Secondary Amenorrhoea

Clinical presentation

Secondary amenorrhoea is the absence of menstruation for at least:

- 6 consecutive months in women with previously normal and regular menses
- 12 months in women with prior oligomenorrhoea

Associated complications:

- Osteporosis, CVD, infertility, Psychological distress

Secondary amenorrhoea history

History:

- **Exclude pregnancy first**
- Discuss signs and symptoms
  hot flushes /headaches /galactorrhoea /acne or hirsutism

Enquire about:

- Weight loss or gain
- Exercise level
- Current medication
- Current and past contraceptive use
- Illicit drug use
- Family history

Establish whether there is a history of:

- Gynaecological conditions
- Surgery
- Chemotherapy or radiotherapy
- Cranial radio therapy

Possible underlying causes

If no feature of androgen excess are present consider:

- Physiological causes e.g. pregnancy
- Iatrogenic causes e.g. chemotherapy
- Ovarian causes e.g. premature ovarian failure
- Uterine causes e.g. Asherman's syndrome
- Hypothalamic dysfunction e.g. weight loss
- Pituitary causes e.g. prolactinoma
- Thyroid disease

If features of androgen excess are present consider:

- Endocrine causes e.g. PCOS
- Androgen-secreting tumours of the ovary or adrenal gland

Examination

- BMI
- Check for signs of: galactorrhoea, androgen excess, virilisation, acanthosis nigricans (associated with PCOS), Cushing's syndrome
- Perform fundoscopy and assess visual fields if a pituitary tumour is suspected

- **Investigations-**
- **bHCG to exclude pregnancy first**
- FSH & LH Levels
- Total testosterone, sex hormone binding globulin SHBG,
  FAI- Free Androgen Index
- Prolactin levels
- TSH levels
- Pelvic US to exclude structural abnormality- or PCOS

- If exercise-associated amenorrhoea is suspected advise modification of current exercise programme.
- Consider trying **norethisterone 5 mg tds for 5 days** to see if a withdrawal bleed occurs. Useful if possible PCO
- Otherwise consider Referral to confirm / find cause and further management

Refer to gynaecologist

- Persistently elevated FSH and LH levels
- Recent history of uterine or cervical surgery
- Severe pelvic infection
- Infertility
- Suspected PCOS

Refer to a counsellor

- suspected stress-induced amenorrhoea
- An eating disorder is suspected
- Currently on antipsychotic medication

Refer to endocrinologist

- Hyperprolactinaemia
- Low FSH and LH levels
- Increased testosterone level (not explained by PCOS)
- Features of Cushing's syndrome

Further Evaluation of Secondary Amenorrhea (Primary/Secondary Care)