

EARLY MENOPAUSE FROM OVARIAN CANCER TREATMENT



Menopause is a natural event that usually happens around the age of 50. However, surgery, chemotherapy and radiotherapy for ovarian cancer can cause 'early menopause' in women who have not yet reached menopause.

Early menopause from cancer treatment is different to the gradual transition that usually happens with a natural menopause. The sudden drop in hormones after early menopause triggers physical and emotional changes that may impact a woman's health and wellbeing. These changes are different for everyone: some women may not have troublesome symptoms at all, while for others, symptoms can greatly affect their day-to-day life.

This fact sheet discusses the changes, symptoms and health risks associated with early menopause caused by cancer treatment and suggests ways to help you manage the changes. It discusses:

- **What is early menopause?**
- **Symptoms of menopause**
- **Hormone replacement therapy (HRT)**
- **Relieving symptoms**
- **Non-hormonal drug options for treating menopause**
- **Complementary therapies and menopause**
- **Intimacy and sexuality after menopause**
- **Finding information online**
- **More information**



If you would like more detailed information about ovarian cancer and its diagnosis and treatment, including where to access support, call Ovarian Cancer Australia (1300 660 334) and ask for a copy of our Resilience Kit, or download the kit (www.ovariancancer.net.au).

Please note that some women who do not have cancer can go through an unexpected early menopause as well. This factsheet only refers to women who have early menopause due to cancer treatment.

WHAT IS EARLY MENOPAUSE?

Menopause that does not happen naturally may be induced by an event such as treatment for ovarian cancer. Treatments that can do this are:

- surgery to remove the ovaries (bilateral oophorectomy)
- chemotherapy or radiotherapy (before or after surgery).

These treatments will cause a drop in your hormone levels (oestrogen, testosterone and progesterone): you will stop ovulating and cease having periods. Instead of the gradual transition to menopause that usually happens with age, you may experience sudden symptoms.

Most women diagnosed with ovarian cancer will need to have an oophorectomy. Some women may only need to have one ovary removed (unilateral). If you were still having menstrual periods before your cancer diagnosis, and you have an oophorectomy, this will cause early menopause (also known as a 'surgical menopause').

If you need to have chemotherapy or radiotherapy, before or after your surgery, you may also go through early menopause.

Many women find it a huge shock to go through the sudden onset of menopause. Adjusting emotionally may be hard, as the symptoms can be intense and difficult to manage without treatment.



SYMPTOMS OF MENOPAUSE

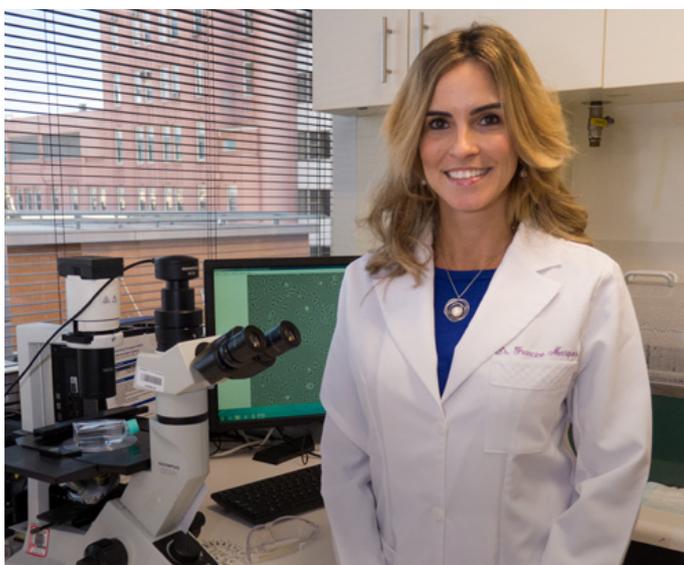
Menopause affects women differently. Some have severe symptoms, and some have mild or no symptoms.

