

Further information

If you have any questions or worries about Amenorrhoea please phone:

The Endocrine Investigation Unit on



0208 725 0923

Further information

You might also find it useful to contact:

NHS direct

Telephone 0845 46 47 (24-hour nurse advice and health information service)

Website www.nhsdirect.nhs.uk

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Patient information

Amenorrhoea

**Endocrine Investigation Unit
(Thomas Addison Unit)**

What Is menstruation?

Menstruation, or having a period, is part of the female reproductive cycle.

While the average interval between periods is 28 days, many women will have cycles that are either longer or shorter than this.

What is amenorrhoea?

The absence of menstrual periods is called amenorrhoea. Amenorrhoea occurs if a woman misses three or more periods in a row. There are two types of amenorrhoea:

- Primary amenorrhoea
- Secondary amenorrhoea

Primary amenorrhoea

If a girl has not had her first period by the time she is 16, this is known as primary amenorrhoea.

Causes:

The main cause of primary amenorrhoea is a delay in the beginning of puberty. There may be number of reasons for the delay:

- Hormone imbalance
- Eating disorders such as anorexia nervosa and bulimia
- Intense physical athletic training, which occurred before puberty
- Extreme obesity
- Turner's Syndrome (this is when a woman is born with one X chromosome when there should be two) results in the woman having no ovaries, so periods cannot take place
- Chronic illness
- Some drugs such as certain antidepressants.

Secondary amenorrhoea

This is when a woman, who has menstruated normally in the past, temporarily or permanently stops having periods before the menopause.

Causes:

- The most common cause of secondary amenorrhoea is pregnancy
- Discontinuing use of birth-control pills
- Breast-feeding an infant
- Emotional stress or psychological disorder
- Surgical removal of the ovaries or uterus
- Disorder of the endocrine system, including the pituitary, hypothalamus, thyroid, parathyroid, and ovarian glands
- Diabetes mellitus
- Tuberculosis
- Obesity, anorexia nervosa, or bulimia
- Strenuous program of physical exercise, such as
- Long-distance running
- Polycystic ovarian disease (POD), (Stein-Leventhal Syndrome)
- Chemotherapy
- Pelvic irradiation
- Endometrial ablation
- Drug therapy (such as steroids, danazol, anti-psychotics)
- Premature ovarian failure

What investigations might I have?

Following on from your consultation with your specialist baseline FSH and LH are checked. Then you may be referred for a GnRH test. This test looks at the "sex hormones". The test will involve having a small needle placed in your arm from where

three blood samples will be taken. You will be given a drug called Gonadorelin. This test will last approximately an hour.

What is the Gonadorelin injection for?

HRF (Gonadorelin) injection is used to help check whether the following hormones are being produced and released at the correct levels :

- Luteinising Hormone (LH) which are released (ovulation) from the ovary in the female, and the hormone testosterone from the testicle, in the male.
- Follicle Stimulating Hormone (FSH) stimulates the ovaries to produce eggs, and the testicles to produce sperm.

These occur naturally within the human body.

Are there any side effects?

There are no particular side effects with this drug. However you should not receive this injection if you are:

- allergic to Gonadorelin or certain other similar medicine. Your doctor can advise on these.
- pregnant or may possibly be pregnant
- breast-feeding.

What happens next?

The results are usually sent to GP. You might however be asked to be seen in the clinic again if required.