

What to do with irregular periods

Mary Birdsall
Medical Director
Fertility Associates Auckland

Irregular periods are a common presentation and there are traps for the unwary

Always exclude pregnancy



Examination is mandatory

- Include abdominal palpation
- Include speculum examination if has been sexually active



Tests

- Do a smear
- Remember infection - do swabs
- Bloods
- Scan
- Pipelle
- Who to refer?
- Who to have a hormonal approach?
- Who to reassure?





Teenagers with irregular periods

- Always exclude pregnancy and infection
- 1 year after menarche periods should be regular
- Hypothalamic amenorrhoea
 - Ask about diet and exercise
- PCOS
 - Look for hirsutism and acne

Teenagers and irregular periods

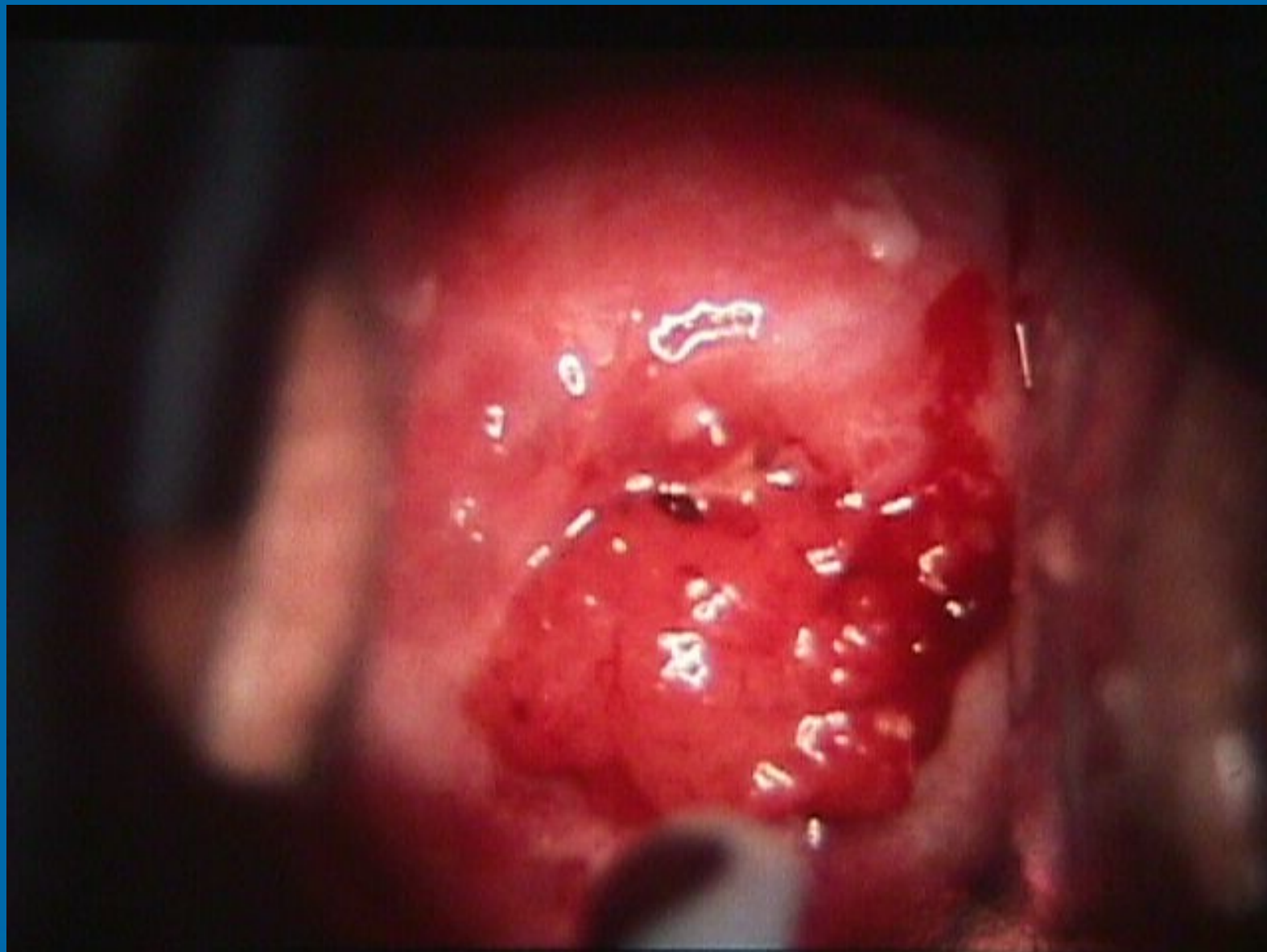
- Bloods
 - FSH, LH, testosterone, prolactin, hCG, TSH
- Pelvic ultrasound
- Hypothalamic amenorrhoea
 - nutritional advice, bones, reduce exercise
- PCOS
 - discuss lifestyle and treat what is bothering them





