

Understanding premature & early menopause

All you need to know



About Jean Hailes

Founded in 1992 in honour of an extraordinary medical practitioner, Dr Jean Hailes, Jean Hailes for Women's Health reflects the enduring legacy that Jean made to women's health. She had a far-sighted vision to improve the quality of women's lives and give them practical information based on the best available evidence. She is credited with being the pioneer of menopause management in Australia.

Today, Jean Hailes is one of Australia's leading and most trusted women's health organisations. Our work is built on four pillars: education and knowledge exchange; clinical care; research; and policy. We aim to translate the latest scientific and medical evidence to help inspire positive change in women and girls by improving their physical health and wellbeing.

Jean Hailes for Women's Health takes a broad and inclusive approach to the topic of women's health. This booklet generally uses the terms 'women and girls'. These terms are intended to include women with diverse sexualities, intersex women, and women with a transgender experience.

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Glossary

What do these words mean?

You will see the below words and terms often throughout this booklet. We've provided meanings for each of them here, in case you need more help to understand them.

Anxiety – when fears or thoughts that are chronic (constant) and upsetting interfere with daily life

Autoimmune disease/disorder – a disorder that causes your body's immune system to attack healthy body cells.

Cardiovascular disease – a condition that affects either the heart or major blood vessels (arteries) supplying blood throughout the body including the heart and brain

Depression – this is more than just a low mood or sadness. A person with depression may feel extremely sad, dejected and unmotivated. It is a serious mental illness

Diagnosis – identifying/determining the cause of an illness or other health problem by examining the symptoms, signs and investigations (see below)

Egg – the female reproductive cell produced and released by an ovary. Also known as an oocyte or ovum

Endocrinologist – a medical specialist who treats people with health conditions caused by problems with their hormones (see below)

Heart disease – see Cardiovascular disease

Hormone replacement therapy (HRT) – the former name for menopausal hormone therapy (see below)

Hormones – the body's chemical messengers. Hormones tell the body what to do and when, such as releasing an egg from an ovary, or starting or stopping a period

Hormone therapy – use of menopausal hormone therapy (see below) or the contraceptive pill

Immune system – the body's defence system that protects the body from infections and sickness

Libido – sex drive or desire

Menopausal hormone therapy (MHT) – formerly known as hormone replacement therapy (HRT), MHT is a treatment used to relieve menopausal symptoms such as hot flushes, insomnia and vaginal dryness

Oestrogen – one of the main female hormones, oestrogen controls the female reproductive system, making it important in puberty, periods and pregnancy. It is also important for bone strength. Men also have oestrogen, but not as much as women

Ovary – a small round organ of a woman's reproductive system containing eggs. Women have two ovaries. Women of menstruating age usually release an egg from one of their ovaries every month

Ovulation – the release of an egg from an ovary usually about the middle of the menstrual cycle

Period – also called menstruation, this is a girl or woman's monthly bleed, in which the lining of the womb (uterus) is shed. If there is a pregnancy, the period will not happen, as the uterus will keep its lining

Progesterone – another important female hormone which is secreted after the release of the egg at ovulation and balances the lining of the uterus to prepare for a pregnancy in women still having periods

Sign – is the presence of the condition or illness such as a skin rash, or being able to feel a lump or an abnormality on examination

Symptom – a physical or mental experience or feeling that shows the presence of a condition or disease. Examples of symptoms include a headache, or any change to a bodily function (such as your period) that is not normal for you

Uterus – the womb

Vagina – the internal tube that connects the uterus (womb) and cervix to the outside of the body

Vulva – the name given to all the external parts of the female genitalia, which includes the inner and outer lips (labia), the clitoris, the urethral opening (where urine exits your body) and the vaginal opening.



Introduction

What is premature & early menopause?

Premature menopause is when a woman's final menstrual period occurs before she is 40 years of age.

Early menopause is when a woman's final menstrual period occurs between the age of 40 and 45 years.

Up to 8% of women have had their final period by the time they are 45.

What are the causes of premature or early menopause?

Early or premature menopause can happen because of:

- **Primary ovarian insufficiency (POI)**

This is when periods stop spontaneously, either prematurely or early. POI affects up to 1% of women, though in 60% of cases, a cause cannot be found.

POI is not the same as menopause at the expected age because there is a small possibility that ovarian function may spontaneously resume. This does not happen after expected menopause. With POI, spontaneous pregnancy may still occur, especially after the diagnosis has been made, in up to 10% of women.

