Adolescent Sexual Health: Menstrual Disorders

Angela Washer MSN WHNP-BC C-EFM
Clinical Nurse Specialist
Cleveland Clinic Fairview Hospital Women’s and Children’s Services
Nursing Institute
Objectives

• Participants will verbalize symptomatology and differential diagnosis of common menstrual disorders affecting adolescent females.
Menstrual Issues in Adolescents

• Types of problems/conditions seen in puberty?
  – Differential diagnoses of issues associated with menses
    – Too much, too little, too early, too late
  – Challenges
    – Normal developmental and behavioral considerations
Overview

• Too much—menorrhagia
  – Loss >80 ml
  – Menses last > 8 days
  – Pad/tampon changes every 1-2 hr
  – Up to 50% have bleeding disorder
  – Consider amount of NSAID use for cramping

• Too little—secondary amenorrhea/oligomenorrhea
  – Secondary amenorrhea: 3 consecutive missed cycles or none for 6 months
  – Oligomenorrhea: infrequent/irregular, > 45 days between cycles
  – For both, check endocrine function, pregnancy test
Overview (Continued)

• Too early—central/peripheral precocious puberty
  – Earlier than age 8
  – Very unusual, may be familial
  – May be related to endocrine function or cancer
    – Always needs appropriate referral and evaluation

• Too late—primary amenorrhea
  – Menarche not occurred by age 15-16 with normal growth and secondary sex characteristics including breast development
  – Need to check for normal anatomy internally and externally, evaluate endocrine function
  – Evaluate for Female Athlete Triad
Overview (Continued)

• Too often—polymenorrhea
  – Menses occurring more often than every 21 days
  – Impaired ovulatory follicle development leads to low progesterone levels and abnormally shortened luteal phase (luteal phase defect)
  – May affect fertility
Case Study #1

- Claire is 15yo F, a ballet dancer, a principal in a children’s company.
- She is at the studio 6 days a week, approximately 4 hours each day.
- Her entire social life revolves around the company.
- She presents with her mother for primary amenorrhea.
- Her physical appearance is delicate and very slim.
- What assessments should be performed--physical and lab?
- What questions will you ask?
Case Study #2

• Ava is a 17 yo F.

• She presents with her mother for irregular menses since menarche at age 13.

• Her physical appearance includes central adiposity, acne, and noticeable facial hair in a “goatee” pattern.

• What assessments should be performed—physical and lab?

• What questions will you ask?
Conclusion

• Disordered menstruation in the adolescent is a complex subject requiring careful history-taking as well as assessment in order to arrive at a diagnosis.

• The unique position of the nurse in providing care to these young women is crucial to the establishment of trust, and ultimately diagnosis and effective treatment.
Adolescent Sexual Health: Contraception and STI
Let's open up the conversation

Cheryl Cairns DNP CPNP
Community Pediatrics
APN Coordinator
Objectives

• Participants will be able to list a variety of contraception and discussion points for the adolescent.

• Participants will be able to identify the most common STI and appropriate treatment.
Adolescent Sexual Health

• Concepts of informed consent and confidentiality are complex in adolescent care

• Laws governing consent and confidentiality in adolescent health care vary from country to country
  – United States, they vary from state to state.

• Resources
  – Center for Adolescent Health & the Law
  – Guttmacher Institute
Contraception

• Condom

• Oral Contraception

• Injection

• LARC
Condoms

• Male
  – Thin sheath
  – Covers the penis to collect sperm and prevent it from entering the woman's body
  – Made of latex or polyurethane
  – Natural alternative is lambskin (made from the intestinal membrane of lambs)
  – Latex or polyurethane condoms reduce the risk of spreading sexually transmitted diseases (STDs)
  – Lambskin condoms do not prevent STD
  – Disposable after a single use

• Female
  – Thin, flexible plastic pouches.
  – Inserted into vagina before intercourse
Oral Contraception

• Combined oral contraceptives ("the pill")
  – Contain different combinations of synthetic estrogens and progestins
  – Interfere with ovulation.
  – Daily, preferably at the same time each day.
  – Put alarm in phone
  – Place next to toothbrush or hairbrush
  – Not recommended smoker
  – high blood pressure
  – history of blood clots
  – history of breast, liver or endometrial cancer
Recommended If Late Or Missed Pill

• One pill is late
  – (<24 hours since a pill should have been taken)
  – (24 to <48 hours since a pill should have been taken)
  – Take the late or missed pill as soon as possible.
  – Continue taking the remaining pills at the usual time (even if it means taking two pills on the same day).
  – No additional contraceptive protection is needed. (Always use a condom)
  – Emergency contraception is not usually needed but can be considered (with the exception of UPA) if hormonal pills were missed earlier in the cycle or in the last
Recommended if late or missed pill