Women in 20s and 30s with irregular periods

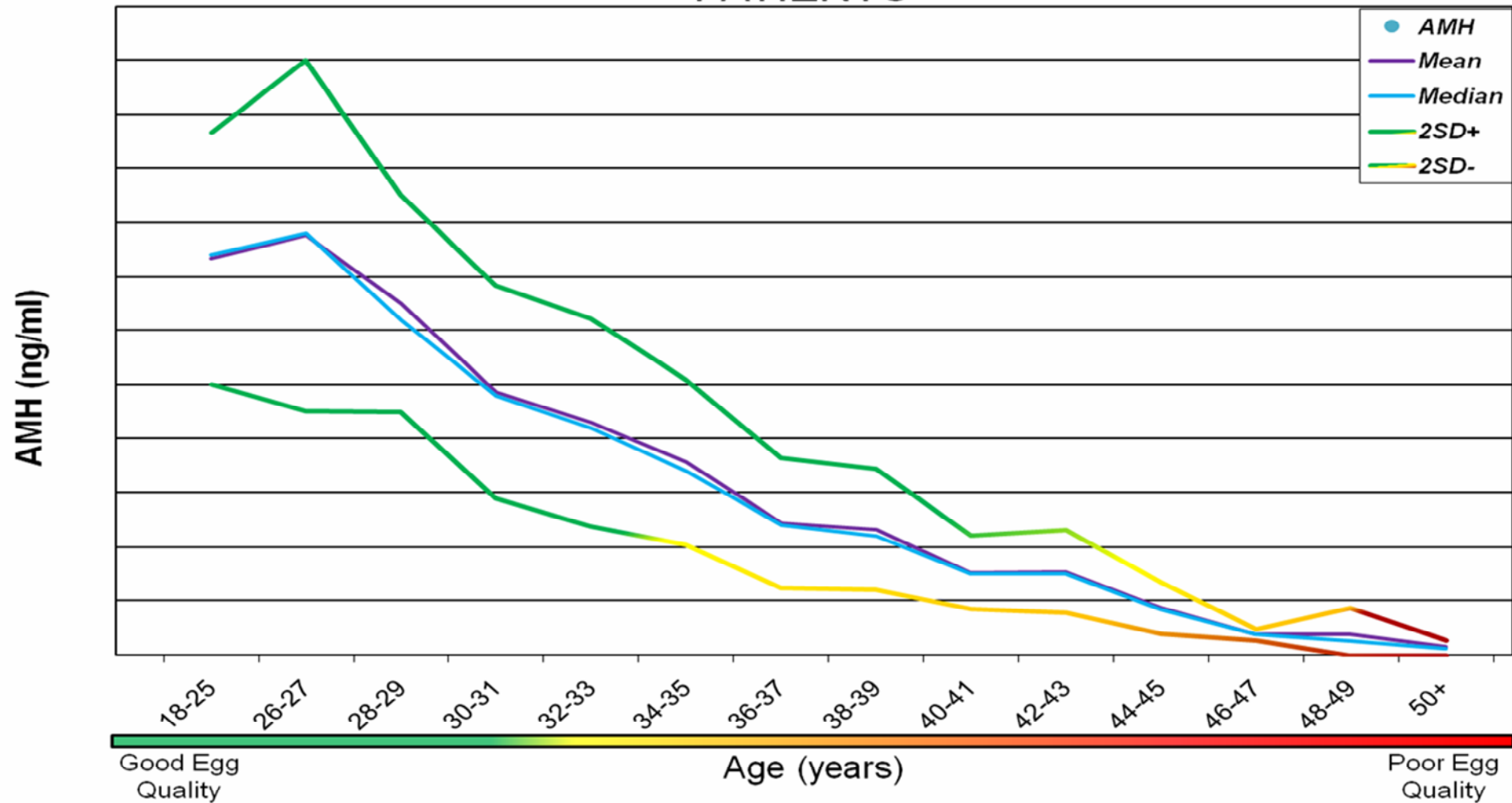
- Exclude pregnancy and infection
- History
 - weight, exercise, acne, hirsutism, postcoital bleeding, pain
- Examination
 - BMI, androgenism, BP, abdomen, speculum exam
- Bloods
 - FSH, LH, test, prolactin, TFT, hCG
- Pelvic USS