While symptoms may be sudden after a treatment induced menopause, it is not known whether they are more severe than a natural menopause. For many women, early menopause causes:

- hot flushes and sweating, which can cause sleep disturbances
- vaginal dryness, which can cause discomfort during sex
- loss of libido due to a drop in hormone levels
- changes in weight and body shape, especially around the hips and stomach
- increased risk of urinary symptoms such as infections and incontinence
- increased risk of early onset of heart disease and osteoporosis
- general aches and pains
- increased risk of anxiety, depression, anger, feeling teary and mood swings in situations that would not normally cause a mood change
- feelings of loss and grief relating to loss of fertility.

Because menopause leads to permanent infertility, some women may want to try and preserve their fertility for a future pregnancy. Read about possible fertility preservation after treatment in the 'Finding out' section of our [Resilience Kit](#).

Going through menopause during and after cancer treatment can be very distressing. Trying to manage



FRANCINE, DIAGNOSED WITH OVARIAN CANCER AT 30 YEARS OF AGE.

your health, illness and the side effects of your cancer treatment and menopause all at once can be overwhelming. There are ways to help manage menopause and its symptoms, which we discuss later in this fact sheet.



Seeking out information and asking for support as soon as possible can make a big difference to the short and longer-term symptoms. It is important you ask your medical team about this before your surgery or cancer treatment starts.

“I didn’t know I could have the option of using HRT and only found out in an [ovarian cancer] online support group. Due to my young age (31 years) and quick onset of osteoporosis, my gynae-oncologist agreed that HRT was a good option for me. It has helped to cope with some of the side effects and has improved my life quality.”

Francine

HORMONE REPLACEMENT THERAPY (HRT)

Some women with ovarian cancer wonder whether hormone replacement therapy (HRT) is an option to reduce menopause symptoms, and whether it is safe to use. HRT is a prescription medication made up of some of the hormones normally produced by the ovaries before menopause. Depending on your age, symptoms and the type of ovarian cancer, HRT may be an option to take after your surgery.

HRT is available as a tablet or a skin patch.

If you do not have access to a MSAC clinic, speak with your medical team (doctors and nurses) about options to control any worrying menopause symptoms. Together you can weigh up the pros and cons of using HRT. If HRT is not right for you, there are other [prescription treatments](#) that may help reduce hot flushes and night sweats.

Two states (Western Australia and Victoria) have Menopausal Symptoms after Cancer (MSAC) clinics ([See more information](#)). The multidisciplinary team at these clinics can help you to safely manage your menopause symptoms and improve your long-term health.

“After surgery, I was handed a bundle of information on early menopause. I didn’t think there was any rush to read them – surely this was something I could deal with when I got home. However, within four or five days I started to get hot flushes and feel very cranky. When my surgeon asked me how I was feeling, I burst into tears!”

Carolyn

RELIEVING SYMPTOMS

While there are limited treatment options for the symptoms of early menopause, there are lots of practical things you can do to help manage them.

Hot flushes and sweating

Hot flushes are one of the most common physical symptoms of menopause. A hot flush is a sudden and intense feeling of heat, usually across your chest, neck and face. After flushing, you may sweat and shiver until your body temperature comes back to normal.

Flushes usually last one to five minutes. Some women have many flushes a day. As well as feeling unpleasant, hot flushes can cause anxiety, panic, embarrassment and frustration – especially if they happen in public, at work or in a closed small space such as a car or elevator. Some women report a prickling or tingling sensation on the skin and a pounding heart during hot flushes.

When a hot flush happens during the night, it is called a ‘night sweat’. Night sweats can be upsetting for both you and if you have one, your partner as well.

What can help?

Some women notice triggers for their hot flushes, such as spicy foods, alcohol or hot drinks. Anxiety and stress can also trigger a hot flush. If possible, try to avoid things that you know trigger your hot flushes.

Keep a small fan on your work desk, beside your bed and carry one in your purse/bag.

