

## General Commissioning Policy

<b>Treatment</b>	<b>Secondary Amenorrhoea</b>
<b>For the treatment of</b>	<b>Secondary Amenorrhoea</b>
<b>Background</b>	<p>NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers.</p> <p>This commissioning policy is needed in order to clarify the criteria for secondary amenorrhoea.</p>
<b>Commissioning position</b>	<p><b>Definition</b></p> <p>When menstruation has occurred but has stopped for 6 consecutive months</p>
<b>Management</b>	<p><b><u>Causes and investigations</u></b></p> <p><b>Pregnancy</b> – urinary or serum BHCG  <b>Lactation</b>  <b>PCOS</b> – LH/FSH/free androgen index/prolactin/TSH – <a href="#">see other RSS guideline</a>  <b>Menopause</b> – inc premature ovarian failure is menopause &lt;40yrs – raised FSH  <b>Contraception</b> – depo/implant/POP/Mirena/post pill amenorrhoea  <b>Weight loss</b> – especially if rapid and BMI &lt;19 and &gt;10% of body weight has been lost – low FSH and LH  <b>Cervical Stenosis/intra uterine adhesions</b> – USS  <b>Sheehan's syndrome</b> – low prolactin  <b>Pituitary tumour</b> – prolactin often in the thousands  <b>Drugs</b> – causing raised prolactin inc heroin / phenothiazines / metoclopramide / tri-cyclics  <b>Cushing's adrenal or ovarian carcinoma</b>  <b>Congenital hyperplasia</b> – testosterone &gt;5 – also consider an androgen secreting tumour if levels are this high</p>
<b>Investigations prior to referral</b>	<ul style="list-style-type: none"> <li>• Exclude pregnancy</li> <li>• Blood tests – FSH/LH/free androgen index/TFT/prolactin</li> <li>• Consider USS</li> </ul>
<b>Information to include in referral letter</b>	<ul style="list-style-type: none"> <li>• LMP and previous cycle</li> <li>• Recent weight loss / gain</li> <li>• Contraception used</li> </ul>

Responsible GP – Dr Omnia Hefni, SRCCG	Approved: February 2017
Responsible Consultant – Ms Louise Hayes, YHFT	Date published: February 2017
Responsible Pharmacist – Ms Rachel Ainger, SRCCG Medicines Mngt	NHS Scarborough & Ryedale Clinical Commissioning Group

	<ul style="list-style-type: none"> <li>• Any symptoms e.g. sweats, hair growth</li> <li>• Smear history</li> <li>• Relevant past medical / surgical history</li> <li>• Current regular medication</li> <li>• BMI</li> <li>• Smoking status</li> </ul>
<b>Date reviewed</b>	January 2017
<b>Next Review Date</b>	2019
<b>Contact for this policy</b>	CCG Service Improvement Team <a href="mailto:scrccg.rssifr@nhs.net">scrccg.rssifr@nhs.net</a>

**References:**

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