This Information Sheet has been written to provide you with information about early menopause and cancer. The Sheet has information about menopause, cancer treatment and managing menopausal symptoms.

Menopause

Menopause refers to a woman’s last menstrual period (monthly flow of blood). Menopause occurs when a woman’s ovaries no longer produce eggs. This results in her periods stopping and a drop in the level of female hormone (oestrogen). This generally occurs between the ages of 45 and 55.

There are different stages of menopause:

- pre-menopause: time before menopause when a woman has regular monthly menstrual cycles (periods)
- peri-menopause: time when menopausal symptoms start (hot flushes and irregular periods)
- menopause: the last menstrual period
- post-menopause: 12 months following the last menstrual period.

Early menopause

For women with cancer, early onset of menopause can be caused by surgery, chemotherapy, radiation and hormonal treatment. Cancer treatments can cause temporary or permanent menopause.

Permanent menopause is more common among women who are 40 or older at the time of treatment. Although normal menstrual periods may return once treatment finishes, menopause may be permanent, regardless of age (see below).

Some chemotherapy drugs can have an effect on reproduction, such as alkylating agents, for example cyclophosphamide. Your Oncologist will discuss with you whether your chemotherapy treatment is likely to cause menopausal symptoms.

Surgery

If you have had both your ovaries and uterus removed, you will no longer have your periods. If you are pre-menopausal, removal of the ovaries will bring on permanent menopause and will cause a sudden and permanent drop in your hormone levels.

Radiation treatment

Pelvic radiation treatment can harm the ovaries. The treatment is planned to avoid the ovaries, but this is not always possible. Radiation treatment directly to the ovaries stops them from producing and releasing hormones and results in permanent menopause.

Chemotherapy

Temporary or permanent menopause can occur in woman receiving chemotherapy or hormonal treatment. Temporary menopause is more common among women who are younger than 35 at the time of treatment. If menopause is temporary, menstrual periods may return within 1 year of ending treatment.

Hormone treatment

Hormone treatment is offered for women with a breast or ovarian cancer that is influenced by the female hormone oestrogen. Hormone treatment works by blocking the action of oestrogen. Some hormonal treatments can cause menopausal symptoms in younger women.

Pre-menopausal women may be offered:

- Tamoxifen, a hormone treatment taken as a tablet, to stop the production of oestrogen.
- four-weekly injections with goserelin (Zoladex). Once you stop taking goserelin your periods will usually return.
• surgical removal (laparoscopic oophrectomy) of the ovaries.

Post-menopausal women may be offered:

• oral hormone treatments; either Tamoxifen, or aromatase inhibitors anastrozole (Arimidex), letrozole (Letara) or exemestane (Aromasin), which reduce the production of hormones in the body (other than from the ovaries).

• Side effects of hormone treatment may include menopausal symptoms, effects on fertility, osteoporosis, and the heart.

Diagnosis of menopause

Symptoms such as hot flushes and night sweats suggest that oestrogen levels are low. Blood tests can measure the levels of female hormones in the blood. However, blood tests are not always reliable and will not show whether menopause caused by treatment will be permanent or temporary.

If you are experiencing menopause, your periods will stop. They may first become irregular. You may experience menopausal symptoms. Symptoms vary and not all women will experience all of the symptoms.

Common symptoms of menopause

• Irregular menstrual periods—changes in the pattern of menstruation (less frequent, heavier, breakthrough bleeding during the month spotting), periods stop suddenly

• Hot flushes and night sweats—hot flushes can range from feeling warm to intense heat on upper body and face lasting 1 to 5 minutes. Frequency varies from a couple of times a week to several times an hour. Some women experience sweating and a racing heart (palpitations). Sweating at night is common.

• Vaginal dryness—a reduction in oestrogen can cause vaginal dryness and thinning of the vaginal wall.

• Sexuality and libido—loss of libido and decreased desire for sexual intimacy.

• Bladder symptoms—include frequency (needing to pass urine more often), incontinence, urgency (not being able to hold on when the bladder is full) and urinary tract infections.

• Sleep disturbance—sleeplessness or interrupted sleep, waking up sweating from hot flushes. Getting to sleep can also be difficult.