- **Induced menopause**

Chemotherapy and radiotherapy treatments can cause the ovaries to stop functioning, which means periods stop. This is usually described as 'induced menopause'.

- **Surgical menopause**

Surgical removal of the ovaries leads to menopause. Surgery can be with or without hysterectomy (removal of the uterus).

Other causes

Genetic abnormality	<p>Two functioning X chromosomes are needed for normal ovarian function. Some genetic conditions involve problems with X chromosomes, such as:</p> <ul style="list-style-type: none">• Turner syndrome (one of the X chromosomes is missing or abnormal)• Fragile X syndrome (where the bottom of the long arm of the X chromosome is broken or fragile). <p>Women who have Turner syndrome type XO and those who are carriers for fragile X often have POI.</p> <p>There are other rarer genetic abnormalities, such as galactosaemia (a genetic condition that affects the body's ability to process galactose, a simple sugar), which are still under investigation.</p>
Autoimmune disorders	<p>These include Addison's disease (adrenal insufficiency), thyroid disease, type 1 diabetes, Crohn's disease, coeliac disease, or other autoimmune disorders.</p>
Metabolic disorders	<p>These disorders are rare, but can include galactosaemia and aromatase deficiency (a problem in converting the hormone androgen to oestrogen).</p>
Infection	<p>Mumps can cause an infection in the ovaries called oophoritis.</p>
Idiopathic	<p>This term describes the individual cases of women whose periods stop with no known cause found.</p>

Risk factors

The following may also put women at increased risk of premature and early menopause:

- early menarche – periods that start at 11 years or earlier
- family history – the risk is increased up to 12 times
- smoking
- epilepsy
- previous surgery on the ovaries, eg, in endometriosis.

Why does it happen?

A range of different causes can trigger premature and early menopause. These may include illnesses such as cancer, surgery such as hysterectomy and health conditions such as endometriosis. In cases of POI, a woman may skip periods for months at a time, have erratic periods or no periods at all.

What are the signs & symptoms of premature & early menopause?

Symptoms of premature or early menopause are basically the same as for menopause at the expected age of 51-52; however, they are often more severe.

Signs of primary ovarian insufficiency (POI)

In premature or early menopause not induced by surgery or cancer treatment, the first signs of POI may be:

- some irregularity of periods
- no periods after stopping the oral contraceptive pill
- inability to get pregnant
- transient, intermittent, or no symptoms except for the absence of periods.

Symptoms may be experienced while you are still having periods. These symptoms may worsen or become more erratic as periods become less frequent. These include:

- feeling hot
- excessive sweating
- vaginal dyspareunia (pain with intercourse) and dryness
- sleep disturbance
- mood changes, including irritability, anxiety, lowered mood, mood swings
- poor concentration
- aches and pains
- urinary symptoms, including frequency
- low libido
- lack of energy
- premenstrual symptoms, including breast soreness and bloating when cycles are irregular.

Vaginal symptoms

Your vagina produces natural lubrication to keep it supple, moist and slightly acidic, helping to prevent infections. But POI can cause vaginal dryness, leading to discomfort, sensitivity and sometimes pain or reduced enjoyment during sex.

What you can do

- Apply vaginal moisturisers, available from the chemist, 2-3 times a week.
- During sex, use water-based lubricant in gel or liquid form.
- See your GP to discuss using low-dose topical oestrogen creams or pessaries (inserted into the vagina).

Mood

Reaching menopause younger than expected can be emotionally distressing, particularly if you had hoped to start or add to your family. The hormonal changes can also affect your mental health. This combination can trigger depression, anxiety, loss of libido and worries that you may feel less attractive, youthful or feminine. These feelings will be intensified if you are experiencing a health condition that has compromised your fertility or is potentially life-threatening.

What you can do

- See your GP for referral to a counsellor.
- Ask your doctor if hormone therapy could be right for you – it can help lift mood and reduce anxiety (see page 14 for more information on hormone therapy).
- Exercise daily. Studies show physical activity boosts mood and helps reduce anxiety. Even if you are not feeling well, try to go for a short walk if possible.
- Seek pleasure. Join a choir, see friends regularly, cuddle with your partner, take a walk at sunset – any activity that feels enjoyable will help lift your mood.

Menstrual changes

If POI or other health conditions or surgery trigger perimenopause, you may experience heavier, lighter or erratic periods or bleeding that is longer or shorter than your previous cycle. If POI triggers menopause, you will stop having periods altogether.