Wear light, organic and absorbable fabrics such as cotton. Avoid wearing high-neck jumpers, belts and other clothing that are difficult to remove quickly during a flush.

Night sweats that disturb sleep can be particularly troublesome. If you have a partner and need to continuously take bedclothes off and on during the night, separate doona/blankets may help.

HRT can be effective to help with hot flushes, but it is not suitable for all women after ovarian cancer.

Some types of [complementary therapies](#) and other [non-hormonal treatments](#) may also help reduce hot flushes and night sweats.

Sleep disturbances (insomnia)

Research has shown that some women suffer sleep problems during menopause. Sleep disturbances can lead to feeling irritable, depressed, anxious, drowsy and unable to concentrate during the day.

Hot flushes and night sweats often contribute to sleep pattern changes.

What can help?

To help with sleep disturbances during menopause:

- try to limit food and fluid intake for two hours before bedtime
- avoid caffeine, alcohol and other stimulants, especially from mid-afternoon
- establish a regular relaxing bedtime routine (e.g. warm bath, no bright lights, meditation and camomile tea)
- avoid screen time before bedtime to help ‘switch your brain off’
- hypnosis helps some people with sleep problems
- regular exercise during the day can help with sleeping well at night
- see your GP/psychologist if insomnia persists.



You may find it helpful to read the Peter Mac booklet [CAN-SLEEP: Making night-time sleep problems go away. A guide for people with cancer.](#)

Vaginal dryness

Reduced levels of oestrogen after menopause may cause vaginal dryness, burning and itchiness, which can make some types of sexual activity uncomfortable or painful. Some women say the dryness can be generally very uncomfortable, even when walking around and doing other activities.

This can impact day-to-day life as well as your relationship. It may make you reluctant to become intimate with a partner.

Read the information in this fact sheet on [intimacy and sexuality](#).

What can help?

Over-the-counter medications such as vaginal moisturisers may be helpful for some women to improve their overall comfort (not for sexual lubrication).

Lubricants can reduce discomfort and friction during sexual activity. Silicone-based lubricants (such as Pjur) are more effective than water-based lubricants (such as Astroglide).

An oestrogen cream is an effective treatment for vaginal dryness and is safe for most women after ovarian cancer. This is a prescription product that you apply to your vagina. Only a very small amount of oestrogen is absorbed into your bloodstream. Ask your doctor if oestrogen cream is suitable for you.

Vaginal dryness is often the most difficult and embarrassing symptom to discuss. If you are in a relationship, or thinking about having a new relationship, you may be reluctant to talk about it. Many women say if they do discuss their feelings, their partners respond positively. Partners are often relieved to be open about what might help you both enjoy intimate times and remain connected in other ways.

You may find it helps to join a support group and talk with other women going through similar experiences. Online support groups can be very helpful for women wanting to discuss symptoms that might be embarrassing to discuss face to face.

Lowered libido

Menopause, cancer and its treatment can all affect your desire to feel sexual and to become intimate and have sex. Vaginal dryness can add to this problem.

What can help?

Talk to your doctor about how hormone replacement therapy or vaginal oestrogen may help and if it is a suitable option for you.

You could also talk to a counsellor who specialises in women's health/sexual health. Read the information in this fact sheet on [intimacy and sexuality](#).

Early menopause due to cancer treatment also causes a drop in testosterone levels in women. It is not known whether testosterone treatments for women are safe or effective after ovarian cancer.

Weight and shape changes

The drop in hormone levels (mainly oestrogen) during menopause can affect the distribution of body fat, leading to changes in body shape. More fat around the waist and hips is common. Many women also gain weight as they age.

What can help?

Keeping active and maintaining a healthy diet can prevent weight gain/changes in shape.

- Eat a well-balanced healthy diet (low in fat, sugars and carbohydrates and high in fresh fruit, vegetables and grains).
- Avoid crash diets – they usually mean you end up putting on more weight when you start eating properly again.
- After your treatment and when you feel able to, maintain a regular exercise routine (aim for 30 to 60 minutes of moderate physical exercise several times a week). See your doctor before starting any new exercise program.
- Yoga can help you relax, and certain exercises may decrease weight around your abdominal area.

