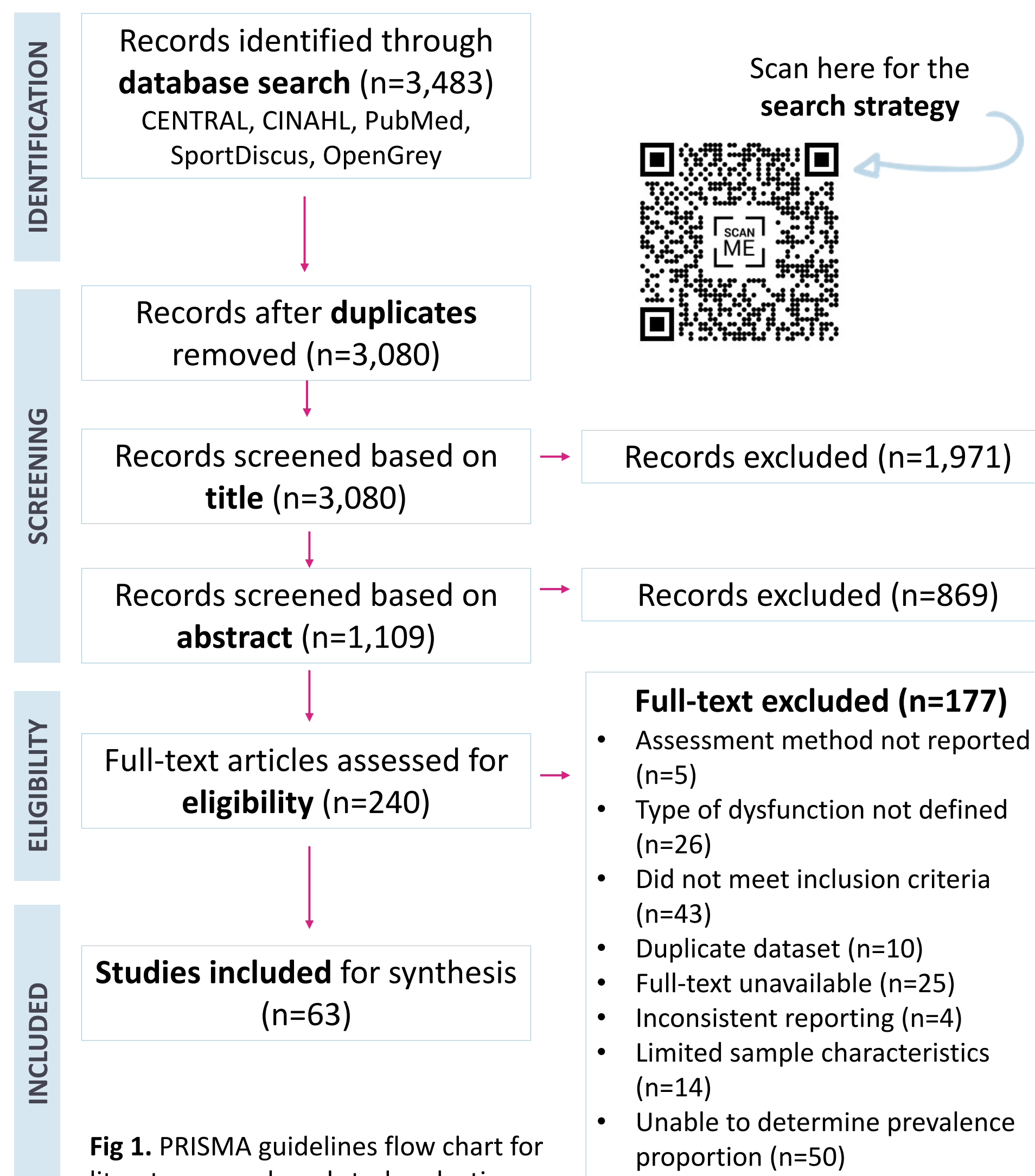


Fig 1. PRISMA guidelines flow chart for literature search and study selection

RESULTS

STUDY CHARACTERISTICS

63 STUDIES	Cross-sectional (n=55), Longitudinal (n=8) Published 1981 - 2021
6706 ATHLETES	Average age: 20.1 ± 3.7 y Adolescent (≤18 y): 16.3 ± 0.9 y Adult (>18 y): 22.1 ± 3.1 y
31 SPORTS	Collegiate, international, interscholastic, national, regional, state, league levels