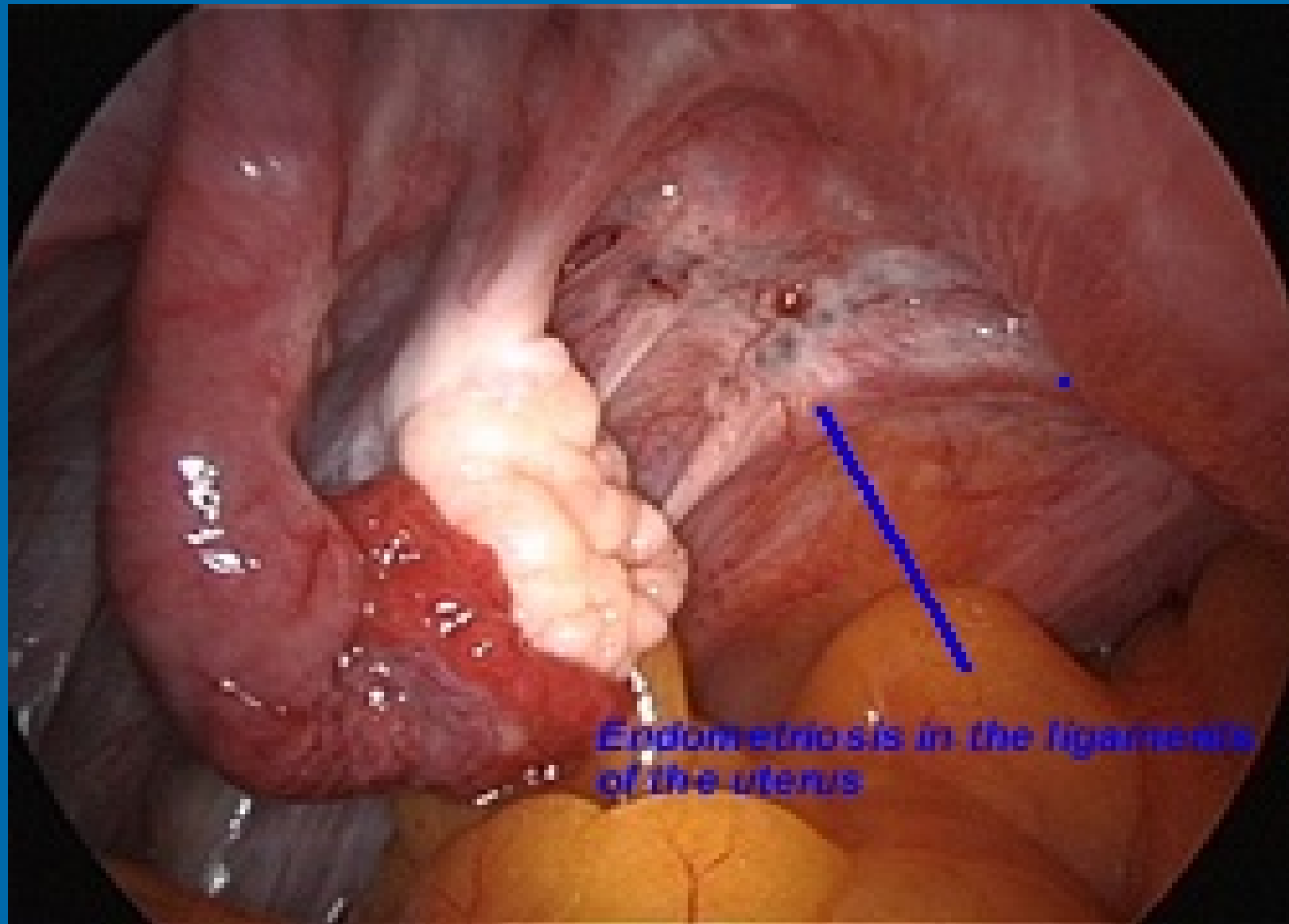


Fertility and irregular periods

- Measure ovarian reserve: AMH
- PCOS
- Hypothalamic amenorrhoea
- Pituitary adenoma
- Thyroid disease
- Refer early

AGE ADJUSTED AMH LEVELS FOR INFERTILITY PATIENTS





Endometriosis in the ligaments
of the uterus

Irregular periods in 40s

- Exclude pregnancy and infection
- History
 - pain, menopausal symptoms
- Exam
 - abdo, pelvic exam, smear and swabs
- Bloods
 - FBC, FSH, LH, hCG, prolactin
- Pelvic USS
- Endometrial sampling



Management of Hormonal Irregular Bleeding

- Make dx
- COC
- Mirena
- Cyclical progesterone
- Hormonal bleeding always stops with progesterone but will restart once progesterone is stopped

Top Tips on irregular periods

- Exclude pregnancy and infection
- Teenagers should have regular cycles 1yr post menarche
- PCOS most common cause
- Remember hypothalamic amenorrhoea
- Consider endometriosis
- Always look at cervix
- AMH

Thanks