Secondary Amenorrhoea/Oligomenorrhoea Pathway

This pathway has been developed from published guidance, in collaboration with local gynaecologists. This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

History:
- Age menarche and menstrual history
- Recent weight change, dieting (refer to eating disorders if applicable)
- Exercise history/ stress/ travel
- Medical drug history – prescribed and illicit drugs
- Sexual history and contraception
- Obstetric history
- NB delay in investigation until 9 months if obvious cause e.g. exercise – sports person or ballet dancer

Examination:
- Height, weight and BMI
- Hirsutism
- Skin (acne)
- Visual fields

Investigations:
- Exclude pregnancy
- Thyroid function tests
- Hormone profile: Day 2 – 7 (or randomly if no period) FSH/LH/ oestradiol/prolactin/testosterone
- Fasting glucose / glycosylated haemoglobin if obese
- Pelvic scan to assess endometrial thickness and look for polycystic ovaries.
- Bone density scan in women with low oestrogen and amenorrhoea

Patient trying to conceive
- Reassure, advise regarding contraception. Review 6 months. If persists, repeat all tests
- POCS Pathway
- Advise re: endometrial protection
- Refer to Endocrinology

Polycystic Ovaries
- Consider causative medications e.g. risperidone, olanzapine, SSRIs, phenothiazines, metoclopramide. Do not stop mental health medication without specialist advice

Raised Androgen
- Advise re weight loss if raised BMI
- Do not initiate insulin sensitising medications eg. Metformin in primary care
- Offer weight loss advice and management. Treat hirsutism and acne.

Raised Prolactin
- Prolactin > 1000mu/L
- Repeat in 6 weeks
- Check macroprolactin level

Hypogonadotrophic hypogonadism
- Low oestrogen and low FSH
- Offer weight gain advice/+/- dietician referral if appropriate. Refer to mental health if eating disorder identified

Menopause/premature ovarian insufficiency
- Raised FSH/LH (consider repeating in 6 weeks if <45 years)
- Management of Menopause guidance

Infertility Pathway
- Reassure, advise regarding contraception. Review 6 months. If persists, repeat all tests
- POCS Pathway
- Advise re: endometrial protection
- Refer to Endocrinology

Normal Investigations
- Refer to Gynaecology
- Do not initiate insulin sensitising medications eg. Metformin in primary care
- Offer weight loss advice and management. Treat hirsutism and acne.

Links:
- Patient information leaflet Absent or Irregular Periods

Pathway created by NCL led by Camden CCG Clinical Cabinet + GB July 2016
Clinical Contact for this pathway for queries: Dr Elizabeth Bradley
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Comments & enquiries relating to medication: CCG Medicines Management Team
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Refer to current BNF or SPC for full medicines information
Review due – March 2020