Getting advice from an exercise physiologist can also be helpful. Ask for referral from your GP through a GP care plan.



When you are feeling well, activity may help to ease hot flushes, help you sleep better and increase your overall feelings of wellbeing. Being active also helps to protect against osteoporosis and reduce your risk of heart disease.



KASIE, DIAGNOSED WITH OVARIAN CANCER AT 28 YEARS OF AGE.

Urinary tract changes

The bladder and urethra (tube from the bladder where urine comes out) are sensitive to the effects of oestrogen. Some women may notice urinary changes such as urgency (needing to pass urine urgently) or frequency (needing to pass urine often) after menopause.

Urinary incontinence is common in women, but menopause does not increase the risk of incontinence. Pain or stinging during urination may be a symptom of urinary tract infection (UTI). See your GP if you have any of these symptoms, which may need treatment with antibiotics.

What can help?

Pelvic floor exercises may help strengthen the muscles that support your bladder, which may help reduce urinary symptoms. Your doctor may suggest a referral to a physiotherapist for treatment and support. [The Continence Foundation of Australia's](#) website or its free helpline 1800 33 00 66 are good places to start for information and advice.

You could try wearing a pad when going out. Carry pads in your bag in case you need them when you are out. When away from familiar places or travelling on long journeys, find out in advance how to get to the nearest toilet. This can reduce anxiety about being in unfamiliar places.

Avoid caffeine, alcohol and other stimulants that may irritate the bladder.

If problems persist, ask your GP to refer you to a uro-gynaecologist.

Osteoporosis and heart disease

After menopause, women are at an increased risk of osteoporosis (brittle bones that may lead to a fracture) and heart disease. Menopause at a younger age may increase these risks.

What can help?

You and your bones need around 1200-1500 mg of calcium a day after menopause - which means enjoying four to five serves of calcium-rich foods and drinks each day.

Chat to your doctor or pharmacist about a calcium supplement if you believe you are not getting enough calcium through your food and drinks.

If you have had pelvic radiotherapy, your doctor may recommend you also start taking a vitamin D

supplement. Your bone density and vitamin D levels may also be monitored by your GP. Weight-bearing exercises are particularly important for maintaining bone density.

To help protect against heart disease, eat a healthy diet with plenty of veggies, legumes, fruit and wholegrains but limit saturated fat, salt and alcohol. Avoid smoking and do regular exercise to keep your heart working well.

Always ask your doctor how much physical exercise is safe for you to do during and after your treatment.

Mood changes including symptoms of depression and anxiety

For many women, early menopause brings feelings of grief and loss. Some say they feel a loss of control over certain aspects in their life, a loss of choices about having a family, and a loss of part of their identity as a woman.

Mood changes, including depression, anger and anxiety, are common and can be very difficult for some women. Your emotions may be quick to change and can range from feeling mildly cranky to feeling fragile and full of rage at times. You may cry more easily than you used to. These symptoms may be a surprise to you and the people around you as they are often 'out of character'.

Mood changes may be due to a combination of the very sudden drop in hormones and other changes in the body, along with trying to cope with your diagnosis and treatment. There is a huge amount to adjust to very suddenly in comparison to a natural menopause. Some days can be more challenging than others. Be gentle with yourself and seek support wherever possible.

What can help?

It's important to work through your feelings. Talk to your family, friends, a support group and members of your healthcare team. You may want to ask for a referral to someone who specialises in women's health.

Writing in a journal, drawing, walking and other regular exercise can help you to work through your thoughts and feelings.

Always ask for professional help if your feelings of loss, depression and anxiety persist.

If you are having suicidal thoughts, seek help immediately. There are many different treatments that can help, including antidepressants and counselling.

Aches and pains

Some women report body aches and stiffness at menopause. It is unknown why this happens.