What you can do

- See your GP for a check-up if your bleeding is very heavy, lasts longer than normal, occurs every few weeks or happens after sex or between your periods. Your doctor may order follow-up tests.
- Ask your doctor about using hormone therapy. This medication contains oestrogen and a type of progesterone, helping to stabilise your periods.

Hot flushes & night sweats

These range from mild and occasional to severe and frequent. They can be very distressing and can also interfere with sleep.

What you can do

- Talk to your GP about hormone therapy, which is the most effective treatment for reducing hot flushes.
- Address stress. Try meditation, yoga, slow, rhythmic breathing and daily exercise.
- Reduce alcohol. It makes blood vessels widen (dilate), increasing body temperature.
- During the day, dress in layers that you can peel off or put back on as needed.
- At night, sleep in light bedclothes.
- Stay hydrated.
- Don't smoke. Call Quitline on **13 78 48** or visit **quit.org.au**.

How is primary ovarian insufficiency (POI) diagnosed?

If you have irregular periods, or they have stopped for more than three months, see your doctor. They will need to do a full physical examination and investigate the cause of your symptoms.

The criteria for a diagnosis of POI are:

- at least three months without a period
- two blood tests confirming the levels of follicle-stimulating hormone (FSH) are more than 40IU/l. These tests need to be performed at least one month apart.

A doctor will likely perform the following tests:

- **pregnancy test, FSH and Oestradiol (E2)**
- **prolactin** – a hormone usually involved with breastfeeding, but when its levels are higher, it causes periods to stop
- **pelvic ultrasound** – a scan of the ovaries and uterus to check if the ovaries are functioning by:
 - counting the number and size of the follicles or eggs in the ovaries
 - measuring the volume of the ovaries
 - assessing the thickness of the lining of the uterus or endometrium
 - checking for any blockage that is stopping menstrual blood flow.

Post-diagnosis tests

After POI is diagnosed, other tests may be recommended to check for possible causes and associated conditions. These might include tests for:

- thyroid function and thyroid antibodies
- adrenal antibodies
- chromosomal and genetic testing, including fragile X syndrome
- blood sugar and cholesterol levels
- bone density (DXA).

However, it is important to remember that in about 60% of women, the cause of POI is never found.

What to expect after diagnosis

Find a supportive and sympathetic doctor to help you adjust to the diagnosis of early menopause. They will help to counsel you, prescribe appropriate treatments and refer you to relevant specialists if necessary, such as an endocrinologist (hormone specialist) or gynaecologist with expertise in early or premature menopause. You may also benefit from seeing a psychologist or psychiatrist for mental and emotional support. Often it is necessary to have a team of health professionals monitor you through the years after your diagnosis.



Clinical management & treatment

How to treat your symptoms

Seeking treatment and advice is recommended to reduce your risk of early onset cardiovascular disease and osteoporosis, as well as to treat your symptoms.

Treatment with hormone therapy, in the form of menopausal hormone therapy (MHT), or 'the Pill' (combined oestrogen and progesterone oral contraceptive pill), is recommended to reduce severe symptoms and to reduce the long-term health risks associated with early menopause, such as osteoporosis. However, other management options may be recommended for moderate to severe symptoms, or if there are other health reasons you cannot take MHT or the pill (such as if you have had breast or endometrial cancer). Talk to your doctor to work out the right choice for you.

Lifestyle modifications

It may be possible to reduce some symptoms of menopause with the following:

- healthy diet and eating
- exercise and physical activity
- getting 7-8 hours of sleep each night
- taking time out for yourself each day
- making time to spend with loved ones – a partner, family or friends
- adapting your environment to reduce symptoms such as hot flushes
- cognitive behavioural therapy for hot flushes.

Hormone therapy

Menopausal hormone therapy (MHT)

Previously known as hormone replacement therapy (HRT), MHT is used to replace the hormones oestrogen and progesterone, and sometimes testosterone, which decline during menopause. Studies show it is the most effective treatment for relieving symptoms of early and premature menopause such as hot flushes and night sweats.

The contraceptive pill

For some women, the contraceptive pill can help reduce symptoms of early and premature menopause such as hot flushes and irregular periods. However, if you take a low-dose pill, you may still have symptoms, so you may want to discuss alternative pill options with your GP.

