

Girls with type 2 diabetes have a high rate of irregular periods

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Girls diagnosed with type 2 diabetes have a high frequency of menstrual irregularities, according to a new study published in the Endocrine Society's *Journal of Clinical Endocrinology & Metabolism*.

Menstrual irregularities can have a variety of causes, including pregnancy, hormonal imbalances, infections, diseases, trauma and certain medications. Adult women with obesity are known to be at risk for [menstrual disorders](#) like [polycystic ovary syndrome](#) (PCOS), which can lead to the development of [diabetes](#) or other metabolic problems. However, little is known about the reproductive function in girls with youth-onset type 2 diabetes.

"It's important for girls with type 2 diabetes to be assessed for menstrual problems," said the study's main author, Megan Kelsey, M.D., M.S., of University of Colorado School of Medicine in Aurora, Colo. "Infrequent periods can be associated with heavy and painful periods, increased risk for [fatty liver disease](#), fertility problems and long-term increased risk for endometrial cancer."

The researchers performed a secondary analysis of the data from the Treatment Options for Type 2 Diabetes in Youth (TODAY) study, a nationwide research study to find the best way to treat young people with type 2 diabetes. The new analysis focused on evaluating the frequency of menstrual irregularity in girls with recently diagnosed diabetes and whether the addition of intensive lifestyle or rosiglitazone to previous treatment with metformin helped to improve symptoms. These

treatments are often used to treat both diabetes and PCOS.

The researchers found that more than 20 percent of girls in the TODAY study had irregular periods. Many of those girls also had high testosterone levels, pointing to PCOS as an underlying cause. Not all the TODAY girls with irregular periods had elevated testosterone, suggesting other causes for menstrual dysfunction. Despite two years of intensive treatment with either metformin alone, metformin and lifestyle changes, or metformin and rosiglitazone, the participants still had significantly irregular periods.

"Our findings suggest that [girls](#) with youth-onset diabetes may need the additional intervention above and beyond their diabetes [treatment](#) to improve their menstrual health," Kelsey said.

The study, "Menstrual Dysfunction in Girls from the Treatment Options for Type 2 Diabetes in Adolescents and Youth (TODAY) Study," will be published online, ahead of print.

More information: "Menstrual Dysfunction in Girls from the Treatment Options for Type 2 Diabetes in Adolescents and Youth (TODAY) Study," *Journal of Clinical Endocrinology & Metabolism* (2018). [DOI: 10.1210/jc.2018-00132](https://doi.org/10.1210/jc.2018-00132)

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