



## Case: Secondary Amenorrhoea

### Candidate brief

You are a GP in a surgery in Hull.

Please take a focused history from Jessica Matt, a 32-year-old female who hasn't had a period for the last 3 months.

15 mins	<ol style="list-style-type: none"><li>1. Please take a full history (7 mins)</li><li>2. Counsel her with an appropriate management plan (4 mins)</li><li>3. Viva with the examiner afterwards (4 mins)</li></ol>
10 mins	<ol style="list-style-type: none"><li>1. Please take a full history (7 mins)</li><li>2. Viva with the examiner afterwards (3 mins)</li></ol>

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## Patient Brief

(Do not volunteer information unless asked)

**Name:** Jessica Matt

**DOB:** 03/05/1989 (32 years old)

**Job:** Office Manager

**Opening statement:** *"I've come to visit my GP today because I'm concerned that I haven't had a period in 3 months"*

### HPC:

- 3 months of secondary amenorrhoea
- 4 home pregnancy tests have been negative

### Associated symptoms

- Feels dry during intercourse
- Night sweats
- Feeling very hot at random timepoints during the day
- Has developed some acne
- No tremors
- No PV discharge
- No pelvic pain

### Obs Hx

- 1 previous pregnancy two years ago (age 30), vaginal delivery/40+5, breast fed for 6 months

### Gynae Hx

**Period: Last menstrual period:** December last year - 3 months ago

- Menarche - aged 15
- Had regular 27-day cycle until pregnancy 2 years ago
- Quite light periods
- No pain

**Smears:** last smear in 2017, no abnormal findings

**STIs:** NA

**Contraception:** None currently

- Previously on the POP

**PMHx** – hypothyroidism



**DHx - NKDA**, levothyroxine 100µg, no OTC medication

**FHx** – Mother (67) is a type 2 diabetic and started menopause at 36. Father (69) has hypertension and BPH.

**SHx**

- Doesn't drink
- Smokes 20/day since she was 25, stopped when she was pregnant
- No recreational drug use
- Has been stressed with work recently due to new promotion
- Lives with boyfriend
- Wanting another child

**Other information:**

- Other systems review - normal

**Ideas:** Thinks it may be due to her being underweight, but just wanted to get checked up. Also thinks she could be pregnant.

**Concerns:** Worried because she was wanting to conceive another child with her partner, and her mother experienced this and it turned out to be premature menopause.

**Expectations:** Prevent this happening so can have another child



**Investigations findings** (Provide it after history talking or to enquire candidate about differential diagnosis)

**INVESTIGATIONS:**

BMI – 17kg/m<sup>2</sup>

Bloods:

Oestradiol 8pg/ml (30 to 400 pg/mL)

FSH 30mIU/mL (1.5 to 12.4 mIU/mL)

TSH 4.5 mIU/L (0.5 to 5.0 mIU/L)

Otherwise unremarkable



## Examiner Brief

**Candidate Brief:** You are a GP in a surgery in Hull. Please take a focused history from Jessica Matt, a 32-year-old female who hasn't had a period for the last 3 months.

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10 mins	<ol style="list-style-type: none"> <li>1. Please take a full history (7 mins)</li> <li>2. Viva with the examiner afterwards (3 mins)</li> </ol>

- **Please do not** provide **any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Examiners will grade the performance across four domains: **(15 minute station)**

1. Clinical skills

2. Formulation of clinical issues

3. Discussion of management

4. Professional behaviours and patient centred approach

Positive descriptors	Marks
History/Clinical skills (18)	
Appropriate introduction, elicit patient details and invite consultation	2
<b>Amenorrhoea:</b> Onset, duration, any exacerbating factors	2
Causes of amenorrhoea: a) primary (e.g. due to Turner's syndrome or other chromosomal abnormalities), b) secondary. Consider: thyroid function, PCOS and hormonal imbalance (e.g. pituitary tumours), exercise/weight loss, stress, headache/vision, iatrogenic (e.g. hormonal contraception, stopping Depo-Provera, some antipsychotics),	2
Menopause symptoms: hot flushes, night sweats, vaginal dryness, dyspareunia, urinary symptoms (frequency, urgency, incontinence and atrophic cystitis), sexual dysfunction and sleep disturbances	2
<b>Menstrual history</b> – age at time of menarche, LMP, regularity of periods and characteristics	2
<b>Gynaecological history</b> – <b>contraception</b> , menopause, STIs, cervical screening	2
<b>Obstetric history</b> – gravity, parity, outcome of pregnancies	2
Enquire about <b>risk factors:</b> genetics, autoimmune diseases, infections (mumps, pelvic TB), smoking, iatrogenic (radiation, chemotherapy), surgery (hysterectomy), drugs (GnRH therapy, contraception use and type – esp. Depo-Provera use)	2
Past medical (surgical) history; drug history, family history, social history	1
Formulation of clinical issue (5)	
Summary and <b>interpretation</b> of clinical findings <b>accurately</b>	2