Arthritis and osteoarthritis are common as we age. If joint pains persist you may need to be tested for arthritis. Keeping active is usually the best way of managing body aches.

What can help?

- Keep a healthy weight for your height – being overweight puts extra pressure on joints and muscles.
- Do regular, moderate exercise, which can include swimming, yoga and bike riding, or weight-bearing exercises such as walking, jogging and team sports.
- Eat a healthy, well-balanced diet including foods containing calcium and vitamin D.
- See your GP if pain persists as you may need to have further investigations or be prescribed pain-relieving medications.

Please consult your doctor about any new exercise program you want to undertake, especially during and just after your cancer treatment.

NON-HORMONAL DRUG OPTIONS FOR TREATING MENOPAUSE

Taking hormone replacement therapy (HRT) to help with symptoms such as hot flushes and sweats may not be an option for some women. This may be due to HRT side effects or your personal preference.

Other drugs that have been shown to help reduce menopause symptoms include:

- Anti-depressants: certain types of anti-depressant drugs have been shown to help relieve hot flushes.
- Anti-convulsant medication: Gabapentin, an anticonvulsant, may help decrease the amount of hot flushes during menopause.

- Anti-hypertensive medication: Clonidine, which is usually used to treat high blood pressure and headaches, has also been shown to help relieve hot flushes during menopause.
- Plant oestrogens known as phytoestrogens are compounds found naturally in plants and some show similar (but much weaker) activities as female oestrogen. Examples include evening primrose oil, ginseng, black cohosh, red clover and raspberry leaves. Some women say these phytoestrogens help with hot flushes. There is no scientific evidence about whether they really help or not and how safe they are to use.

All drugs can have side effects. If your doctor recommends any prescription or non-prescription treatments, ask your doctor about the evidence for these treatments and their potential side effects.



NADIA (RIGHT), DIAGNOSED WITH OVARIAN CANCER AT 35 YEARS OF AGE.

Effective non-drug approaches that help some women with symptoms include psychological treatments. Examples are cognitive behavioural therapy, hypnosis and acupuncture.

Before taking any over-the-counter medications consult your doctor.

COMPLEMENTARY THERAPIES AND MENOPAUSE

Many women who go through early menopause become interested in trying complementary therapies. These are natural therapies, used alongside mainstream/conventional cancer treatments (e.g. chemotherapy, radiotherapy), which aim to treat both mind and body.

Examples of commonly used complementary therapies during menopause include massage, mindfulness meditation and acupuncture.

Some women buy over-the-counter products such as vitamins, herbs and other products that claim to help with hot flushes/menopause symptoms. Most have not been scientifically proven to help. Be aware that many 'natural' products can have similar or worse side effects than prescription drugs and can be harmful. Some may contain high doses of hormones, which should be avoided.

There are many studies looking into the effectiveness of using complementary therapies to help menopause symptoms. But there is not enough scientific evidence to prove their effectiveness.

 If you are thinking about using any type of complementary therapy or herbal product, it is important to first discuss this with your specialist doctor, as some may have side effects that can be harmful.

For more detailed information about using complementary therapies and finding therapist read the section 'Staying well' in our [Resilience Kit](#).

INTIMACY AND SEXUALITY AFTER MENOPAUSE

Your sexuality is an important part of who you are, and it is deeply personal: it's about your self-image, how you express yourself sexually, and your sexual feelings and attractions towards others. It is not just about having

sex. Ovarian cancer, its treatment and going through menopause may profoundly affect your sexuality. It can change how you feel about yourself and your body, your sexual desire, your ability to have sex due to surgical changes and your sexual relationship with others, whether you have a partner or not.

If you go through early menopause after your treatment, the hormonal changes can lower your libido (desire for sex) and cause vaginal dryness. Having your reproductive organs removed or not being able to have children can leave some women feeling a great sense of loss, or feel they are no longer complete as a woman. Feeling unwell, feeling physically and emotionally tired, coping with the nausea and fatigue of chemo, feeling depressed or anxious, being in pain – can all reduce your interest in and desire for being intimate (talking, cuddling, as well as having sex).

