

tempo should be the same. When an adolescent is seen with a complaint of absence of menses, a careful history of the timing of her pubertal development will help to determine if there is a need for further evaluation or if reassurance is all that is necessary.

**Primary amenorrhea** is an absence of secondary sex characteristics and no uterine bleeding by 13 years old or absence of uterine bleeding with secondary sex characteristics by 16.5 years old (Lobo, 2012). Primary amenorrhea is also characterized when menarche has not occurred 5 years after thelarche (Klein and Poth, 2013). The cause of primary amenorrhea may be anatomic, hormonal, genetic, or idiopathic. A thorough patient and family history and physical examination provide clues to the etiology.

**Secondary amenorrhea** is defined as the absence of menses after menstruation was previously established for at least 6 months in a woman with regular menstrual cycles or at least 12 months in a woman with irregular menstrual cycles (Roberts-Wilson, Spencer, and Fantz, 2013). Irregular menstrual cycles are common within the first year after menarche, because these early cycles may be anovulatory, resulting in regular, irregular, or absent bleeding. Girls with a later onset of menarche take longer to establish regular ovulatory cycles.

Pregnancy is the most common cause of secondary amenorrhea and should be ruled out in both types of amenorrhea even if the adolescent denies sexual activity. Other factors that disturb the hypothalamic–pituitary–gonadal axis and cause amenorrhea include physical or emotional stress; hyperthyroidism or hypothyroidism; polycystic ovary syndrome; sudden and severe weight loss; strenuous exercise; eating disorders; and use of extrinsic pharmacologic agents, especially phenothiazines, contraceptive steroids, and heroin.

### **Nursing Care Management**

When amenorrhea is caused by hypothalamic disturbances, the nurse is an ideal health professional to assist the adolescent because many causes are potentially reversible (e.g., stress, weight loss for nonorganic reasons). Counseling and education are primary interventions and appropriate nursing roles.

### **Dysmenorrhea**