

**SECONDARY AMENORRHEA WITH ELEVATED BMI**

The body typically works within defined parameters. Marathon runners who have a very low percentage of body fat often develop secondary amenorrhea and very heavyset women can develop secondary amenorrhea as well. A woman who had periods when she was thinner who now experiences no periods clearly has all of her parts on board, including uterus tubes and ovaries, and they are most likely normal. Evaluation of secondary amenorrhea includes Pregnancy Test, TSH, Prolactin, LH, and FSH. Pregnancy is the most common reason for cessation of menses. At the time of the initial evaluation when the urine pregnancy test is negative, a prescription for medroxyprogesterone acetate 10 mg to be taken for 10 consecutive days will be given. Patients are instructed to return to the office in 14 or more days to determine whether there was a withdrawal bleed from the Provera and to review the laboratory evaluation.

Should laboratory return normal and there is a normal withdrawal bleed from the Provera, several options are available.

1. Continue Provera therapy 10 mg daily for the same 10 days each month for three to six months to see if cyclic use of Provera would result a normalization of cycles.
2. Commence low dose oral contraceptives again to see if this can lead to bleeding on a regular basis.

Should there be no withdrawal bleed on Provera, estrogen will be given first, usually estradiol 1 mg for the first 26 days of the month. This hopefully will lead to proliferation of the endometrium. Medroxyprogesterone acetate 10 mg cycle day 17 through 26 will also be administered. The vast majority of women will withdraw with this regimen. Should there be withdrawal bleeding with this regimen, the same therapy could be conducted on a three to six months basis to see if there is return to normal cycling. If so a switch to low dose oral contraceptives to maintain cycle regularity may be undertaken.

Should laboratory studies disclose abnormalities, the condition or conditions will be treated. Hypothyroidism and Hyperprolactinemia are readily amenable to treatment. This treatment will likely result in return to normal cycling. Laboratory evidence of Polycystic Ovarian Syndrome (PCOS) will also lead to therapy. A markedly elevated FSH may indicate premature ovarian failure (menopause) as the cause of secondary amenorrhea.

Significant loss of weight may help return to regular cycling as well as improve general health overall.