Body changes, scarring, hair loss and other physical changes may make you feel less attractive. You may not want anyone to touch you or talk about your physical appearance. If you are not currently in a relationship, you may be worried about how a future partner will react to your illness, your feelings and your body.

What can help?

Understanding the changes that can happen during menopause, communicating about them openly and finding ways to ease anxiety often help you feel better.

Communicating openly about sexuality is difficult for some people, but it can be so important. If you have a partner, tell them how you feel. If you are not in a relationship, you may still wish to talk to someone about how you are feeling. A close friend, your GP or counsellor may be an option.

You may be worried having sex again will hurt or that you are no longer attractive. Voicing these concerns to a partner allows you both to do something about them. Sometimes not communicating your feelings clearly to each other can lead one person to make untrue assumptions. For example, a partner may avoid or no longer initiate intimacy, such as cuddling, kissing, talking or sex, because they are trying to be sensitive to the other's needs. This may be interpreted as feeling you are no longer attractive to your partner.

- Ask your partner how they feel. They may also be worried about being intimate. They may have concerns about upsetting you emotionally or physically hurting you. They might also be feeling they should not be thinking about being intimate when you are sick, that they may 'catch' cancer.
- Plan intimacy for times when you think you will have the most energy. You might like to make a 'date' with your partner, which can be a fun way to build an emotional connection or sexual arousal.
- There are many ways of being intimate and enjoying physical closeness: touching, stroking, cuddling, kissing, massaging or simply holding each other can be satisfying additions to or alternatives to sex.
- Take it slowly and use creativity to work out what feels good. Problems can often improve with time and practice.
- Vaginal moisturisers can relieve general discomfort and dryness and lubricants can help to make sexual activity more comfortable.
- Talk to a counsellor, psychologist, sex therapist or a doctor with specialist training in sexuality and cancer.

FINDING INFORMATION ONLINE

The internet has an enormous amount of information about ovarian cancer and early menopause. We don't recommend using online information as a substitute for the information from your doctor and other members of your healthcare team.

Not all information online is accurate or will be suitable for you. While there are some excellent websites, some sites provide wrong or biased information. Focus on websites from reputable cancer organisations and universities. Look in the next section for links to further information and support or call our helpline on 1300 660 334.

When you are unwell it can be overwhelming to try to sort through information. Ask a family member or friend to help if you are feeling unable to do this. Your medical team can also clarify whether the information you find on the internet is accurate.



MORE INFORMATION

- Read Ovarian Cancer Australia's [Resilience Kit](#) for information about ovarian cancer, its treatment and side effects.
- [Jean Hailes](#) is a national not-for-profit organisation dedicated to improving the health and wellbeing of all Australian women. Its website links to sites that focus on early menopause, managing menopause and bone health.
- [The Australasian Menopause Society](#) comprises doctors and other healthcare professionals who have a special interest in women's health in midlife, menopause and the promotion of healthy ageing. You can find a doctor in your state/territory as well as health information about menopause and current research in this area.
- [Osteoporosis Australia](#) aims to improve awareness about the disease and reduce bone fractures.
- The Cancer Council booklet [Sexuality, intimacy and cancer](#) has detailed information about coping with the changes cancer and menopause can bring.
- Menopausal Symptoms after Cancer (MSAC) clinics are available in [Perth at the King Edward Hospital](#) and in Melbourne at [The Royal Women's Hospital](#). Your doctor/GP will need to provide a referral before you can go to a MSAC clinic.

WANT TO KNOW MORE

CALL 1300 660 334 | EMAIL support@ovariancancer.net.au | VISIT www.ovariancancer.net.au



Address 210 Lonsdale St, Melbourne VIC 3000

Phone 1300 660 334 | Email support@ovariancancer.net.au | Web www.ovariancancer.net.au