

HOSPITAL PHYSICIAN®

FAMILY PRACTICE BOARD REVIEW MANUAL

PUBLISHING STAFF

PRESIDENT, GROUP PUBLISHER

Bruce M. White

EDITORIAL DIRECTOR

Debra Dreger

SENIOR EDITOR

Becky Krumm, ELS

EDITOR

Ellen M. McDonald, PhD, ELS

ASSISTANT EDITOR

Jennifer M. Vander Bush

EXECUTIVE VICE PRESIDENT

Barbara T. White, MBA

EXECUTIVE DIRECTOR

OF OPERATIONS

Jean M. Gaul

PRODUCTION DIRECTOR

Suzanne S. Banish

PRODUCTION ASSOCIATES

Tish Berchtold Klus

Mary Beth Cunney

PRODUCTION ASSISTANT

Stacey Caizzo

ADVERTISING/PROJECT MANAGER

Patricia Payne Castle

MARKETING MANAGER

Deborah D. Chavis

NOTE FROM THE PUBLISHER:

This publication has been developed without involvement of or review by the American Board of Family Practice.



The Association for Hospital Medical Education endorses HOSPITAL PHYSICIAN for the purpose of presenting the latest developments in medical education as they affect residency programs and clinical hospital practice.

Amenorrhea

Series Editor:

Elizabeth A. Burns, MD, MA

Professor, Department of Family Medicine, University of Illinois at Chicago, College of Medicine, Chicago, IL

Contributors:

Elizabeth A. Burns, MD, MA

Professor, Department of Family Medicine, University of Illinois at Chicago, College of Medicine, Chicago, IL

Louise Parent-Stevens, PharmD, BCPS

Clinical Assistant Professor, Department of Pharmacy Practice, University of Illinois at Chicago, College of Pharmacy, Chicago, IL

Table of Contents

Preface to Volume 6	2
Introduction	2
Case Presentations	2
Definition	3
Epidemiology	3
Etiology and Clinical Manifestations	3
Diagnosis	6
Treatment	10
Board Review Questions	11
Answers	11
References	12

Cover Illustration by Christie Grams

Copyright 2002, Turner White Communications, Inc., 125 Strafford Avenue, Suite 220, Wayne, PA 19087-3391, www.turner-white.com. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, mechanical, electronic, photocopying, recording, or otherwise, without the prior written permission of Turner White Communications, Inc. The editors are solely responsible for selecting content. Although the editors take great care to ensure accuracy, Turner White Communications, Inc., will not be liable for any errors of omission or inaccuracies in this publication. Opinions expressed are those of the authors and do not necessarily reflect those of Turner White Communications, Inc.

Amenorrhea

Elizabeth A. Burns, MD, MA, and Louise Parent-Stevens, PharmD, BCPS

PREFACE TO VOLUME 6

The issue of women's health has received increasing attention in recent years. From the federal Office of Women's Health, to the federally funded Centers of Excellence in Women's Health, to statewide initiatives, to residency curricula, more attention is being paid to women as decision-makers and consumers of medical care. At the same time, concern has been raised about what physicians learn and practice when it comes to the care of their female patients.

Within the family practice setting, the majority of patients are women. Increasingly, they are a group of educated patients, expecting their family physicians to be aware of and sensitive to their specific health care concerns. Not surprisingly, a recent review of women's health topics on the family practice residency in-training examination revealed that approximately 20% of the questions pertained specifically to the care of women (R. Williams, oral communication, November 2001).

With this reality as a background, the *Hospital Physician Family Practice Board Review Manual* will devote Volume 6 of the series to issues of women's health. Specifically, the volume will cover the topics of pelvic pain, premenstrual syndrome, domestic violence, and amenorrhea—all common, often challenging problems encountered in family practice that predominantly involve women. Pelvic pain and amenorrhea are frequently presenting symptoms. In contrast, many patients may not report premenstrual syndrome, believing it is something they must tolerate. All too often, the patient living with domestic violence will report other symptoms and injuries but be too embarrassed to admit what home life is like. The goal of family physicians should be not only to care for obvious conditions but also to uncover any that lurk in the background, in order to provide optimal patient care.

The authors of each part of Volume 6 are residency faculty who teach and practice in the area of women's health. It is their collective hope that the information and clinical cases presented will provide useful knowledge for the board examination and future practice.

INTRODUCTION

Besides being a source of considerable anxiety for affected patients and their families, amenorrhea can present a diagnostic challenge for family physicians. Nevertheless, the ability to perform a thorough, step-wise work-up for amenorrhea should be part of the skill set of any family physician. Attention to the emotional well-being of patients during diagnostic evaluation is paramount, as is appropriate and ongoing patient education.

Excluding pregnancy—the most common nonmorbid cause of absent menses—conditions causing amenorrhea can affect future fertility and bone development, may increase risk for osteoporosis, cardiac disease, and endometrial cancer, and often prompt further evaluation of patients for the presence of autoimmune diseases. The implications for the overall health of nonpregnant patients with amenorrhea are thus far-reaching.

This manual will examine in greater detail the definition, epidemiology, etiology, diagnosis, and treatment of patients with amenorrhea. A case-based format will be used to illustrate major points.

CASE PRESENTATIONS

PATIENT 1

An 18-year-old woman who is a freshman in college reports during a routine visit to her family physician that she has not had a menstrual period since moving to a college dormitory 6 months ago. Her menstrual periods were previously always regular. Menarche occurred at age 13 years. She says that she tries to eat a well-balanced diet and that she has never been sexually active.

- How should patient 1's amenorrhea be defined, classically?

PATIENT 2

A 32-year-old woman goes to her primary care physician for ongoing care of hypothalamic amenorrhea.