



AMENORRHEA, SECONDARY



BASIC INFORMATION

DESCRIPTION

Absence of menstruation in a woman who has previously menstruated.

FREQUENT SIGNS AND SYMPTOMS

- No menstrual periods for at least 3 to 6 months.
- Other symptoms may include infertility, acne, hirsutism (excess hair growth), hair loss, obesity, galactorrhea (breasts produce milk when not breast-feeding), headaches, and vaginal dryness.

CAUSES

A stopping of certain complex body functions that normally result in menstruation. There are a number of conditions or health problems that can lead to the failure. Pregnancy is one of the most common causes.

RISK INCREASES WITH

- Breast-feeding an infant.
- Discontinuing use of birth-control pills.
- Menopause (if a woman is over 35 and not pregnant).
- Emotional stress or psychological disorder.
- Surgical removal of the ovaries or uterus, or complications as a result of gynecological surgery.
- Disorder of the endocrine system, including the pituitary, hypothalamus, thyroid, parathyroid, adrenal, and ovarian glands.
- Hormone imbalance.
- Chronic illness, such as diabetes or tuberculosis.
- Obesity or eating disorders (anorexia or bulimia).
- Strenuous program of physical exercise, such as long-distance running, gymnastics, or ballet.

PREVENTIVE MEASURES

To help avoid amenorrhea, maintain a healthy lifestyle.

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 will help menstruation to resume.
- If from diabetes or tuberculosis, menstruation may never resume.
- If from strenuous exercise, periods usually resume when exercise is decreased.

POSSIBLE COMPLICATIONS

- None likely, if there is no serious underlying cause.
- May experience estrogen deficiency symptoms, such as hot flashes and vaginal dryness.
- May affect fertility.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and a pelvic exam. Medical tests may include a pregnancy test, blood studies of hormone levels, and a Pap smear. Surgical diagnostic procedures such as laparoscopy or hysteroscopy may be recommended. These procedures use a special instrument to see inside the body's organs.
- Treatment may include lifestyle changes, drugs, treatment of underlying disorder (if one is diagnosed), and surgery (sometimes).
- 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.
- Counseling may help if amenorrhea is related to stress or other emotional problems.
- Keep a record of menstrual cycles to aid in early detection of recurrent amenorrhea.
- To learn more, perform a web search. A good site to start with is www.4women.gov.

MEDICATIONS

- Progesterone and/or estrogen may be prescribed. If bleeding occurs after progesterone is withdrawn, the reproduction system is functional.
- Drugs to treat an underlying disorder may be prescribed.

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 be recommended.



NOTIFY OUR OFFICE IF

- You or a family member has amenorrhea.
- Periods don't resume within 6 months, despite treatment.

