**MANAGEMENT OF SIDE EFFECTS OF COMBINATION HORMONAL CONTRACEPTIVE METHODS: AMENORRHEA**

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>Women using combination hormonal methods generally expect predictable, scheduled bleeding and may be troubled by the lack of cyclic bleeding. Lower dose formulations and those with more potent progestins have much higher rates of amenorrhea. Reassure women that the elimination of scheduled bleeding is healthy, but offer to make changes if she still desires to bleed.</th>
</tr>
</thead>
</table>
| SUBJECTIVE | Must include: No scheduled or unscheduled bleeding or spotting for at least 2 months in a woman who is using her method cyclically (not extended cycle use). 
Must exclude: Any unexplained spontaneous galactorrhea or symptoms of thyroid disease or symptoms of pregnancy. If present, evaluate according to appropriate protocol (see Delayed Menses or Secondary Amenorrhea in Premenopausal Women or Abnormal Nipple Discharge protocols) or refer to MD. 
May include:  
1. Description of how method is being used (correct and consistent use or otherwise).  
2. New medications, including herbal therapies and recreational drugs. 
3. Recent diet and exercise patterns; significant weight gain or loss. 
4. History of vasomotor symptoms or other perimenopause symptoms.  
5. Tobacco use.  
6. Newly diagnosed medical problem (e.g. sarcoidosis, renal failure, thyroid dysfunction). |
| OBJECTIVE | Must exclude:  
1. Abnormal thyroid exam. (If abnormal, offer TSH test and refer to MD).  
2. New onset or worsening of hirsutism, acne, male pattern balding, or clitoromegaly. (If present, refer to MD).  
3. Adnexal (ovarian) mass (order ultrasound and refer to MD).  
4. New onset or worsening galactorrhea (see Abnormal Nipple Discharge protocol). |
| LABORATORY | Must include: Negative sensitive urine pregnancy test if patient reports symptoms of pregnancy or inconsistent use of method when sexually active.  
May include: Negative urine pregnancy test, if patient concerned. |
| ASSESSMENT | Amenorrhea with cyclic use of hormonal contraception. |
| PLAN | 1. If patient has missed only one scheduled bleed and is not pregnant, reassure her. Advise her to return if the pattern persists and it troubles her.  
2. If patient has vasomotor symptoms, consider possibility of perimenopause.  
3. If patient using contraceptive known to induce amenorrhea, reassure her appropriately about continued effectiveness of her method.  
4. If patient has no medical problems causing her amenorrhea, reassure her that this is a healthy side effect of her hormonal method. Further care depends upon her preferences. 
   a. If patient prefers to have cyclic scheduled bleeding and is using oral contraceptives,  
      1) Increase estrogen content and/or reduce progestin content or potency of COC or switch to a formulation with more hormone-free days or to patch or ring, if appropriate.  
      2) Instruct patient to return for evaluation if no scheduled bleeding occurs after 2 cycles of new method. Refer to MD if pattern persists.  
   b. If patient has no other cause for lack of scheduled bleeding and is not concerned with continued lack of such bleeding, she may remain on current hormonal method.  
   c. If patient in perimenopause years, consider switching to progestin-only oral contraception to see if menses return or if she continues to have amenorrhea. After 12 months of amenorrhea, stop progestin-only-pills. |
### PATIENT EDUCATION

1. Reassure patient that lack of bleeding due to pills is not unusual or harmful to her health and does not mean that her fertility will be different after she stops using her current method than it would have been if she had never used the method.
2. Advise patient who chooses to continue to experience amenorrhea with her hormonal method to return for pregnancy testing if she develops signs or symptoms of pregnancy or has inconsistent use of method.
3. If the patient adopts a new method, instruct her to return for evaluation if no scheduled bleeding occurs after 2 cycles of new method.

### REFER to MD/ER

1. Women with signs or symptoms of thyroid abnormalities or prolactin problems.
2. Women with hirsutism or signs of virilization.
3. Patient taking medications or experiencing medical problems that can cause amenorrhea if she is concerned.
4. Patients who do not respond to different pill formulations or new delivery system.

### REFERENCES