MHT and the pill both contain an oestrogen and a progestogen (type of progesterone) and differ by doses, ways it can be taken – orally (by mouth) or transdermal (through the skin) – and types of hormone in the product. Both an oestrogen and a progestogen are necessary if a hysterectomy has not been performed. Either treatment can help to:

- ease menopausal symptoms
- maintain bone density, to reduce the risk of osteoporosis
- reduce the risk of early onset of cardiovascular and heart disease.

POI and pregnancy

For one in 50 women, spontaneous pregnancy occurs after the diagnosis of primary ovarian insufficiency. If a woman wants this chance of pregnancy, the hormone therapy consists of continuous oestrogen with cyclic progestin therapy. If your period doesn't occur, then a pregnancy test should be performed if on MHT. Otherwise, a woman can be prescribed the oral contraceptive pill. Both of these therapies will normally give a monthly period, but sometimes it is possible to adjust the treatment to avoid periods altogether.

Higher doses of hormones are often prescribed because younger women require more hormones to maintain quality of life and wellbeing. Testosterone, which is also a female hormone, may be considered an appropriate treatment, especially after surgical menopause, because there is more than a 50% drop in testosterone levels once the ovaries are removed.

How long can I take hormone therapy?

Although there are no long-term studies of hormone therapy in women experiencing a premature or early menopause, it is recommended that treatment should be taken until the expected age of menopause (50-52 years).

Are there long-term risks for hormone therapy?

All studies of long-term use of hormone therapy published in recent years have been in women some years after the expected age of menopause, who have a much greater risk of heart disease, stroke and cancer because of their age. Serious adverse effects in younger women are very rare. The Pill is associated with a slightly higher risk for breast cancer during treatment, but a greatly lowered risk of ovarian cancer, and a higher risk for clots in the leg or lung.

While MHT is not recommended for women after breast or endometrial cancer, other women who take MHT due to early or premature menopause do not show higher risk of health issues such as breast cancer.

What are the risks if I do not take hormone therapy?

Low oestrogen

Oestrogen has numerous protective effects on a woman's health, and your body was designed to have moderate to high levels of oestrogen from puberty until around the mid 40s. That is why, when early or premature menopause occurs, hormone therapy is often recommended. However, the decision to take it or not needs to be made after discussion with your doctor, taking into account your current health and family history of disease.

Cardiovascular and bone health

If you choose not to, or cannot use hormone therapy, you will spend more years with low oestrogen levels, which in turn can increase your risk of developing cardiovascular disease, osteoporosis and brain function decline.

Menopausal symptoms

Early and premature menopause may also mean a longer period of dealing with menopausal symptoms such as hot flushes, or changes to the elasticity and moisture levels of your skin, vagina and bladder. New research also suggests that oestrogen is very important for good mental health, so lower levels may increase the risk of depression, anxiety or both.

Read more in 'Health effects of premature and early menopause' on **page 24**.

Complementary & alternative therapies

Many women seek out the following alternative therapies to help relieve symptoms of menopause:

- **Herbal medicine** – while most of these herbal remedies have not been proven in formal clinical trials, some women report great relief from symptoms when using herbs such as chaste berry, black cohosh, Dong quai, licorice, red clover, wild yam and sage. If you want to try a herbal medicine, check with your doctor first, as some can cause side effects in some people, or react badly with other medications you may be taking.
- **Acupuncture** – this ancient Chinese practice involves the placement of fine needles at specific points in the body. Some women report that it helps relieve hormonal issues like fatigue, hot flushes, anxiety and fluid retention.
- **Meditation** – this is an effective way to reduce anxiety and stress. Techniques include visualisation, chanting or humming and listening to sounds of nature.
- **Yoga** – this involves poses, stretches and balances to help keep your body supple and flexible. It works like a moving meditation, so it can boost energy and feelings of calm.
- **Slow breathing** – this can ease the tension and anxiety that hormonal shifts can bring. Breathe in and out slowly and deeply to a count of five or six, inhaling from your diaphragm. Or try ‘box breathing’, when you hold your breath at the top of each inhalation and exhalation.
- **Hypnotherapy** – after helping you to achieve a relaxed state, a counsellor makes suggestions that help you to better deal with symptoms of menopause.

Androgen therapy

Though often called 'male' hormones, androgens, such as testosterone, are naturally produced by a woman's ovaries in small amounts.

As women get older, this production decreases. In women who experience premature or early menopause, this decline may happen far sooner. Some experts believe this can lead to issues such as fatigue, low mood, loss of muscle and lower libido.