Disclaimer: All contents are contributed by medical students and/or junior doctors on behalf of BUSOG, although every effort has been made to ensure the information is correct and robust; however, authors accept no liability for errors.



Good range of differential diagnoses		1
Viva		2
Discussion of management (4)		
Build patient concerns into plan and Justify choice of investigations		2
Demonstrate MDT approach		1
Viva (Management)		1
Professionalism and patient centered approach (3)		
Able to elicit patient ideas, concerns, expectations		1
Use empathic behaviour and language		1
Explain accurately, uses everyday language and check for understanding		
Professional communication to examiner as colleague		1

**Viva Questions:** please ask questions surrounding the case and challenge the candidate where appropriate; **the questions below are provided as a guide for discussion only.**

NICE CKS - Menopause: diagnosis of menopause, and causes of menopause  
[\(https://cks.nice.org.uk/topics/menopause/background-information/cause-of-the-menopause/\)](https://cks.nice.org.uk/topics/menopause/background-information/cause-of-the-menopause/)

Premature Menopause – TC Okeke, UB Anyaehie, CC Ezenyeaku  
[\(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3634232/\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3634232/)

1. Differential diagnosis	Amenorrhoea, irregular bleeding (due to endometrial polyps, uterine fibroids, adenomyosis, endometrial hyperplasia or cancer, and vulval, vaginal and cervical lesions), hot flushes (endocrine causes, tumours, excess alcohol consumption, dumping syndrome, panic disorders, tuberculosis, drugs - nitrates, SSRIs, diltiazem, levodopa, gonadotrophin-releasing hormone agonists, and anti-oestrogens), vaginal atrophy (trauma or infection), endocrine (e.g. abnormal menstrual patterns due to worsening hypothyroidism)
2. What are the possible causes of premature menopause	<ul style="list-style-type: none"> <li>- Genetic disorders – chromosomal abnormalities (e.g. Turner's syndrome), metabolic disorders, immunological</li> <li>- Autoimmune diseases – thyroid diseases, mumps, hyperparathyroidism and Addison's disease</li> <li>- Infections – mumps, pelvic tuberculosis</li> <li>- Smoking – dose-related</li> <li>- Iatrogenic – radiation and chemotherapy</li> <li>- Surgery - hysterectomy</li> <li>- Drugs – prolonged GnRH therapy</li> </ul>
3. What are the risk factors with premature menopause	Strong maternal FH, autoimmune predisposition, chemo/radio therapy, gynaecological surgery, infections (TB and mumps)
4. How would you manage a patient with premature menopause	<ul style="list-style-type: none"> <li>- Identify cause and treat based on the cause</li> <li>- Ovulation induction or oocyte donation in IVF to achieve pregnancy</li> </ul>



	<ul style="list-style-type: none"> <li>- Women with primed endometrium using oestrogen, then followed by progestogen challenge test for the possibility of induction of menstruation</li> <li>- Oestrogen replacement therapy – avoid osteoporosis, reduce develop of cardiovascular disease, and possibly dementia.</li> <li>- If due to autoimmune disease – treat with corticosteroid therapy if antibodies to sex hormones are present in the blood</li> </ul>
5. Short term consequences of premature menopause	Vasomotor symptoms such as hot flushes, night sweats, palpitations and headaches, weight gain, vaginal dryness, and dyspareunia, urgency, and stress incontinence with psychological problems including irritability, forgetfulness, insomnia, and poor concentration
6. Long term consequences of premature menopause	Includes infertility, osteoporosis and an increased risk of premature death, cardiovascular diseases and stroke