Secondary Amenorrhoea or Oligomenorrhoea

History:
- Age menarche & menstrual history
- Recent weight change, dieting, eating disorders
- Exercise history / Stress / Travel
- Medical & drug history
- Sexual history and contraception
- Obstetric history
- NB delay investigation until 9 months if obvious cause e.g. exercise - sports person or ballet dancer

Assessment in Primary Care

Trying to Conceive
- Assess for possible causes of infertility, follow infertility pathway and refer. Encourage weight loss if overweight

Normal Investigation
- Reassure, advise re contraception. Review 6 months. If persists, repeat all tests

Polycystic Ovaries
- LINK PCOS PROTOCOL
- Advise re endometrial protection - as high circulating levels of oestrogen

Raised Androgen
- Consider polycystic ovarian syndrome, late onset congenital adrenal hyperplasia, cushings or adrenal secreting tumour

Raised Prolactin
- Prolactin >1000mu/l
- Repeat in 6 weeks
- Macroprolactin screen

Premature Ovarian Failure / Menopause
- Raised FSH / LH / low E2 (consider repeating in 3 months if under 45yrs)

Primary Amenorrhoea: by 14 if no secondary sexual characteristics or by 16 with normal secondary sexual characteristics
Secondary Amenorrhoea: no menstrual bleeding for 6 months
Oligomenorrhoea: periods that occur at intervals of 35 days to 6 months with less than 9 cycles per year

Investigation:
- EXCLUDE PREGNANCY
- Thyroid function tests
- Hormone Profile: Day 2-7 FSH / LH / Oestradiol / prolactin / testosterone / SHBG / free androgen index
- Glucose / glycosylated haemoglobin and lipids if obese
- PELVIC SCAN - to assess endometrial thickness and look for polycystic ovaries
- Bone density scan in women with low oestrogen

Advise re weight loss if raised BMI

Primary Amenorrhoea:
- by 14 if no secondary sexual characteristics or by 16 with normal secondary sexual characteristics

Secondary Amenorrhoea:
- no menstrual bleeding for 6 months

Oligomenorrhoea:
- periods that occur at intervals of 35 days to 6 months with less than 9 cycles per year

Reassure, advise re contraception. Review 6 months. If persists, repeat all tests

Raised FSH / LH / low E2 (consider repeating in 3 months if under 45yrs)

MMT HRT guidelines gives suggestions, but more specialist advise may be needed

Assessment in Primary Care

Examination:
- Height, weight and BMI
- Hirsutism
- Skin (acne)
- Visual fields
- Secondary sexual characteristics (Tanner staging)

Clinical contact: Elizabeth.Bradley@camdenccg.nhs.uk
MMT contact: mmt.camdenccg@nhs.net

This pathway has been developed from published guidance, in collaboration with local gynaecologists and medicine management team. It aims to assist GPs in decision making is not intended to replace clinical judgment. Refer to current BNF or SPC for full medicines information.

Pathway created by Elizabeth Bradley  Approved by : CMMC 24/9/2014 Review due : 24/9/2017