

Patient information factsheet

Early or premature menopause following treatment for gynaecological cancer

We have given you this factsheet because you are due to have treatment for your gynaecological cancer which may result in early or premature menopause. Early menopause due to cancer treatment can be a shock, and might feel physically and emotionally overwhelming.

This factsheet explains what early and premature menopause is and includes ways to help manage your symptoms. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team or your clinical nurse specialist.

What is early or premature menopause?

Early menopause is when a woman's periods stop before the age of 45.

Premature menopause (also known as primary ovarian insufficiency) is when a woman's periods stop before the age of 40.

Both can happen naturally, or as the direct result of certain treatments, such as:

- surgery to remove the ovaries
- chemotherapy
- radiotherapy to the pelvic area

Symptoms of early or premature menopause

Treatment-induced menopause can happen suddenly (within a week or two after your surgery, or just after radiotherapy or chemotherapy treatment begins) and can cause more severe symptoms than a natural menopause.

Symptoms may include:

- hot flushes and night sweats
- palpitations (noticeable heartbeats)
- headaches and migraines
- insomnia (problems sleeping) - particularly waking early and difficulty getting back to sleep
- forgetfulness and a lack of concentration
- weight gain
- dry skin, hair and eyes
- low mood and mood changes
- irritability
- tiredness
- anxiety
- loss of sex drive (libido)

Patient information factsheet

- vaginal dryness
- vaginal or vulval irritation
- pain during sex
- urinary issues - more frequent infections

The duration and the severity of symptoms will vary for each woman.

Possible long-term health issues

Women who go through early or premature menopause also have an increased risk of certain long-term health issues, including:

- osteoporosis (a health condition that weakens bones, making them fragile and more likely to break)
- cardiovascular disease (a general term for conditions affecting the heart or blood vessels)
- dementia
- loss of fertility

Managing your symptoms

Hormone replacement therapy (HRT)

The main treatment for menopausal symptoms is hormone replacement therapy (HRT). HRT involves taking hormones to replace the decline in your body's own levels around the time of the menopause.

There are three main types of HRT:

- **combined HRT (oestrogen and progestogen)** – for women with menopausal symptoms who still have their womb (oestrogen taken on its own can otherwise increase your risk of womb cancer)
- **oestrogen-only HRT** – for women who have had their womb removed in a hysterectomy
- **testosterone HRT** – the body's production of testosterone is regulated by the ovaries. For women whose ovaries no longer work, testosterone levels may drop and this may cause a reduction in sex drive, energy levels and mood swings

HRT is available as tablets, skin patches, gels, nasal sprays and creams. Your doctor or clinical nurse specialist will be able to help you decide which type will suit you best.

It is recommended that women experiencing early or premature menopause as a direct result of treatment take HRT up to the age of 51.

However, HRT is not suitable for everyone and your type of cancer or medical history may affect whether or not you can take it. Your clinical nurse specialist will discuss this with you.

Hot flushes and sweats

Most women will experience hot flushes when going through the menopause. They can happen without warning throughout the day and night. Below we have included some ways to help you manage your hot flushes and sweats.

Avoid potential triggers

You may find that certain things trigger your hot flushes and sweats. To help ease your symptoms, try to:

- cut down on caffeine, alcohol, hot drinks and spicy foods
- give up smoking
- reduce your stress and anxiety levels (yoga, meditation or relaxation techniques may help)

Patient information factsheet

- follow a more gentle exercise regime
- wear layers of light clothing (avoid tight fitting and synthetic clothing)
- keep yourself cool throughout the day using a cooling spray, wipes or a mini fan
- keep your bedroom cool at night (turn off the radiator, buy night clothes and bedding designed to absorb moisture and promote cooling, and use a room fan)

Exercise

Exercising regularly can help prevent cardiovascular disease and reduce your hot flushes. It can also improve your general wellbeing.

Counselling

Counselling and cognitive behavioural therapy (CBT) can help you to manage the side effects of the menopause. It can also provide you with the opportunity to talk through your cancer experience.

Non-hormonal prescribed options

For women who cannot, or choose not to, take hormone replacement therapy (HRT) (treatment to relieve symptoms of the menopause), there are prescribed medications that may help with hot flushes (Gabapentin, Clonidine, Venaflaxine, Citalopram and Pregabalin). Please discuss these options with your consultant or GP.

Herbal remedies and complementary therapies

Some women turn to complementary therapies as a “natural” way to treat their hot flushes. However, the research is patchy, the quality of the products can vary considerably, they can interfere with some medicines, and they can have side effects. Please talk to your doctor before you take any complementary therapy.

Complementary therapies include:

- St John’s wort (can help with hot flushes, but also interacts with many prescribed medications)
- Phytoestrogens (may not be safe for women who have previously had cancer)
- Oil of evening primrose (has no effect on hot flushes and sweats)
- Magnets (has no effect on hot flushes and sweats)
- Dong Quai (has no effect on hot flushes and sweats)
- Ginseng (can help with mood)
- Acupuncture (please consult a registered practitioner)
- Complementary therapies such as aromatherapy, reflexology, relaxation therapies and massage
- Homeopathic remedies are not recommended

Vaginal atrophy

Vaginal atrophy is when the vaginal walls become dry and more fragile (atrophic). This is due to a lack of the female hormone oestrogen. It can cause pain, discomfort and a small amount of bleeding during intercourse or internal examinations. Below we have included some ways to help you manage your vaginal atrophy.

Vaginal oestrogen

To help ease your symptoms, we may give you vaginal tablets, creams or pessaries (a device that goes in your vagina) containing oestrogen, which can be safely used alongside HRT. If you are unable to take HRT due to medical reasons, oestrogen treatment can be prescribed on its own.

Patient information factsheet

Vaginal lubricants

Vaginal water-based lubricants, oil-based lubricants and moisturisers can also ease any dryness or discomfort.

Osteoporosis (weak bones)

Osteoporosis is a health condition that weakens bones, making them fragile and more likely to break. It is caused by a lack of oestrogen in women, which is essential for healthy bones. Below we have included some ways to help prevent osteoporosis.

Eat a healthy diet

Oestrogen deficiency caused by an early or premature menopause can be prevented by eating a healthy, balanced diet that includes plenty of protein, calcium and vitamin D. HRT will also help to protect bones in the future.

Have regular bone tests

It is important to visit your GP regularly to have your bone health checked. Your GP may also offer you a dual energy-ray absorptiometry scan (DXA), which is sometimes called a bone mineral density scan. This checks the density of your bones to see if you have a higher risk of a bone fracture.

If the result shows that you are at a higher risk of a fracture, your GP may advise increasing the amount of calcium in your diet. Your GP may also prescribe you Bisphosphonates (a medication that slows the rate that bone is broken down in your body).

Sex and relationships

The psychological and physical changes to your body caused by early or premature menopause may have an effect on your sexual desire and relationships. Please contact us if you would like to discuss any issues. We will be happy to offer advice and support. Please be aware that it is important to practice safe sex to prevent sexually transmitted infections.

Contact us

If you have any further questions or concerns, please contact us.

Macmillan gynaecology clinical nurse specialist team
Telephone: **023 8120 8765**

For any osteoporosis related questions, you can also contact the National Osteoporosis Society for more information.

National Osteoporosis Society
Helpline: **0845 4500 230**
Website: **www.nos.org.uk**

Useful links

www.daisynetwork.org.uk
www.earlymenopause.org
www.menopausematters.co.uk
www.nhsdirect.nhs.uk

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