

AMENORRHEA, SECONDARY



BASIC INFORMATION

DESCRIPTION

Cessation of menstruation for at least 3 months in a woman who has previously menstruated.

FREQUENT SIGNS AND SYMPTOMS

Absence of menstrual periods for 3 or more months in a woman who has menstruated at least once.

CAUSES

- Pregnancy (if the woman has had sexual intercourse).
- Breast-feeding an infant.
- Discontinuing use of birth-control pills.
- Menopause (if the woman is over 35 and not pregnant).
- Emotional stress or psychological disorder.
- Surgical removal of the ovaries or uterus.
- Disorder of the endocrine system, including the pituitary, hypothalamus, thyroid, parathyroid, adrenal and ovarian glands.
- Diabetes mellitus.
- Tuberculosis.
- Obesity, anorexia nervosa or bulimia.
- Strenuous program of physical exercise, such as long-distance running.

RISK INCREASES WITH

- Stress.
- Poor nutrition.
- Use of certain drugs, such as narcotics, phenothiazines, reserpine or hormones.
- Excessive exercise.

PREVENTIVE MEASURES

- If your amenorrhea is caused by an underlying disease, such as tuberculosis, diabetes or anorexia nervosa, obtain treatment for the primary disorder.
- If the cause of your amenorrhea is unknown, there are no specific preventive measures.
- Maintain proper nutrition and body weight.

EXPECTED OUTCOMES

Amenorrhea is not a threat to health. Whether it can be corrected varies with the underlying cause:

- If from pregnancy or breast-feeding, menstruation will resume when these conditions cease.
- If from discontinuing use of oral contraceptives, periods should begin in 2 months to 2 years.
- If from menopause, periods will become less frequent or may never resume. Hysterectomy also ends menstruation permanently.
- If from endocrine disorders, hormone replacement usually causes periods to resume.

- If from eating disorders, successful treatment of that disorder is necessary for menstruation to resume.
- If from diabetes or tuberculosis, menstruation may never resume.
- If from strenuous exercise, periods usually resume when exercise decreases.

POSSIBLE COMPLICATIONS

- None expected if no serious underlying cause can be discovered.
- May experience estrogen deficiency symptoms, such as hot flushes, vaginal dryness.
- May affect fertility.



TREATMENT

GENERAL MEASURES

- To aid in diagnosis, laboratory studies, such as a pregnancy test, blood studies of hormone levels and Pap smear are usually necessary. Surgical diagnostic procedures such as laparoscopy or hysteroscopy may be recommended.
- Dilatation and curettage, often referred to as D & C (dilation of the cervix and a scraping out of the uterus with a curette) may be performed.
- Treatment of underlying disorder if one is diagnosed.
- Psychotherapy or counseling, if amenorrhea is related to stress.
- Keep a record of menstrual cycles to aid in early detection of recurrent amenorrhea.

MEDICATIONS

- Therapeutic trial of progesterone and/or estrogen. If bleeding occurs after progesterone is withdrawn, the reproduction system is functional.
- Other drugs to treat underlying disorder may be prescribed.

ACTIVITY

No restrictions.

DIET

- Usually no special diet.
- If overweight or underweight, a change in diet to correct the problem is recommended.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of amenorrhea.
- Periods don't resume in 6 months, despite treatment.
- New, unexplained symptoms develop. Hormones used in treatment may produce side effects.