



SECONDARY AMENORRHEA

DEFINITION	Secondary amenorrhea is defined as the absence of any spotting or bleeding for a period of time that is 3 times the normal cycle length for that individual woman. For example, if a woman normally bleeds monthly, she would be considered having secondary amenorrhea only after not having a period for 3 months. If she normally bleeds every 3 months, 9months would be the threshold for secondary amenorrhea. Medical causes of secondary amenorrhea may include hypothalamic dysfunction, pituitary disease, ovarian or uterine disorders, endocrinopathies, pregnancy, normal and expected effects of hormonal contraception (particularly Depo Provera, Mirena IUD and Implanon), and side effects of various medications.
SUBJECTIVE	Must include: <ol style="list-style-type: none">1. LMP/menstrual history.2. History negative for symptoms of pregnancy.3. History negative for natural or surgical menopause.4. Documentation of current birth control method May include: <ol style="list-style-type: none">1. Prior hormonal contraceptive use.2. Weight changes: significant weight loss or gain.3. Recent life stressors.4. Recent dilation & curettage (D&C), or uterine ablation5. Thyroid, adrenal, or ovarian disorders.6. Current medication and/or drug use.7. Strenuous physical activity.8. Eating disorder.9. Galactorrhea or recent breast feeding.10. Vasomotor symptoms.
OBJECTIVE	Must include: <ol style="list-style-type: none">1. Complete list of all classes of medications (prescription, over-the-counter, and street recreational drugs) May include: <ol style="list-style-type: none">1. Physical and/or pelvic exam.2. Breast exam; nipple discharge (galactorrhea)3. Thyroid examination.4. Signs of androgen excess, (i.e., hirsutism, clitoromegaly, acne, oily skin).5. Signs of estrogen deficiency, vaginal atrophy (i.e., dry and smooth vagina with lack of normal rugae , dry endocervix without

	<p>mucus).</p> <ol style="list-style-type: none"> 6. Cervical stenosis or cervical scarring. 7. Wt. variances from IBW/BMI charts (see Body Mass Index Variances Protocol, HM-4).
LABORATORY	<p>May include:</p> <ol style="list-style-type: none"> 1. Negative sensitive urine pregnancy test. 2. Other lab tests (i.e. TSH, FSH, Prolactin) as indicated.
ASSESSMENT	Client with secondary amenorrhea.
CLIENT EDUCATION:	<ol style="list-style-type: none"> 1. Review client treatment and discuss causes of amenorrhea 2. Discuss future plans for contraception/conception and possible need for future medical intervention. 3. Encourage client to strive for a healthy balance between work, recreation, rest, & dietary intake. 4. Discuss further testing and/or follow up as per MD consult. 5. Recommend client RTC/PRN as appropriate per plan
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Any client presenting with primary amenorrhea. 2. Any client who is pregnant refer for appropriate care. 3. Any client needing further testing based on client's individual needs (i.e., Provera Challenge, hormone assay.) 4. Any client with secondary amenorrhea.

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References:

1. Hatcher, R., Trussell, J., Nelson, Al, Cates, W., Kowal, D., Policar, M. (2011). *Contraceptive Technology* (20th Edition, pp. 537-541). Ardent Media.