PREVALENCE OF MENSTRUAL DYSFUNCTION

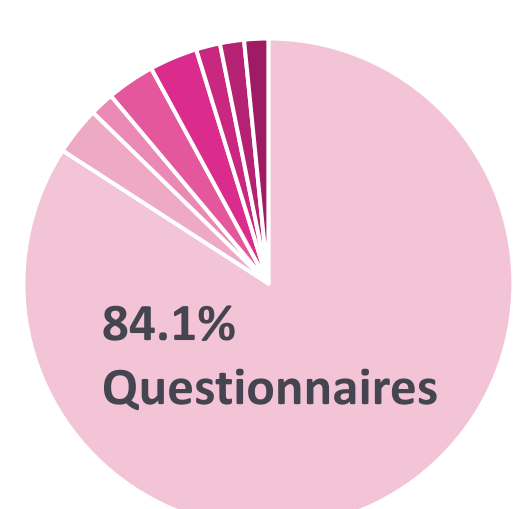
Dysfunction	Avg (%)	Range (%)	Visual Representation
Dysmenorrhea	38.8	16.8 – 67.9	10 female icons, 4 shaded
Premenstrual Syndrome	29.0	8.6 – 59.6	10 female icons, 3 shaded
Oligomenorrhea	22.7	12.7 – 34.6	10 female icons, 2 shaded
Secondary Amenorrhea	16.5	0 – 61.5	10 female icons, 1 shaded
Heavy Menstrual Bleeding	14.3	9.0 - 21.5	10 female icons, 1 shaded
Primary Amenorrhea	5.9	0 – 22.1	10 female icons, 0 shaded
Premenstrual Dysphoric Disorder	5.4	1.3 – 13.3	10 female icons, 0 shaded

DEFINITIONS OF MENSTRUAL DYSFUNCTION

Lack uniformity in definitions used

Differences in cycle duration, age thresholds and terminologies (e.g., cycles/months/days)

MENSTRUAL DYSFUNCTION ASSESSMENT TOOL



84.1% of studies (n=53) used non-validated, self-developed questionnaires

Others

Interview, daily logs, LEAF-Q, daily urine samples, blood serum analysis, transvaginal exam, medical/gynaecological examination

Fig 2. Distribution of MD assessment methods

DISCUSSION & IMPLICATIONS

PRELIMINARY FINDINGS

Menstrual abnormalities associated with **cycle pain and frequency** are the most prevalent MD in female athletes

Athletes should track their menstrual cycles, log associated symptoms and its impact on training. Abnormalities in cycle frequency (e.g., oligomenorrhea) should be addressed promptly and coping mechanisms explored.

Findings are not readily interpretable or comparable due to **heterogeneity in definitions used** across studies

Definitions of MD consistent with standards of practice⁵ should be adopted.

Prevalence of MD in included studies were mainly **self-reported** through the use of **non-validated questionnaires**

To assess menstrual function and establish menstrual cycle phases, methods aligned with standards of practice⁵ should be used. A standardised questionnaire validated for exploring menstrual disturbances in athletes specifically should be considered.

FUTURE STUDIES

Explore the menstrual profiles of female athletes using evidence-based, biochemical markers over a longitudinal period.

Examine the influence of the menstrual cycle and its associated symptoms on training and recovery.

Explore the relationships between the menstrual cycle, training load and athlete wellbeing

ACKNOWLEDGEMENTS

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