• Fatigue and tiredness—many women experience unexplained fatigue or tiredness.

• Aching bones—some women experience bone aches and pains during the night and day.

In general, for all women, menopausal symptoms can last around 1 to 5 years. Symptoms improve over time. The difference for menopause caused by treatment is that it starts suddenly.

Managing menopausal symptoms

Every woman’s experience of menopause is different. Symptoms of menopause may affect your everyday life. The following suggestions about changes to your lifestyle can help reduce symptoms and make it easier to manage.

Coping with stress and emotional worries

Menopausal symptoms can be particularly distressing for younger women. You may find it helpful to tell those close to you about what is happening and how your symptoms make you feel. It is okay to ask for help.

Mood changes

Menopausal mood changes do occur, but not everyone gets them. If you had mood changes (also known as pre-menstrual syndrome (PMS) right before your period then you will probably experience them in the early stages of menopause. For women who have had early menopause due to cancer, the sudden loss of hormones is more likely to cause mood changes. Managing mood changes can be more challenging for women who are working or caring for children. Recognising these symptoms and allowing time for self-care (‘time out’) can help. It is important if you are feeling low and more anxious than usual that you talk with your doctor.
Hot flushes and night sweats

Hot flushes are not a medical problem. They are a normal response to hormonal changes in your body. Hot flushes may come and go and are not always severe. During a hot flush, a wave of heat sweeps over the upper body and face and there may be restlessness, tension, anxiety, nausea, and a need to cool down.

Regular exercise, a nutritious diet and taking time for rest and relaxation can help manage hot flushes. Light clothing and sheets made from cotton can also help. Sleeping on a towel can make changing bed linen easier at night.

Recent research has shown that some anti-depressant drugs can help with hot flushes. However, some anti-depressants may interfere with the action of tamoxifen—talk to your doctor for more information. For most women, hot flushes reduce over time.

Sexuality

Menopause reduces the production of the hormone oestrogen. Oestrogen is important for maintaining the moisture and elasticity of the vagina. Early menopause can have a number of effects on women and their sexual activity. Some women on tamoxifen experience vaginal soreness, dryness or discharge, or a shrinking of the vagina and a drop in sexual desire. Goserelin (Zoldadex) can stop periods and cause a reduction in sex drive for some.

Here are some suggestions for managing these side effects:

Mismatch in desire

It is important to let your partner know if you do not feel interested in sexual activity. It can be helpful to explain how you feel so they do not feel rebuffed. You can also suggest what you are happy to offer as an alternative, such as "I don’t want to have sex, but would love to give you a cuddle".

Pain during intercourse

Pain during intercourse can occur indirectly because some medications have reduced natural lubrication. Pain can interfere with sexual feelings and reduce desire. It is important to let your partner know what is painful so that you can explore other positions or ways of making love. If you are experiencing pain then it is important to tell your doctor.

Vaginal problems

Vaginal dryness can be helped by the application of a suitable cream or gel directly into the vagina to increase moisture levels and lubrication. Lubricants and moisturisers include:

- water-based lubricants, such as Sylk, and Senselle used as part of intercourse, can be bought at a chemist or supermarket.
- non-hormonal vaginal moisturisers such as Replens (available from chemists) are usually applied twice a week or as prescribed.
- vaginal oestrogen creams containing low doses of oestrogen are available but must be prescribed by a doctor. It is unknown if they are safe for use by women who have had breast cancer—check with your specialist.

Insomnia and disrupted sleep

Getting to sleep can be difficult. Disrupted sleep due to hot flushes, sweating and anxiety can cause fatigue and tiredness. If you experience sleeping difficulties, try:

- relaxation or meditation techniques
- a lukewarm bath
- a warm milk or herbal drink
- wearing light weight absorbent night clothes.

If you are feeling anxious or worried about your disrupted sleep, talk to your doctor.
Bladder problems

Incontinence, passing urine more frequently at night and urinary tract infections can become more frequent during menopause. Drink sufficient fluids, especially early in the day and go to the toilet promptly when your bladder is full. Try pelvic floor exercises, which can help reduce urine leakage and improve bladder control. Exercise brochures are available through your doctor or the New Zealand Continence website (www.continence.org.nz).

