AMENORRHEA

WHAT IS IT?
Amenorrhea is the medical term for the absence of a woman’s period or menses. It is defined as the cessation of regular menses for 3 months or the cessation of irregular menses for 6 months.

WHAT CAUSES IT?
The three most common causes of amenorrhea in the college population are:
- Pregnancy.
- Physical or psychological stress. High stress levels can disrupt the normal hormone balance that regulates the menstrual cycle. Common examples include significant changes in weight, excessive exercise, disordered eating, and anxiety. Chronic illnesses and serious infections may also be causes.
- Changes in birth control.
  - After stopping the pill, some women may not menstruate for several months. If amenorrhea persists beyond 3-6 months, further medical evaluation is needed to rule out other causes.
  - After stopping the Depo shot, normal menses may not resume for up to 18 months.

Other causes of amenorrhea include but are not limited to:
- Certain medications
- Thyroid problems
- High levels of prolactin (a hormone involved in breast milk production)
- Polycystic Ovary Syndrome (PCOS)
- Decreased ovarian function
- Reproductive tract disorders
- Other endocrine gland disorders

HOW IS IT EVALUATED?
Your medical provider will perform a physical exam and start with a pregnancy test. If the pregnancy test is negative, blood tests are commonly done to check for hormonal abnormalities. If these tests are normal, some experts recommend a 7-10 day course of the hormone progesterone to initiate a menstrual flow. This chemically induced blood flow is used to confirm that the estrogen status of the reproductive tract is intact.

In some cases, a pelvic ultrasound of the uterus and ovaries may be recommended. Other imaging studies may be considered based on results of initial exam and lab findings.

HOW IS IT TREATED?
Treatment is aimed at the underlying disorder.
- For women who respond to the progesterone hormone, treatment consists of maintaining a healthy weight, moderation in exercise, and stress management. If lifestyle changes fail to restore normal menstrual flow, it may be necessary to repeat the progesterone at regular intervals or start birth control pills. This treatment is necessary to protect against unopposed estrogen activity, which has been associated with an increased risk of uterine cancer.
- For women who do not respond to progesterone, a more extensive evaluation by a gynecologist is often necessary.

CAN I STILL GET PREGNANT?
Yes! Without a monthly menstrual flow, there is usually no egg production. BUT there is still a chance of pregnancy because it’s hard to predict when egg production will begin again.
- If you do not want to become pregnant and are sexually active, you will still need to use birth control even if you are not getting your periods.
- If you wish to become pregnant and are not having regular menstrual periods, hormonal treatments by a specialist are sometimes necessary to achieve pregnancy.