

# 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.'

|                 |   |
|-----------------|---|
| <b>1</b>        | Soaking 1 pad every 1 hour  |
| <b>10</b>       | Period lasts for 10+ days   |
| <b>20</b>       | Less than 20 days from the start of one period to the start of the next |
| <b>2 months</b> | 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](mailto: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.

# Irregular Menses

## Inclusion Criteria

Menstrual history breaking the 1/10/20 rule

|                 |   |
|-----------------|---|
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**Patient Presents**

## Standard Workup

- Menstrual History
- Family History
- Physical Exam

## 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)

**Red Flags?**

**Yes**

**No**

### 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

### 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.