With androgen therapy, women are prescribed testosterone to restore their levels of this hormone. Some studies show androgen therapy can boost the mood, libido, wellbeing and bone density of women in menopause.

However, this approach is controversial, with some experts worrying that the levels of testosterone given are too high and that androgen therapy has not been sufficiently researched to check if it is safe. If you decide to try it, make sure you are advised by an expert in this area, take a low dose, watch for side effects such as acne and hair overgrowth and have your blood regularly checked to ensure levels don't go too high. The aim is for testosterone levels to be restored to levels normally seen in women, rather than the much higher levels seen in men.



Menopause after cancer treatment

Breast cancer is the most common cancer affecting women. Therefore, much of the information and research about cancer and menopause relates to breast cancer. However, treatment for other cancers (including childhood cancers, non-hormonal cancers and hormonal cancers) can also prompt menopause.

Menopause and cancer are associated for several reasons:

- Cancer treatment (chemotherapy and/or radiotherapy) can cause ovaries to fail, causing you to experience menopausal symptoms.
- Surgery for pelvic cancers, such as uterine, ovarian or cervical, can result in the removal of the ovaries, causing menopause.
- Some hormone therapies used to treat breast cancer after surgery, radiotherapy and/or chemotherapy can cause menopausal symptoms.

Studies show 25% of women who develop breast cancer are premenopausal. This means that cancer treatment may cause them to experience menopause sooner than they otherwise would have.

It is also possible that:

- you may be in perimenopause when diagnosed with cancer
- stopping hormone therapy when your cancer diagnosis is made can bring on menopausal symptoms that otherwise may have been treated by the hormone therapy.

Not all cancer treatments will cause menopause. For some women, menopausal symptoms are temporary and periods may eventually return; for others, menopause is permanent. Sometimes periods will stop straight away, and sometimes menopausal symptoms will start immediately, or build up over time. There is no way of predicting how menopause will affect each woman; it can also vary depending on age, the type and dosage of chemotherapy and how long it is used for.

What symptoms might I experience?

It is sometimes difficult to tell what are 'normal' menopausal symptoms and what are symptoms made worse by the cancer and its treatment.

Research suggests young menopausal women with breast cancer may experience the following:

Hot flushes & night sweats

- Up to 80% of women with breast cancer seem to experience more severe and frequent hot flushes, compared to women without breast cancer
- Night sweats and hot flushes tend to vary with the type of treatment and can contribute to insomnia in women with breast cancer.

Urogenital symptoms

Of women undergoing treatment for breast cancer, especially those taking aromatase inhibitors, 50-75% report one or more symptoms; for example, vaginal dryness, itching, painful sex or urinary tract infections.

Emotional/mental health

Increased depression and anxiety can be related to being diagnosed with a major illness. They are also affected by:

- age
- the stage of the cancer
- how well treatment is going
- how well you can cope with what is happening
- the support you have.

Early menopause

Younger women with breast cancer can experience more physical symptoms, psychological distress and poorer sexual functioning compared to other (older) women with breast cancer.

What can I do to manage menopausal symptoms?

To help you manage menopausal symptoms, keep a record of the symptoms troubling you the most and list:

- their frequency
- their severity
- the effect they have on your daily life.

Use this information to discuss with your doctor what changes you can make to reduce the impact of any troubling symptoms.

Seek information from a trusted source, such as the Breast Cancer Network Australia's 'My Journey' online tool at **www.jh.today/BCN**

Visit a psychologist who specialises in emotions in chronic illness. Medicare rebates may be available for up to 10 visits per year to a psychologist, as a 'mental healthcare plan'. Discuss this with your doctor.

What are my menopause treatment options after cancer?

Managing menopause in women with cancer involves a number of options:

- lifestyle changes to help reduce depression, anxiety, and cardiovascular and osteoporosis risks
- complementary therapies such as:
 - herbal remedies (evidence on their effectiveness is limited)
 - hypnotherapy
- psychological support/cognitive behavioural therapy
- medication.

For more information on menopause after cancer, visit **www.jh.today/meno8**

Hormone therapy after cancer treatment

Menopause after cancer can present either immediately or within months or years of treatment. A small number of women who have cancer earlier in life, such as childhood cancer, may be at risk of early menopause. These women may be suitable for hormone therapy.

Women with oestrogen-dependent cancers, including breast and high-risk endometrial cancer, generally cannot use hormone therapy.

Whether or not to use hormone therapy is a decision to be made in consultation with your oncologist and other treating doctors.

