Secondary Amenorrhea – GYN 4

DEFINITION

Amenorrhea (absence of menses) can be a transient, intermittent, or permanent condition resulting from dysfunction of the hypothalamus, pituitary, ovaries, uterus, or vagina. Amenorrhea is a symptom, not a diagnosis.

There are two classifications of amenorrhea: primary and secondary. For definition clarification purposes only, primary amenorrhea is defined in this document. Primary amenorrhea is the absence of menarche by age 13 when there is also an absence of development of secondary sex characteristics or no menstruation by age 15 in the presence of normal growth and development of secondary sex characteristics.

Secondary amenorrhea is the absence of menses for more than three months once menses has been established in women with regular cycles OR absence of menses for six months in women with a history of irregular cycles.

Medical causes of secondary amenorrhea may include PCOS, hypothalamic dysfunction, pituitary disease, ovarian failure, chronic anovulation, uterine disorders, endocrinopathies, pregnancy, normal and expected side effects of hormonal contraception (particularly hormonal injections, hormonal IUD and hormonal implants), and side effects of various medications.

If the underlying problem causes unopposed estrogen, the woman needs protection from endometrial cancer. If the woman's problem causes hypoestrogenism, the woman needs protection from osteoporosis and other menopause-related symptoms. If the problem causes unwanted infertility, this also must be addressed.

SUBJECTIVE

May include as indicated:

1. LMP/menstrual history
2. History negative for symptoms of pregnancy
3. History negative for natural or surgical menopause
4. Documentation of current birth control method
5. Prior hormonal contraceptive use
6. Weight changes: significant weight loss or gain
7. Recent life stressors
8. Recent dilation & curettage (D&C), or uterine ablation
9. Signs of hypothalamic/pituitary disease, thyroid, adrenal or ovarian disorder: i.e., headaches, visual field defects, fatigue, polydipsia
10. Current medication and/or drug use
11. Strenuous physical activity
12. Eating disorder
13. Galactorrhea or recent breast feeding
14. Vasomotor symptoms

OBJECTIVE

May include:

1. Vital signs, including BMI
2. Physical exam, including:
   a. Thyroid exam

b. Presence/absence of acanthosis nigricans
c. Breast exam, including presence/absence of nipple discharge (galactorrhea)
d. Pelvic exam; signs of estrogen deficiency may include vaginal atrophy (smooth vaginal walls, lack of rugae, dry/lack of physiologic discharge); cervical stenosis/scarring
e. Signs of androgen excess (hirsutism, clitoromegaly, acne, oily skin)

LABORATORY

Should include, as indicated:
1. Negative sensitive urine pregnancy test

May include as indicated:
1. Other lab tests (i.e., TSH, FSH, Prolactin, hemoglobin A1C, dehydroepiandrosterone sulfate (DHEAS), 17-hydroxyprogesterone and total testosterone level)

ASSESSMENT

Client with secondary amenorrhea

PLAN

1. Treatment options will depend on medical history, contraceptive history, desire for pregnancy, peri-menopausal status and BMI
2. After evaluation, one may offer contraception to provide monthly bleeds or prevent bleeding if no pregnancy is desired. May consider combined contraception, continuous contraception or progestin-only if the client meets MEC. (See hormonal method protocols)
3. Consider hormone assays, Hormone Replacement therapy, or combined contraceptive method if patient is having peri-menopausal symptoms
4. Consider progestin challenge of medroxyprogesterone acetate (Provera) 5-10 mg oral x 10 days monthly OR, or as needed for cycles > 35 days if no contraception is needed. Aygestin 5 mg daily for 10 days may be used in place of MPA
5. Evaluate for eating disorders and athletic triad as needed
6. Advise adequate Calcium supplements 1200 mg and Vitamin D 800 IU daily if at risk for osteoporosis.
7. For long established history of < 8 menses/year consider referral for Pituitary axis testing as needed (TSH, Prolactin, DHEA-S, hormone levels, or diabetic testing)

CLIENT EDUCATION

1. Review client treatment and discuss causes of amenorrhea, risks of endometrial hyperplasia, and osteoporosis.
2. Discuss future plans for contraception/conception and possible need for future medical intervention.
3. Encourage client to strive for a healthy balance between work, recreation, rest, & dietary intake.
4. Discuss further testing and/or follow-up as per MD consult
5. Recommend client RTC/PRN as appropriate per plan

CONSULT / REFER TO PHYSICIAN

1. Any client presenting with primary amenorrhea
2. Any client who is pregnant refer for appropriate care
3. Any client needing further testing based on the client's individual needs (i.e., Provera Challenge, hormone assay, EMB, PCOS labs)
4. Any client with secondary amenorrhea greater than 1-year duration who is not on hormonal contraception
5. Any client with diagnosed or suspected eating disorder

REFERENCES

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