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MISSED MENSTRUAL PERIODS (AMENORRHEA)

What is amenorrhea?

Amenorrhea means not having a menstrual period.

Amenorrhea is either primary or secondary. Primary amenorrhea is not having menstrual periods by the age of 16. Secondary amenorrhea is the absence of periods in women who had regular menstrual periods previously.

How does it occur?

Menstruation requires that the uterus, cervix (opening to the uterus), vagina, ovaries, pituitary gland (located in the center of the brain), and the hypothalamus (located in the lower part of the brain) be normal and healthy. An abnormality of any of the above may keep you from having a period.

Primary amenorrhea

The main cause of primary amenorrhea is late puberty without any permanent abnormality. This delay in most cases occurs for no known reason. It may also be the result of a hormonal problem, such as hypothyroidism, or a genetic disorder.

In some cases, menstruation fails to occur because of an anatomical defect present from birth in which the vagina or uterus is absent, or in which there is no opening out of the vagina to allow the menstrual blood to escape.

Secondary amenorrhea?

The most common cause of secondary amenorrhea is pregnancy. Sometimes a breast-feeding mother may not have menstrual periods. Periods may also take some time to resume after a woman stops taking birth control pills, usually not longer than 3 months.

Secondary amenorrhea may also result from the following:

- Emotional stress
- Depression
- Malnutrition
- Drugs, such as tranquilizers and antidepressants
- Rapid weight gain or loss
- Chronic illness (for example, kidney failure, cystic fibrosis, and colitis).

Long lapses between periods, lasting 6 months or longer, are common with on-going physical stress. This is particularly the case if the woman has lost a lot of weight, as with anorexia, or has little or no body fat, such as with women athletes.

In uncommon cases cysts or tumors in the ovary may also cause secondary amenorrhea.

Rarely, periods may stop as a result of the same hormone problems that cause primary amenorrhea, such as hypothyroidism.

Permanent secondary amenorrhea occurs after menopause. Menopause may occur prematurely before age 40. Periods also stop after a hysterectomy, which is surgical removal of the uterus.

What are the symptoms?

Not having menstrual periods (amenorrhea) is a symptom, not a disease. The presence of other symptoms will depend on the underlying problem.

If amenorrhea is caused by a hormone imbalance, there may be the following symptoms: a lot of body and facial hair, acne, breast milk secretions, a change in voice or sex drive, or weight gain.

How is it diagnosed?

Though rarely due to a life-threatening cause, amenorrhea can be a fairly complicated problem, and there is often no quick answer. It takes time and working closely with your doctor to diagnose the cause and to treat it.

You will need a thorough history and physical exam, including a pelvic exam. The doctor will probably not recommend any tests (such as a blood test to measure hormone levels) unless:

- You have missed three or more periods in a row.
- You have other symptoms, such as breast milk production, headache, vision changes, trouble with coordination, or excessive growth of body hair.
- You are 16 or older and have never had a period.
- You are 14 years old, have never had a period, and have not had any breast development or growth of pubic hair.

How is it treated?

Unless there are other symptoms, or abnormal physical findings in addition to the absence of periods, you may not need treatment.

The treatment of amenorrhea depends on its cause. A diet and exercise program to correct obesity may restore your menstrual periods. Learning to manage stress at school or work and decreasing excessive physical exercise is also helpful.

Often the cause of amenorrhea is that the ovaries do not release eggs (ovulate). If you are not ovulating, your ovaries only release the hormone estrogen and do not produce progesterone, a hormone necessary for periods to occur. The usual treatment is to take the hormone progesterone for 7 to 14 days every one or two months.

Surgery may be necessary if you have tumors or cysts in your ovaries or uterus, or if your vagina is shaped abnormally or has no opening.

How long will the effects last?

Amenorrhea following a hysterectomy or after menopause is permanent.

Amenorrhea after a woman stops taking the birth control pill usually lasts for 6 to 8 weeks, but it may last a year or longer.

If unusual stress or an illness has temporarily interrupted the hormone cycle, your period should start again naturally, though the duration of amenorrhea is unpredictable.

How can I take care of myself?

- If you miss more than one menstrual period, see your doctor. Tell your doctor about any drugs you are taking, both prescription and nonprescription.
- If your periods are irregular, keep a record of the dates that they start, how long they last, amount of menstrual flow, and any symptoms.
- If you have no periods at all, try to remember and record when you last period occurred, how long it lasted. And the amount of menstrual flow.
- Try to find out if there is any family history of a problem similar to yours.

What can be done to help prevent amenorrhea?

- Make changes in your diet and/or activities to maintain your ideal weight.
- Avoid excessive use of alcohol and mood-altering stimulants or sedative drugs.
- Avoid cigarette smoking.
- Assess the areas of emotional stress and conflict in your life. If you feel that you cannot resolve these conflicts on your own, ask for help from family, friends, or health professionals.
- Moderation in all your activities is the key. Try to balance your work, recreation. And rest.
- Follow your doctor's recommendations closely.
- Maintain a positive outlook. This problem can often be corrected.