For more information on hormone therapy, visit www.jh.today/meno4

Non-hormonal medications for treating symptoms

For women not able to use hormone-based treatments for menopausal symptoms, a group of drugs usually prescribed as antidepressants called SSRIs/SNRIs (selective serotonin or serotonin-norepinephrine reuptake inhibitors) may be used, as they have been found to help reduce hot flushes.

Some antidepressants (paroxetine and fluoxetine) can interfere with the effectiveness of tamoxifen in breast cancer treatment, leading to a possible increase in the risk of recurrence.

Your doctor can help you work out what medication is suitable for you. Other options include gabapentin (an epilepsy and chronic pain medication) and clonidine (a blood pressure medication).

Studies have shown that all of these treatments can be useful to control hot flushes and sweats, and usually work within four weeks of starting them. Their effects will differ from one woman to another. Your doctor is the best person to discuss with you to decide which option might be right for you.

Fertility and chemotherapy

Before chemotherapy and/or radiotherapy, you may wish to investigate your options for trying to preserve your fertility. There are a number of options, including:

- embryo freezing
- egg freezing
- ovarian preservation
- ovarian biopsy and freezing.

For further information on fertility and cancer, visit this Cancer Council webpage: **www.jh.today/CCfertility**



Health effects of premature & early menopause

Fertility

When POI causes a drop in your oestrogen levels, you often no longer release eggs every month. Your periods then stop, which can trigger both menopause and changes to your fertility. The impact of POI on fertility can be unpredictable. Some women who have POI with an unknown cause will have periods again or ovulate some months and not others, so they may still have irregular menstrual bleeding. As a result, there is up to a 10% chance they may have a spontaneous pregnancy. Other women with POI may be able to successfully conceive a baby using eggs or an embryo from a donor and IVF (in vitro fertilisation). More recently, a new technique called in vitro activation (AVA) has been developed, which may allow some women with POI to conceive a baby using their own eggs.

What you can do

For a woman who has gone through premature or early menopause, options for having children include:

- in vitro fertilisation (IVF) using a donor egg
- surrogacy with a donor egg
- foster care or adoption.

To explore the best option for you, ask your doctor for a referral to a fertility specialist who is a member of one of the well-established and renowned IVF clinics, or to a hospital that has a fertility service/clinic.

More information is also available from the Victorian Assisted Reproductive Treatment Authority, at **varta.org.au**.

Health after menopause

Heart health

Women who undergo premature or early menopause may have an increased risk of heart disease, compared to women who reach menopause at the expected age, although this remains debated.

A recent study suggested women with premature or early menopause may also be at greater risk of stroke. This might be because of the loss of the beneficial effects of oestrogen on the blood vessels and the lipid (blood fat) profile of younger women. Further understanding in this area is still needed.

There are also other cardiovascular disease risk factors, such as family history, high blood pressure and high cholesterol levels.

What you can do

- **Lifestyle** – not smoking, eating a healthy, balanced diet with plenty of fruit and vegetables, maintaining a healthy body weight and doing regular physical activity reduces the risk of heart disease in women of all ages
- **Hormone therapy** – there is some evidence that suggests hormone therapy use in women with premature or early menopause reduces the risk of cardiovascular disease
- **Check-ups** – it is recommended that you have annual monitoring of blood pressure, weight, smoking status and cholesterol and sugar levels. Keep talking with your doctor to help keep a check on your risks of heart disease. Depending on your family history, your doctor may recommend more regular check-ups.

Bone health

Women who experience premature or early menopause can start to lose bone density at an earlier age than women who experience menopause in their 50s, due to the drop in their levels of oestrogen. This puts them at a greater risk of developing osteoporosis earlier in life than women who undergo menopause at midlife.

What you can do

- **Lifestyle** –
 - have 3-4 daily serves of calcium-rich foods, such as dairy
 - do regular weight-bearing physical activity, including muscle strengthening and resistance exercise
 - maintain good vitamin D levels with daily, safe, sunlight exposure. As the vitamin D obtained can vary depending on location and season, your doctor may recommend a supplement if a blood test shows your levels are too low
- **Check-ups** – regular assessment of vitamin D levels and bone mineral density is essential. Your doctor may order a special bone scan for you, called a DXA, every two years. If your bones show signs of changes, your doctor can suggest protective treatment such as certain supplements and medications to help keep your bones strong and healthy.

