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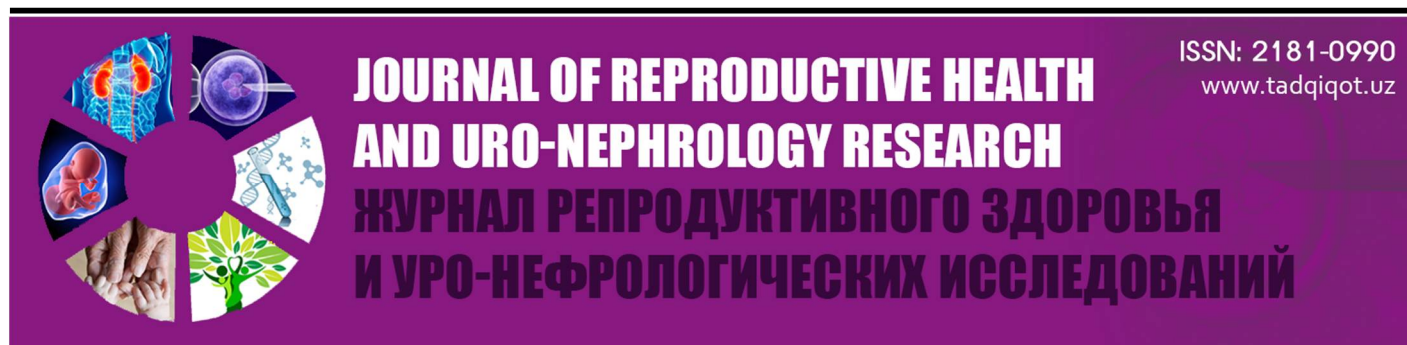
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MENSTRUAL CYCLE DISORDERS AMONG ADOLESCENT GIRLS (LITERATURE REVIEW)**For citation:** Safarova Lola Aliaskarovna, Rajabova Iroda Muzaffarovna, Safarov Aliaskar Tursunovich, Menstrual cycle disorders among adolescent girls (literature review), Journal of Reproductive Health and Uro-Nephrology Research 2026, vol.7, issue 2<https://dx.doi.org/10.5281/zenodo.20826568>**Сафарова Лола Алиаскаровна**

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**НАРУШЕНИЯ МЕНСТРУАЛЬНОГО ЦИКЛА СРЕДИ ДЕВОЧЕК-ПОДРОСТКОВ
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**O'SMIR QIZLAR ORASIDA HAYZ SIKLINING BUZILISHLARI
(ADABIYOTLAR TAHLILI)**

Introduction. Reproductive health of children and adolescents is a significant medical and social problem that requires close attention from both society and the state [5][6]. Disorders of the menstrual cycle constitute the most common gynecological pathology in adolescent girls and account for a substantial proportion of overall gynecological morbidity in this age group [2][3]. Over the past decade, there has been a steady increase in the prevalence of diseases of the reproductive

system among adolescents, which underscores the relevance of studying menstrual function disorders during puberty [5][11].

The menstrual cycle is an important indicator reflecting the interaction of the hypothalamic-pituitary-ovarian axis and the functional maturity of the reproductive system [2]. Disturbances in menstrual rhythm during puberty may serve as an early marker of

endocrine dysfunction and predict reproductive problems in adulthood [11][15].

Physiological characteristics of the menstrual cycle in adolescence. The onset of menstruation (menarche) is a key milestone in female pubertal development [10]. In girls of European descent, menarche typically occurs between 12.5 and 13 years of age, with physiological variations ranging from 10 to 15 years [3][4]. During the early post-menarcheal period, menstrual cycles are often irregular due to immaturity of the hypothalamic–pituitary–ovarian system [8]. Gradual establishment of regular ovulatory cycles reflects the formation of stable neuroendocrine regulation.

The character of the menstrual cycle during puberty is a clinical criterion of sexual maturity and indicates the readiness of the reproductive system to perform its primary function [2][3].

Epidemiology of menstrual cycle disorders in adolescent girls.

According to various studies, menstrual cycle disorders account for 6% to 65% of all gynecological diseases among adolescents [2][4][5]. This wide range is explained by differences in diagnostic criteria, study design, and population characteristics. Recent data demonstrate an increase of more than 40% in the prevalence of reproductive system disorders among adolescents over the last ten years [5][20]. Oligomenorrhea and amenorrhea are among the most frequently diagnosed forms of menstrual dysfunction in adolescence and require particular attention due to their association with endocrine and metabolic abnormalities [6,7,8].

