

## **MANAGING YOUR AMENORRHEA**

### **What Is Amenorrhea?**

Periods normally stop in women who are pregnant, breastfeeding, or going through menopause. Other women of reproductive age who have no periods have the condition called amenorrhea. It is primary or secondary depending on whether it occurs before or after the first period. Primary amenorrhea (absence of initial menstrual period) occurs by age 16, but girls do have other signs they're maturing (secondary sex characteristics). Secondary amenorrhea means no periods for more than three cycles or 6 months. Less than 1% of U.S. women have primary amenorrhea. The secondary type occurs in 5% to 7% of women of reproductive age.

### **What Causes Amenorrhea?**

Causes are usually disorders of the pituitary gland, hypothalamus, ovaries, or uterus. In the rare case of primary amenorrhea, some women may be born with anatomic abnormalities of the vagina and uterus, which may need surgery to correct the problem. Risk factors for amenorrhea include rapid and severe weight loss, underactive thyroid, medicines (such as progesterone), and chronic illness. Amenorrhea isn't contagious.

### **What Are the Symptoms of Amenorrhea?**

The major sign is abnormal absence of periods. Other abnormalities depend on the cause of amenorrhea. For example, an underactive thyroid may cause weight gain, fatigue, hair loss, dry skin, constipation, and slow heart rate.

### **How Is Amenorrhea Diagnosed?**

The health care provider makes a diagnosis from the medical history, physical examination, and laboratory tests. The health care provider may also use X-rays or ultrasonography to determine the cause of the amenorrhea. The first step is to rule out pregnancy by using a pregnancy test. Magnetic resonance imaging (MRI) of the brain may be done when abnormalities of the pituitary gland or hypothalamus are suspected. Computed tomography (CT) of the abdomen (belly) and pelvis is another possible test if abnormalities of the uterus or ovaries are suspected. The health care provider may suggest seeing specialists (endocrinologist and gynecologist) for additional evaluation and treatment. Endocrinologists specialize in endocrine diseases. Gynecologists specialize in the female reproductive system (uterus, vagina, ovaries).

### **How Is Amenorrhea Treated?**

Treatment depends on the cause and on a woman's goals, such as wanting to get pregnant.

Women may want to treat endocrine problems such as excess facial hair, deep voice, and baldness which in some cases are associated with amenorrhea. A drug called medroxyprogesterone will help periods start in most women. The health care provider may suggest estrogen replacement, calcium, and vitamin D for some women. Women on estrogen replacement who still have a uterus need progesterone, which protects against uterine cancer. Other drugs may be used for women with adult-onset congenital adrenal hyperplasia, premature ovarian failure, and hypothyroidism. Women with anatomic abnormalities may need surgery. Women with severe weight loss due to eating disorders or excessive exercise, may need behavioral treatment and nutritional counseling. In women with amenorrhea due to polycystic ovarian syndrome (PCOS), treatment consists of weight loss by dieting and exercise. Medicines such as metformin can also be given. Women with hereditary causes of amenorrhea can see a

genetics specialist for additional evaluation and treatment. Women with major depression, anorexia, bulimia, or other major mental disorders should seek counseling with psychiatrists.

### **DOs and DON'Ts in Managing Amenorrhea**

- ✓ **DO** see your health care provider and specialists regularly.
- ✓ **DO** keep to a healthy weight.
- ⊗ **DON'T** stop taking your medicine or change the dosage unless your health care provider tells you to.
- ⊗ **DON'T** use any over-the-counter drugs, herbal products, or other drugs without talking to your health care provider first.

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FOR MORE INFORMATION

**Contact the following sources:**

- American College of Obstetricians and Gynecologists: Tel: (202) 638-5577; Website:  
<http://www.acog.org>
- National Women's Health Resource Center: Tel: (877) 986-9472; Website:  
<http://www.healthywomen.org>
- American Association of Clinical Endocrinologists: Tel: (904) 353-7878; Website:  
<http://www.aace.com>

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