

9.2 Delayed Menses or Secondary Amenorrhea in Premenopausal Women

DEFINITION: The absence of regular uterine bleeding in a woman who has had previous menses. May be a symptom of pregnancy or an expected side effect of medication or a symptom of a more serious medical problem. In healthy reproductive-aged women, unexplained lack of regular menses may increase a woman's risk of developing endometrial hyperplasia or endometrial carcinoma. Delayed menses is lack of menses for 1-3 months in a woman with previous monthly menses. Amenorrhea is a lack of menstrual bleeding for more than 3 months in a woman with previous monthly menses or is beyond 3 times her normal menstrual cycle length.

Cyclic bleeding should return within 2 weeks of stopping all combined hormonal methods.

SUBJECTIVE

Must include:

1. LNMP >42 days ago.
2. Contraceptive history to include long acting progestin methods such as DMPA and LNG IUC, extended use of CHC.
3. Thorough medical history to include a detailed menstrual history and assess vasomotor symptoms.
4. History negative for pregnancy symptoms.
5. History negative for natural or surgical menopause.
6. Denies spontaneous galactorrhea.

May include:

1. Prior hormonal contraceptive use.
 2. Weight changes.
 3. Recent life stress.
 4. Medications which disrupt menses.
 5. Curettage with lack of subsequent menses.
 6. Chronic illness.
 7. Drug abuse.
 8. Strenuous physical activity.
 9. Hypothyroidism, hyperthyroidism.
 10. History of eating disorder(s).
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OBJECTIVE

Must include:

1. Normal pelvic exam.
2. Normal thyroid exam; if abnormal test TSH.

May include:

1. Increased body hair and/or acne.
 2. Spinnbarkheit (elasticity) and ferning of cervical mucus.
 3. Weight at least 20% below or above ideal body weight.
 4. Breast exam negative for galactorrhea (if present, test for prolactin).
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LABORATORY

Must include:

1. Negative sensitive pregnancy test.

May include:

1. TSH
 2. Prolactin
 3. FSH
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ASSESSMENT Delayed menses or secondary amenorrhea in premenopausal woman.

PLAN 1. See Attachment 1.

PATIENT
EDUCATION

1. Reinforce the importance for the patient to return 2 weeks after completion of progestin-only challenge.
 2. Urge patient to use barrier method at each act of intercourse until workup is more complete.
 3. Explain that regular withdrawal bleeding is necessary to prevent later problems with endometrial hyperplasia or cancer.
 2. Educate to be consistent with combined hormonal contraceptive use regardless of bleeding pattern.
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REFER TO
PHYSICIAN

1. No withdrawal bleeding.
2. Patient with oligomenorrhea seeking pregnancy.
3. Signs or symptoms of androgen excess.
4. Abnormal results of TSH, FSH or prolactin tests.