



UNIVERSITY OF MARYLAND UNIVERSITY HEALTH CENTER

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Amenorrhea (Missing Menstrual Periods)

Generally speaking, there are three broad categories of missing periods.

1. Never having had menstrual periods.
2. No menstrual period for 2-3 months or more.
3. Irregular menstrual periods with cycles that may vary from 35 to 90 days.

Determining the reason for never having a menstrual period in someone over 16 years is essential for proper treatment and can be carried out by a doctor who specializes in reproductive endocrinology. Missing periods after regular periods have begun is much more common, especially in college students.

In the past, college women have been thought to have a higher incidence of missed periods than the population at large. Recently, however, new research indicates that most college women with infrequent periods reported these symptoms before attending college for the first time.

Some of the factors associated with temporary cessation of periods are:

1) calorie-restricted diets; 2) strenuous exercise; and 3) high levels of stress. Some women with no previous problems also miss periods after discontinuing use of hormonal contraceptives (birth control pills, patch, Depo Provera). Typically, in each of the above situations, moderation in diet, and exercise, stress reduction, and the passage of time, help return normal menstrual function.

At the University Health Center, the policy generally applied to patients who have missed several periods is: 1) to rule out the possibility of pregnancy; 2) to evaluate the patient and do hormone or other tests as indicated; and 3) if appropriate to administer a drug which brings on the menstrual cycle. For women without a long history of irregular periods, this is usually sufficient to bring about normal and regular cycles.

Sometimes diagnosis through sophisticated testing or hormonal levels and the resulting appropriate therapy is required to attempt to achieve normal cycling and, when desired, pregnancy. Consultation with or referral to a gynecologic endocrinologist may be needed for more complicated cases.

Treatment of amenorrhea is important because depending on the cause, there may be too much or too little estrogen produced by the body. Over a long period of time too much estrogen can cause overgrowth of the cells in the lining of the uterus, (endometrial hyperplasia which can lead to cancer), while too little estrogen can cause calcium loss from the bones (leading to osteoporosis).

Treatment can prevent these problems. Periods do not always resume on a regular basis, but if the medical work-up is okay, and treatment is continued as needed, there is no reason for concern.

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