Classification of menstrual cycle disorders. Depending on clinical manifestations, interval between menstruations, duration, and volume of menstrual blood loss, the following forms of menstrual cycle disorders are distinguished [1,8]:

- **Oligomenorrhea** – infrequent menstruations with intervals ranging from 48 days to 6 months.
- **Amenorrhea** – absence of menstruation, which may be primary (no spontaneous menstruation) or secondary (absence of menstruation for 6 months or longer) [1].
- **Abnormal uterine bleeding** – menstrual bleeding that differs in frequency, duration, or volume from normal parameters [5].

In clinical practice, oligomenorrhea is further classified as primary, secondary, or unspecified [1].

Etiology and pathogenetic mechanisms. The causes of oligomenorrhea and amenorrhea in adolescents are heterogeneous and involve different levels of regulation of the reproductive system [6][7][21]. The main etiological factors include:

- Hypothalamic dysfunction associated with low body weight, eating disorders, psychological stress, or excessive physical activity [9,10];
- Pituitary disorders, including adenomas, neuroinfections, or traumatic brain injury [6];
- Ovarian dysfunction, such as polycystic ovary syndrome or primary ovarian insufficiency [20][23][24];
- Genetic abnormalities, including mosaic forms of Turner syndrome [7];
- Congenital or acquired anatomical abnormalities of the reproductive organs [1,8].

Oligomenorrhea is often accompanied by anovulation and hypoestrogenism, which contribute to the development of long-term reproductive complications [1,2].

Clinical manifestations and associated conditions. In many adolescents, menstrual disorders manifest from menarche and are

characterized by prolonged and irregular cycles, often of anovulatory nature [21]. International guidelines define oligomenorrhea as menstrual cycles lasting 42–48 days or longer [1][10][25]. Studies indicate that a significant proportion of adolescents with oligomenorrhea meet diagnostic criteria for polycystic ovary syndrome [2,4,6].

Menstrual cycle disorders are frequently associated with extragenital conditions, including endocrine and metabolic diseases, which complicate the clinical course and prognosis [8,11].

Long-term reproductive and metabolic consequences. There is substantial evidence linking menstrual irregularities in adolescence with metabolic disorders later in life [11]. Early menarche is more commonly associated with obesity, metabolic syndrome, and the development of polycystic ovary syndrome [1,2]. Women who experienced irregular menstrual cycles during puberty have a higher risk of cardiovascular disease, insulin resistance, and type 2 diabetes mellitus in adulthood [10,12].

Thus, menstrual cycle disorders in adolescence should be regarded not only as a gynecological problem but also as a marker of future metabolic and somatic health risks [7, 8,11].

Diagnostic approach in adolescents. Adolescents with oligomenorrhea or amenorrhea require comprehensive evaluation to identify the underlying cause of menstrual dysfunction [9]. Diagnostic assessment should include clinical examination, evaluation of pubertal development, hormonal profiling, assessment of metabolic parameters, and, when indicated, imaging studies [6][21]. Psychological status should also be evaluated, given the high prevalence of psycho-emotional disturbances in this patient population [9,10].

Principles of treatment and rehabilitation. Treatment of menstrual cycle disorders depends on the underlying etiology [1][10][25]. Hormonal therapy is commonly used; however, in adolescents, it should be prescribed with caution due to potential side effects and individual variability in response [10]. In cases of hyperprolactinemia, dopamine agonists are used according to age-appropriate dosing guidelines [1]. Thyroid hormone replacement is indicated in patients with hypothyroidism [6,9,10].

Increasing attention is being paid to non-pharmacological and rehabilitative approaches, which are considered more physiological, accessible, and economically feasible [1,5,9]. Lifestyle modification, normalization of body weight, and correction of psycho-emotional status are essential components of therapy [2,5,9,12].

Psychosocial aspects of menstrual disorders in adolescence.

Menstrual cycle disorders have a significant impact on the psycho-emotional well-being and quality of life of adolescent girls [7,11]. Studies have demonstrated increased levels of anxiety, depressive symptoms, autonomic dysfunction, and difficulties in social adaptation among patients with oligomenorrhea [19]. These findings highlight the importance of a multidisciplinary approach involving gynecologists, endocrinologists, and mental health professionals [2,5].

Conclusion. Menstrual cycle disorders in adolescent girls represent a multifactorial medical and social problem with significant implications for future reproductive, metabolic, and psychological health [2,5,11]. Oligomenorrhea and amenorrhea are the most clinically significant forms and are often associated with endocrine and metabolic disturbances [7,8,10]. Early identification, comprehensive diagnostic evaluation, and individualized, multidisciplinary management are essential to prevent long-term complications and improve the overall quality of life and reproductive outcomes of affected individuals [19,12].

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