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Irregular Menses

FAST FACTS

10 – 15

age at which most girls experience menarche

21 – 35

average days in length of a teenage girl's menstrual cycle

WHEN TO REFER

Refer as follows to Cincinnati Children's Gynecology:

- If patient HPE reveals any of the red flags shown
- If symptoms or anemia fail to improve or patient experiences side effects with initial medical treatment
- If patient desires a long-acting, reversible contraceptive (LARC) option

With a referral, it is beneficial to obtain a baseline assessment for anemia and ferritin level. You may also consider assessing TSH and prolactin levels. Encourage your patient to track her menstrual pattern with a period tracker app.

Irregular menses are common during the time immediately following menarche. Most irregular menses resolve over time with maturity of the hypothalamic-pituitary-ovarian axis without needing evaluation or intervention.

ASSESSMENT

Perform a standard health history and physical exam (HPE) with probing questions around the timing of menarche and frequency, duration and severity of vaginal bleeding.

HPE RED FLAGS

Situational History

- Dizziness, lightheadedness
- Reports of heart racing (resting or orthostatic tachycardia)
- The need to change protection hourly to avoid leakage/soaking

Patient History

- Hypercoagulable
- Migraines WITH aura

Family History

- First-degree family history of deep vein thrombosis (DVT)
- First-degree family history of pulmonary embolism (PE)
- First degree family history of known bleeding disorder

MANAGEMENT/TREATMENT

Manage menstrual irregularity with precautions around frequency, duration, and amount of menstrual flow.

Provide the **1/10/20 rule** *(with 2 month add-on, as indicated below)* to the patient as a good guideline for her to use to know when she should contact you about menstrual pattern disturbances. The patient MUST track her menses to know when her cycle is 'breaking the rules.'

1	Soaking 1 pad every 1 hour
10	Period lasts for 10+ days
20	Less than 20 days from the start of one period to the start of the next
2 months	No period for 2 months

Laboratory evidence of anemia and/or iron deficiency may indicate the need for medical therapy.

If patient does NOT have migraines with aura or a personal/family history of thrombosis, consider combined hormonal options as a safe method of management.

Consider intermittent hormonal management versus daily use of hormonal contraceptives.

If you have clinical questions about patients with irregular menses, email gynecology@cchmc.org.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Tool developed by Cincinnati Children's physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.

Irregular Menses

Inclusion Criteria

Menstrual history breaking the 1/10/20 rule

1	Soaking 1 pad every 1 hour
10	Period lasts for 10+ days
20	Less than 20 days from the start of one period to the start of the next
2 months	No period for 2 months

Patient Presents

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Standard Workup

- Menstrual History
- Family History
- Physical Exam

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HPE RED FLAGS

Situational History
- Dizziness, lightheadedness
- Shortness of breath
- Reports of heart racing (resting tachycardia or orthostatic)
- Need to change protection hourly to avoid leakage/soaking

Patient History
- DVT/PE (hypercoagulable)
- Migraines WITH aura
- Seizure medications

Family History
- First-degree family history of deep vein thrombosis (DVT)
- First-degree family history of pulmonary embolism (PE)

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Red Flags?

Yes →

GOAL

Safely manage menstrual bleeding

Refer to Cincinnati Children's Gynecology:
- Significant or symptomatic anemia
- Contraindication to estrogen, such as thrombosis, migraines with aura, or interacting medications
- Lack of improvement with first line therapy

No →

GOAL

Appropriate testing and management

- Consider basic screening with CBC, ferritin, TSH, PRL
- Consider observation versus use of hormonal management of bleeding. Manage with precautions around frequency, duration, and amount of menstrual flow.

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.