Effects on memory

Changes in sleep pattern, tiredness, and anxiety can cause you to become forgetful. Keep a brief diary of appointments and make lists. Explain to everyone what is happening to you so they can help and give you support.

Fatigue and tiredness

Feeling fatigued or constantly tired is a common symptom of menopause and is a side effect of cancer treatment. Exercise can help. Avoid long periods of resting in bed and eat a healthy diet. Drink enough water so that you do not feel thirsty. Dehydration can be a cause of fatigue.

Bone and joint pain

Painful joints can be a problem associated with menopause and be a side effect of drugs, such as aromatase inhibitors used for post-menopausal women, and some chemotherapy drugs. Joints can feel stiff and sore. Exercise to maintain a range of movement and maintaining a healthy weight will help. If pain is a problem, talk with your doctor.

Hormonal treatment for menopausal symptoms

Hormone replacement therapy (HRT)—the most common forms of HRT contain the hormones oestrogen and progesterone. HRT is a very effective treatment for menopausal symptoms, though is generally not recommended after breast or ovarian cancer. Talk to doctor about your options.

Complementary therapies

Some women may find complementary therapies help with relaxation and relieve hot flushes. There are many to choose from and although there is limited evidence to support their use, many people find them helpful. They include homeopathy, acupuncture, reflexology, massage, aromatherapy, hypnotherapy and meditation. Discuss these therapies with your doctor.

Herbal medicine and phytoestrogens (plant oestrogens)

If you are thinking about using herbal remedies and/or phytoestrogens, it is very important that you talk to your specialist or a healthcare professional.

Phytoestrogens are chemicals found in plant foods (fruit, vegetables and grains). There is a variety of them, all with different actions, although, in general, they mimic the effect of oestrogen in the body. It is unclear if they help to reduce hot flushes. There has been a lot of research to examine the use of soy proteins and other phytoestrogens to relieve hot flushes, but the results are inconsistent regarding their safety and effectiveness.

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation in the UK responsible for providing national guidance on promoting good health and preventing and treating ill health. NICE does not recommend soy (isoflavones), red clover, black cohosh or vitamin E for the treatment of menopausal symptoms in women with breast cancer. Talk to your doctor for further advice. It has also been suggested that the herbs St John’s Wort and ginseng may interact with the conventional medical drug tamoxifen, causing it to be less effective (NICE guidelines, UK).

Effects of early menopause on long-term health

The risks of developing osteoporosis or heart disease appear to be higher for women with early menopause than for women reaching menopause at the expected age. Ask your doctor for advice.
Osteoporosis

Women who undergo early menopause may start to lose bone at an earlier age than women who undergo menopause in their 50s. This puts them at a greater risk of developing osteoporosis earlier in life than women who undergo menopause at midlife.

Osteoporosis can occur due to a loss of oestrogen. Some cancer drugs, such as aromatase inhibitors (used for women who are post-menopausal) can increase the risk of osteoporosis. Women with a family history of osteoporosis, who smoke, are underweight, have hyperthyroidism, or have taken steroids are also at risk of osteoporosis. Your doctor may ask that you have a bone density scan.

Heart disease

Women experiencing early menopause may have an increased risk of heart disease. It is important to remember that exercise, a balanced diet, not smoking and having regular check ups with your doctor will help reduce your risk of cardiovascular disease.

Summary

Staying healthy after treatment can help reduce the risk of osteoporosis, heart disease, and help with early menopause. The following is recommended:

- Don’t smoke.
- Eat a balanced diet (plenty of fruit and vegetables) that contains calcium (milk or yoghurt).
- Get adequate vitamin D—discuss with your doctor.
- Keep to a healthy body weight.
- Get regular physical activity, weight-bearing exercise, such as walking. Exercise helps fatigue, wellbeing, self-esteem, and anxiety.
- Have no more than one standard alcoholic drink a day.
- Take time for relaxation for example, yoga, or self awareness through meditation.
- Wear cotton clothing for hot flushes.

For further information and support contact the Cancer Information Service on 0800 CANCER (0800 226 237).

A useful website

Early menopause—Jean Hailes for women’s health (www.earlymenopause.org.au)