CLOMIPHENE CITRATE AND DYDROGESTERONE: A COMBINED THERAPY FOR FUNCTIONAL HYPOTHALAMIC AMENORRHEA

INTRODUCTION "Functional Hypothalamic Amenorrhea" is that amenorrhea in which there is no identifiable endocrine primitive cause, such as stress or weight-loss related amenorrhea. In 60% of cases, the elimination of the stressful event or the attachment of a normal BMI lead to a restoration of menstrual cycles. The remaining 40% of patients, however, still appears to be non-responders.

AIM OF THE STUDY The aim of this study is to verify the validity of the therapeutic protocol Clomiphene Citrate + Dydrogesterone in restoring menstrual cycles of women with hypothalamic amenorrhea.

MATERIALS AND METHODS 22 low-weight patients with functional hypothalamic amenorrhea since about 1 year were enrolled. All the patients were subjected to HRSD test (Hamilton Rating Scale for Depression) to identify their stress levels, and to the following therapeutic protocol: Clomiphene citrate, 50 mg/day for 5 days, followed, after 13 days, by Dydrogesterone 10 mg/day for 8 days. At the onset of the menstrual cycle, the protocol expected the administration of CC 50 mg/day from 3rd to 7th days of menstrual cycle followed by Dydrogesterone 10 mg/day from the 18th to the 25th day of the cycle for 6 months. All patients were monitored by ultrasound, by estrogen and progesterone serum levels. After 6 months of therapy, patients were monitored on spontaneous cycles.

RESULTS 20 patients responded positively to therapy. Of these, 12 restored menstrual bleeding after the first treatment cycle, 8 after the second cycle of the Protocol. After 6 months of therapy, 8 patients obtained the full restoration of eumenorrhoic menstrual cycles, 7 had oligomenorrhoic cycles, while 5 have not spontaneous cycles. 19 patients (89%) showed a high level of mental stress.

DISCUSSION The present data show that this protocol may be useful to restore normal menstrual cycles in young women with hypothalamic functional amenorrhea, low weight and stress-related.