

Dealing with amenorrhoea

We've all lamented the inconvenience of periods but not menstruating can have serious health implications. **Angelique Ruzicka** reports

For most women, menstruating is the most natural thing in the world but Lisa Wood* was an adult before she had a period for the first time. "I knew deep down that this wasn't normal but I also knew that there are variations of what 'normal' is," says Wood. Now aged 25, Wood recalls how she was finally diagnosed with primary amenorrhoea at the age of 20 and in her second year of medical school.

What is it?

Amenorrhoea is the medical term for describing the absence of menstruation; there are two types: primary and secondary. "Primary amenorrhoea is the failure to have any period by the age of 16 and secondary is the absence of a period for longer than six months," says Dr Sumayya Ebrahim, a gynaecologist at Park Lane Clinic, Johannesburg. "We generally tell patients that they should wait six months as some people can have variations in their period."

How do you get it?

There is no single cause, but you can develop the condition if you follow a restrictive diet, if you are stressed, lose weight too quickly, follow an extreme exercise regime, have low body weight or low percentage of body fat. "To have a period a woman should weigh at least



47kg and have at least 17 percent of body fat, and to maintain a normal period a woman must have at least 22 percent of body fat," explains Dr Ebrahim.

Sometimes amenorrhoea is not detected early because there are so few symptoms. "Besides the cessation of periods there are usually no other symptoms," says Dr Ebrahim. "But this sometimes depends on the cause, so if the problem arises due to an imperfect hymen, you may experience abdominal pain too."

The underlying cause of amenorrhoea could be genetic. Wood remembers that her sisters had the same problem, which is why she wasn't alarmed at first. "My two sisters started menstruating very late so at the time I didn't think anything was abnormal."

Amenorrhoea could also arise because of hormonal reasons, ovarian failure, autoimmune disease or due to polycystic ovarian syndrome, adds Dr Ebrahim.

What's the treatment?

There are many ways of treating amenorrhoea. "Doctors will initially do a clinical assessment and examination. After that they could ask for blood tests, conduct an ultrasound of the abdomen and pelvis or perhaps send you for further X-rays," explains Dr Ebrahim. Treatments also differ depending on what has caused the amenorrhoea, says Dr Peter Koll, an obstetrician and gynaecologist practising at Johannesburg's Sandton Clinic. "Treatment initially involves establishing menstruation

through hormone therapy. However it's important to check whether there are any other underlying causes." If the underlying reason behind the amenorrhoea is related to exercise or due to a poor diet, Anita Bean's book *Sports nutrition for women – a practical guide for active women* (A&C Black) advises reducing the intensity of training and increasing food intake.

Treatment can also vary if a woman wants to fall pregnant. "At times oral contraceptives are used to help establish menstruation but if it's the patient's wish to fall pregnant we will factor this in," adds Koll. The general advice if you suspect that you have amenorrhoea, is not to ignore it. "If you don't have a period you should not leave it just because you believe you are fine," says Wood, who is currently undergoing hormone therapy and regularly has her bone density measured. "You reach your peak bone density by the age of 30 so if you don't address this issue, by leaving it you could eventually suffer from osteoporosis," she adds.

If you miss a period the key is not to panic or jump to conclusions. "If you miss a period, do a pregnancy test first," says Dr Ebrahim. "If it's negative you can wait two or three months as long as you are feeling well and there are no other symptoms. If there are other symptoms or if you still haven't produced a period after three months then see a doctor or gynaecologist." **S**

*Not her real name

THE LINK BETWEEN AMENORRHOEA AND OSTEOPOROSIS

Amenorrhoea can be a warning sign that levels of the hormone oestrogen have dropped to those of a postmenopausal woman. Oestrogen is vital for the development of bone, so if this hormone is not present a woman may start losing bone mass and risk suffering from osteoporosis. "The link between osteoporosis and amenorrhoea is simply the lack of oestrogen in your body. You can't menstruate if your oestrogen is low and if you don't have oestrogen in your body it can affect your bone density," explains Dr Koll.