



## BASIC INFORMATION

### DESCRIPTION

Complete absence of menstruation in a young woman who is at least 16 years old, or at age 14 with a lack of normal growth or absence of secondary sexual development. It is a rare disorder as over 95% of girls have their first menstrual period by age 15.

### FREQUENT SIGNS AND SYMPTOMS

Lack of menstrual periods after puberty. Most girls begin menstruating by age 14, average age is 12 years, 8 months.

### CAUSES

Usually unknown. Possible causes include:

- Delayed puberty.
- Congenital abnormalities, such as the absence or abnormal formation of female organs (vagina, uterus, ovaries).
- Intact hymen (membrane covering the vaginal opening) that has no opening to allow passage of menstrual flow.
- Disorders of the endocrine system (tumors, infections, or other problems).
- Chromosome disorders.
- Systemic disease.
- Rarely, severe nutritional or physical stressor such as anorexia or competitive sports.

### RISK INCREASES WITH

- Stress.
- Use of drugs, including oral contraceptives, anti-cancer drugs, barbiturates, narcotics, cortisone drugs, chlordiazepoxide and reserpine.
- Excessive exercise.
- Family tendency to start menstruation late.
- Excessive dieting or weight loss.

### PREVENTIVE MEASURES

- Don't use drugs unless prescribed by doctor.
- Reduce extreme athletic activities if recommended.
- Obtain medical treatment for any underlying disorder.
- Maintain proper nutrition and body weight.

### EXPECTED OUTCOMES

- The absence of menstruation is not a health risk in itself, but the cause should be identified. If an ovarian cyst or tumor is the cause, it requires removal.
- Amenorrhea is usually curable with hormone treatment or removal of the underlying cause. Treatment may be delayed to age 18 unless the cause can be identified and treated safely.
- Causes that sometimes cannot be corrected include chromosome disorders and abnormalities of the reproductive system.

### POSSIBLE COMPLICATIONS

- Psychological distress about sexual development.
- Inability to conceive.
- Rare endocrinological condition may require surgical treatment in addition to hormone replacement.



## TREATMENT

### GENERAL MEASURES

- Diagnostic tests may include a thorough physical examination and a medical and personal history; laboratory studies of blood samples to check for hormone levels, plus thyroid and adrenal function studies.
- Treatment usually involves hormone replacement therapy. Treatment for amenorrhea not related to hormone deficiency depends on the cause.
- Psychotherapy or counseling, if amenorrhea is related to stress or results from eating disorders.
- Surgery (minor) to create an opening in the hymen, if necessary.
- Surgery to correct abnormalities of the reproductive system (sometimes).
- Don't use mood-altering, mind-altering, stimulant or sedative drugs.

### MEDICATIONS

You may be prescribed progesterone (hormone) treatment to induce bleeding. If bleeding begins when progesterone is withdrawn, the reproductive system is functioning. This also indicates that pituitary disease is unlikely. If progesterone withdrawal does not induce bleeding, gonad stimulants such as clomiphene or gonadotrophins may be used for the same purpose.

### ACTIVITY

- No restrictions. Exercise regularly, but not to excess.
- Sleep at least 8 hours every night.

### DIET

- Eat 3 well-balanced meals a day.
- If you are overweight or underweight, get medical advice about diets. Don't try to lose weight by crash-dieting.



## NOTIFY OUR OFFICE IF

- You are 16 years old and have never had a period.
- Periods don't begin in 6 months, despite treatment.