

Amenorrhoea – Primary or Secondary

Primary amenorrhoea is defined as the absence of menarche by:

- age 13 years in a female without breast development
- age 15 years in a female with normal growth and breast development
- 5 years after breast development that occurred before age 10 years

Secondary amenorrhoea is defined as the absence of menstruation for:

- more than 3 months in females with previously regular menstrual cycles
- more than 6 months in females with previously irregular menstrual cycles

Most common causes of primary amenorrhoea include:

- Hypogonadotrophic causes such as constitutional delay, hypothalamic amenorrhoea and isolated gonadotrophin-releasing hormone deficiency (e.g. Kallmann syndrome), pituitary causes (e.g. hypopituitarism and hyperprolactinaemia)
- Hypergonadotrophic causes such as Turner syndrome, gonadal dysgenesis, premature ovarian insufficiency
- Anatomical outflow tract abnormalities
- Other rare hormonal conditions such as androgen insensitivity and 5-alpha-reductase deficiency

Most common causes of secondary amenorrhoea or oligomenorrhoea include:

- Pregnancy
- Perimenopause in females aged 45 years and older
- polycystic ovarian syndrome
- Hypogonadotrophic causes, such as hypothalamic amenorrhoea, pituitary tumours causing hyperprolactinaemia, hypopituitarism
- Hypergonadotrophic causes such as premature ovarian insufficiency and early menopause
- Intrauterine adhesions- Asherman syndrome
- Medications that cause hypothalamic or pituitary suppression (e.g. combined oral contraceptives, depot medroxyprogesterone, goserelin) or hyperprolactinaemia (e.g. antipsychotics, antiemetics, verapamil, SSRI and tricyclic antidepressants)

Information Required

- Presence of Red Flags
- Menstrual history
- Associated features such as hyperandrogenism
- Family history of delayed puberty
- Medications

Investigations Required

- FSH, LH
- Prolactin, TFT
- Serum oestradiol, progesterone
- Pelvic ultrasound to identify uterine causes or abnormal ovarian morphology

Fax Referrals to

GP Plus Marion

7425 8687

GP Plus Noarlunga

8164 9199

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1.0	Aug 2021	Aug 2023	Original

Red Flags

- Features of hypothalamic or pituitary dysfunction

Suggested GP Management

Specialist referral is required for further investigation and management of primary amenorrhoea

Clinical Resources

- Therapeutic Guidelines

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients and SAFKI Medicare Local website www.safkiml.com.au



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