• Two or more consecutive hormonal pills have been missed
  – Take most recently missed pill (any other missed pills should be discarded)
  – Take the remaining pills at the usual time (even if it means taking two pills on the same day)
  – Use back-up contraception (condoms) or avoid sexual intercourse until hormonal pills have been taken for 7 consecutive days.
  – Missed in the last week of hormonal pill Omit the hormone-free interval by finishing the hormonal pills in the current pack and starting a new pack the next day
  – Emergency contraception should be considered if hormonal pills were missed during the first week and unprotected sex occurred in the previous 5 days
Injectable (DEPO)

- Progestin-only injectable contraceptives (DMPA, 150 mg intramuscularly or 104 mg subcutaneously)
  - DMPA is reversible and can be used by women of all ages, including adolescents.
  - DMPA does not protect against STDs;
  - DMPA is started within the first 7 days since menstrual bleeding started, no additional contraceptive protection is needed.
  - If DMPA is started >7 days since menstrual bleeding started, need to abstain from sexual intercourse or use additional contraceptive protection for the next 7 days.
  - Discuss Vitamin D and Supplementation

https://www.drugs.com/pro/depo-provera.html
Depo-Provera

• May cause loss of bone mineral density
  – shouldn't be used for longer than two years

• Side Effects
  – Acne
  – Breast soreness
  – Decreased interest in sex
  – Depression
  – Dizziness
  – Headaches
  – Irregular periods and breakthrough bleeding
  – Nervousness
  – Weakness and fatigue
  – Weight gain
IUD- Long Acting Reversible Contraception

- Levonorgestrel-releasing IUDs (containing a total of either 13.5 mg or 52 mg levonorgestrel).
- The IUD is a small, T-shaped, plastic device that is inserted into and left inside the uterus. There are two types of IUDs.
- The hormonal IUD releases progestin. Different brands of hormonal IUDs are approved for use for up to 3-5 years.
- Do not protect against STDs.
- Before LNG-IUD insertion- provide counseling about potential changes in bleeding patterns.
- Unscheduled spotting or light bleeding is expected during the first 3–6 months.
- Followed by light menstrual bleeding or amenorrhea.
- Heavy or prolonged bleeding, either unscheduled or menstrual, is uncommon.
- Side effects may include headaches, nausea, depression, and breast tenderness.
**LARC (Implant)**

- The etonogestrel implant, a single rod with 68 mg of etonogestrel is long acting, reversible, and can be used by women of all ages, including adolescents.

- Single flexible rod about the size of a matchstick that is inserted under the skin in the upper arm.

- It releases progestin into the body. It protects against pregnancy for up to 3 years.

- The implant does not protect against STDs;

- Unscheduled spotting or light bleeding is common with implant use, and some women experience amenorrhea.
# Contraceptive Methods

## Effectiveness of Family Planning Methods

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.*

| Method | Frequency | Male | Female
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Implant</td>
<td>0.05%</td>
<td></td>
<td>0.8% LNG</td>
</tr>
<tr>
<td>Intrauterine Device (IUD)</td>
<td>0.2%</td>
<td></td>
<td>0.2%</td>
</tr>
<tr>
<td>Injectable</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pill</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ring</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphragm</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Condom</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Condom</td>
<td>21%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponge</td>
<td>12% Nulliparous Women</td>
<td></td>
<td>24% Parous Women</td>
</tr>
</tbody>
</table>

## Reversibility

- **Most Effective:**
  - Less than 1 pregnancy per 100 women in a year
  - 6-12 pregnancies per 100 women in a year
  - 18 or more pregnancies per 100 women in a year

- **Least Effective:**
  - Once in place, little or nothing to do or remember.
  - After procedure, little or nothing to do or remember.

## Permanent Sterilization

- Female (Abdominal, Laparoscopic, and Hysteroscopic) | 0.5%
- Male (Vasectomy) | 0.15%

## Use

- Get repeat injections on time.
- Take a pill each day.
- Keep in place, change on time.
- Use correctly every time you have sex.

## Fertility Awareness-Based Methods

- Abstain or use condoms on fertile days.
STI: Up to Date Information

• Antibiotic resistance: We must be diligent
  – Gonorrhea: Ceftriaxone 250 mg intramuscular in a single dose for treatment of gonococcal infection + Azithromycin (1 gram in a single oral dose)
  – Chlamydia: Azithromycin (1 gram single-dose therapy)

• Human papillomavirus (HPV)
  – Most common sexually transmitted infection
  – HPV 9 Vaccine: Prevents against: 6, 11, 16, 18, 31, 33, 45, 52, and 58
  – 2 dose schedule for ages 9-14
  – 3 dose schedule for ages 15-26
Conclusion

• Adolescents need to be informed consumers of health care. It is our role to provide factual information in a non-judgmental manner.

• Nurses can provide support to adolescents in optimizing their decision making.

• Adolescents have a high prevalence of STI and need to be informed of the risks and consequences.
Every life deserves world class care.