For more information, visit our Bone health webpage at www.jh.today/bones

Thyroid health

Your oestrogen levels can affect thyroid function, increasing the risk of an underactive thyroid gland.

What you can do

- **Ensure healthy thyroid function** – talk to your doctor about having a blood test to check your thyroid hormone levels.

Diabetes

Research suggests that surgical menopause may increase the risk of developing type 2 diabetes. The risk may be higher if you also have a family history of diabetes. A fasting glucose blood test is important to ensure that your blood sugar levels are in a healthy range. If not, lifestyle changes or medication may be needed.

What you can do

Fasting glucose blood tests, as advised by your doctor.

Other health checks

- **Breast exams** – which may include mammograms
- **Cervical screening test** – if you have not had a hysterectomy and still have a uterus, you will need to have the five-yearly cervical screening test. As menopausal changes such as vaginal dryness may make this uncomfortable, talk to your doctor beforehand about helpful treatments such as low-dose oestrogen cream.

Life with premature menopause

Relationships

Feeling stressed, self-conscious about your body, depressed or anxious about intimacy can make sex uncomfortable, and even painful.

Sometimes, dyspareunia (painful sex) begins as a physical problem, but then has a flow-on effect to your psychological wellbeing and relationships, causing stress and anxiety.

Apart from understanding how the physical symptoms may affect you and your relationships, it is helpful to understand how mood and emotions affect your relationships for you, and your partner if you have one.

Fertility issues can be difficult. So, seeking help at the earliest time can be good. It might be that, if you're in a couple, you need to re-think your future plans.

For women who are not yet in a committed relationship, this can present another challenge. How do you tell a new partner you have already gone through menopause and may be unable to have children? Some women fear they will not be able to have an intimate relationship. Talking with a counsellor about how to approach new relationships can be helpful.



Sex, desire & libido

It can be distressing to have hot flushes and sweats at a young age, and even more distressing to have vaginal dryness, which can make sex and intimacy painful. A cycle can develop when painful sex makes a woman anxious or fearful about future sex also being painful. This anxiety creates stress and tension which in turn reduces libido and arousal and results in painful sex.

Your relationship may be new, or sex may never have been a problem in the past and now it is. Some women find it both frustrating and embarrassing to explain what is going on to their partner.

Exploring the best possible options and treatments for you as an individual, and using open communication with a partner, is vital.

Asking your partner to come to a gynaecologist's or doctor's appointment with you can be helpful.

If early menopause has caused problems with your sex life, there are many treatments that can be helpful, such as hormone or testosterone therapy, or vaginal moisturisers; it might be just about finding the right one for you.

Workplace

At any age, many women can find it tricky to navigate the impacts of menopause when at work. For women dealing with early or premature menopause, these challenges can be intensified. Symptoms such as sleep disturbances, hot flushes and dry or prickly skin, may be more intense or frequent. Undergoing menopause earlier than expected may also trigger depression, anxiety and feelings of loss or grief.

This combination of mental and physical responses may impact on your energy levels, physical wellness and ability to concentrate. You may find you cannot work as fast, sometimes forget things, feel less motivated or struggle to get through the day.

To help you deal with this, it is important to adopt healthy lifestyle habits and seek support through counselling if needed. It is also important to talk to your manager about what you are going through and discuss flexible working options for times when you need them, such as working from home.

Emotional health

Women who experience premature or early menopause can be at greater risk of depression, anxiety and mood changes.

It can be very upsetting for some women to experience menopause in their 20s or 30s when they expected it to happen in their late 40s or 50s. It may bring feelings of loss, sadness and grief.

It can take some time to diagnose a premature or early menopause. Not knowing what is wrong, having no control over symptoms and not knowing what the future holds can be frightening.

Associated illnesses, such as cancer and chemotherapy or surgery to remove ovaries, may also alter the course of your life. Plans, dreams and expectations might be affected. This can be very challenging and distressing.

Often there is also a sense of isolation if there is no one with whom to share the grief. Girlfriends might not understand because they are not yet experiencing menopause, and, for some, their mothers haven't yet reached menopause either.

Women who have induced menopause with the sudden hormonal changes can experience symptoms that are often more severe and unpredictable, which can be distressing. They may also be coping with other illnesses at the same time, such as a cancer diagnosis.

