Management of Secondary Amenorrhoea

What are the common cause of secondary amenorrhoea [defined as no bleeds>6months]

Hypothalamic [34% - e.g. weight loss and exercise]
Polycystic ovaries [28%]
Hyperprolactinaemia [14%]
Premature Ovarian Failure [12%]

What are key points in the history?

Primary vs secondary.
Pill usage [investigate if no period>6 months]
Exercise and weight loss/gain [44% of competitive athletes experience amenorrhoea]
Galactorrhoea/visual disturbance/vasomotor symptoms

What hormone tests to carry out?

Rule out pregnancy [consider doing bHCG]

FSH/LH:	Low levels: suggest hypothlamic causes e.g. stress,weight loss,too much exercise High levels: primary ovarian failure [e.g. FSH>20]
Prolactin:	Mildly raised >600 seen in stress/drugs[dompmeridone/metoclorpamide] and hypothyroidism
Androgens:	Free testosterone 4.1-5 likely PCOS.>5 ?androgen secreting tumour or late onset congenital adrenal hyperplasia ->REFER
Oestradiol	Often not helpful to do
Thyroid	

How do I diagnose Polycystic ovaries

According to Rotterdam criteria. Need to have 2 out of 3 of the following:

- Clinical oligomenorrhoea or amenorrhoea – cycle>35 days or <10 periods/year
- Clinical/biochemical evidence of hyperandrogenism (hirsutism,acne,alopecia/raised free androgen index]
- Polycystic ovaries on ultraound

Who should I refer

- Those with diagnosis uncertain after initial investigations
- Fertility concerns
- Testosterone >5 nmol/l [possibility of congenital adrenal hyperplasia/androgen secreting tumour]
- Prolactin >1000 IU/l or persistently >600 IU/l

How should I advise women with exercise induced amenorrhoea

Reduce exercise intensity by 10-20%
Increase nutritional intake to maintain or increase body fat percentage