



AMENORRHEA, PRIMARY

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. Most girls begin menstruating by age 14, average age is 12 years, 8 months.

FREQUENT SIGNS AND SYMPTOMS

Lack of menstrual periods after puberty.

CAUSES

A failure of certain complex body functions that normally result in menstruation. There are a number of disorders or health problems that can lead to the failure.

RISK INCREASES WITH

- Delayed puberty.
- Congenital abnormalities, such as the absence or abnormal formation of female organs (vagina, uterus, and ovaries).
- Intact hymen (membrane covering the vaginal opening) has no opening to allow passage of menstrual flow.
- Disorders (tumors, infections, or other problems) of the endocrine system, including the pituitary, hypothalamus, thyroid, parathyroid, adrenal, and ovarian glands.
- Chromosome disorders.
- Chronic illness.
- Polycystic ovarian syndrome (Stein-Leventhal syndrome).
- Rarely, prior gynecological surgery.
- Severe nutritional or physical stressor, such as anorexia or competitive sports.
- Use of drugs, including oral contraceptives, anticancer drugs, barbiturates, narcotics, cortisone drugs, chlordiazepoxide, and reserpine.
- Family tendency to start menstruation late.
- Excessive dieting or weight loss.
- Extreme obesity.

PREVENTIVE MEASURES

No specific preventive measures. Avoid risk factors where possible.

EXPECTED OUTCOMES

- The absence of menstruation is not a health risk in itself, but the cause should be found.
- Amenorrhea is often curable with hormone treatment or treatment 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

- Emotional stress about sexual development.
- May lead to infertility.
- Other complications may occur, depending on the underlying cause.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and a pelvic exam. Medical tests may include urine and blood studies, hormone levels, liver, thyroid, and adrenal function studies. Other tests may be done to diagnose an underlying disorder.
- Treatment may involve hormone replacement therapy. Treatment for amenorrhea not related to hormone deficiency, but it depends on the cause.
- Counseling may help if amenorrhea is related to stress, results from eating disorder, or for emotional concerns about sexual development.
- Surgery to correct abnormalities of the reproductive system or for cysts may rarely be needed.

MEDICATIONS

- Hormones may be prescribed if there is a hormone imbalance. They may correct the problem.
- Birth control pills may be prescribed for polycystic ovary syndrome.
- Bromocriptine may be prescribed for pituitary tumor.

ACTIVITY

Exercise regularly, but not to excess. Reduce exercise or athletic activities if they are too strenuous.

DIET

If overweight or underweight, a change in diet to correct the problem may bring on a period.



NOTIFY OUR OFFICE IF

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

