Unanswered research questions

Research is needed to determine whether there are features of dysmenorrhoea in adolescence that predict whether a woman will have fertility problems and endometriosis in her 20s and 30s

Further RCTs should focus on comparing oral contraceptives combined with non-steroidal anti-inflammatory drugs (NSAIDs) with NSAIDs alone or with the levonorgestrel intrauterine system

Future RCTs should also consider the effectiveness of the alternative and complementary therapies

location, duration, and characteristics of pain, plus any aggravating or relieving factors. A physical examination including pelvic examination is not generally indicated in adolescent women but should be done in all other women.

NSAIDs relieve symptoms in up to 70% of women, so should be the first line treatment[5] unless there are contraindications (for example, history of hypersensitivity to aspirin or other NSAIDs, serious comorbidity, and gastrointestinal ulcers or bleeding).

Paracetamol may offer some relief in women who cannot tolerate NSAIDs, although there is less evidence for its efficacy. If contraceptives are required then the combined oral contraceptive may be considered. It may be helpful to give the patient additional information on alternative treatments that evidence supports (for example, heat, thiamine, magnesium, and vitamin E) and information about risk factors that increase the severity of dysmenorrhoea (for example, smoking, obesity, and alcohol consumption). Menstrual cycle suppressants, such as progestogens, danazol, and gonadotrophin releasing hormone analogues, may be considered for resistant dysmenorrhoea, but should normally be used only on specialist advice.

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Corrections and clarifications

Vaccines against cervical cancer provoke US controversy
In this news article by Janice Hopkins Tanne (*BMJ* 2006;332:814, 8 Apr), we gave the wrong name for the GlaxoSmithKline vaccine submitted for approval to the European Agency for the Evaluation of Medicinal Products. The correct name is Cervarix.

Minerva
We misspelt one of the authors' names in the photo item in this Minerva (*BMJ* 2006;332:862, 8 Apr). Emma Thomson does not spell her name with a "p".

Short cuts
More than one reader spotted that we slipped up in the third item of these Short Cuts by Alison Tonks (*BMJ* 2006;332:1025-6, 29 Apr). Candesartan is an angiotensin II receptor antagonist, not an angiotensin converting enzyme inhibitor as we stated.

Hypertension and ethnic group
A mix-up in drug types went uncorrected in this Practice review by Morris J Brown (*BMJ* 2006;332:833-6, 8 Apr). In the second paragraph of the "Treatment" section (p 835) we stated that AB drugs include calcium blockers. They don't—we should have said they include β blockers. Calcium blockers are in fact CD drugs, as we had stated earlier in that paragraph.