Anxiety, depression and stress

A woman experiencing premature or early menopause is likely at greater risk of anxiety and depression because of a range of other physical, psychological and social influences. Some of these include:

- your diagnosis – the time it took, how it came about, how it was communicated
- the effect of your physical changes and symptoms on your daily life
- other factors occurring at the same time as your diagnosis, such as a serious illness
- how you cope – sometimes our old coping strategies stop working and we need to find new ways to cope
- whether you are in a relationship and your partner is supportive
- whether you have good support from family and friends
- your lifestyle, including your diet, level of physical activity and drug and alcohol use
- the stage you are at in your life, such as whether you have had children if you wanted to
- any prior experiences of depression and/or anxiety.

These feelings can be managed though.

What you can do

If every day feels like a marathon because you are so down or anxious, discuss treatment options with your doctor, such as antidepressant medication.

Self-compassion, supportive self-talk and calming/coping thinking styles can also help. Try to:

- observe your thoughts – don't suppress annoyance or frustration, but acknowledge their presence without getting caught up in them
- be kind to yourself – tell yourself positive things just as you would if a friend was upset or unhappy
- face your fears – write a list of your fears, then beside each one, note strategies to address them so you realise you do have some control.
- watch what you think – try to adopt realistic thinking and avoid less helpful approaches, such as black and white thinking or worrying. This will help things feel less overwhelming.
- talk feelings over with a counsellor, your partner, family or a friend
- seek pleasure – engage in enjoyable activities with friends, watch the sun set with your partner or linger in the bath
- find your flow – activities that are challenging and allow you to concentrate and lose all sense of time can help relax and calm you. Try painting or yoga, or reading a good book.

Grief and loss

Facing menopause years or decades before you expected can prompt not only shock, sadness, frustration and anger, but also a profound sense of grief and loss. You may feel this due to:

- not being able to have children and/or losing the ability to choose to
- losing hopes and expectations of how your present and future life would be
- a sense of lost youthfulness, amid worries your body will look and feel older
- concerns the hormonal changes will reduce your libido and sexual enjoyment
- insecurity and fear that you may be less attractive to your partner
- a loss of wellbeing due to ongoing physical and emotional symptoms of menopause, especially if you are also facing treatment for a health issue such as cancer.

What you can do

- Don't try to 'tough out' dealing with these feelings alone – seek counselling and talk to friends and family
- Continue to do enjoyable activities, even if you don't feel like them
- Read books and visit websites that support your mental health, to help you deal with your grief and loss
- Don't try to keep up your old pace – ask for help with tasks you usually do on your own, or for flexi-time at work if you need it
- Look after yourself. Try to eat a healthy diet, exercise regularly and get enough sleep
- If every day feels difficult because you are so down or anxious, discuss treatment options with your doctor, such as antidepressant medication.

Identity, role & purpose

Your sense of identity and purpose as a woman, partner and prospective mother may be shaken by early or premature menopause or POI. You may feel you have less purpose, direction, motivation and pleasure in life.

What you can do

- **Set new goals** – this can help you feel like you have more direction and purpose
- **Try something new** – take up new hobbies or try activities you have not tried before, such as learning a language, volunteering or joining a social walking group
- **Talk** – join a support group or online chatroom to talk to women going through the same experience
- **Focus on the good** – think about what helps give your life meaning and do more of it, such as connecting with people, helping others, or supporting causes that are important to you.



Tips for staying healthy

As lower oestrogen can increase risks such as heart disease, it is very important that you have a healthy lifestyle. Here's how:

Eat smarter

A healthy diet can improve not only your physical health, but your mood. So, make sure you:

- plate up with plant foods. Fresh vegetables and fruit are packed with fibre and nutrients that boost your health and protect against disease.
- include protein at every meal. Healthy options include fish, chicken (skinless), eggs, legumes (such as chickpeas) and tofu
- choose wholegrain bread, rice and pastas – their high-fibre content keeps you full and provides lasting energy
- don't eat take-away more than once a week. When eating out, order lean meats with salads and vegetables (dressings and sauces on the side). Avoid fried foods, creamy sauces or coconut-based curries.
- grill, boil and poach instead of frying. Where possible use water or tomato juice instead of oil to moisten the pan
- avoid adding salt and sugar to food. Also, eat less canned and packaged foods – they are often sources of hidden salt and sugar
- carry healthy snacks with you, such as a small serve (handful) of nuts, a piece of fruit, or hummus and vegetable sticks.

Get active

Avoiding roadblocks to exercise is the best way to ensure you stay fit and maintain a healthy weight. To do this, ensure your exercise is:

- **varied** – mix up your workout sessions to include a range of activities, such as swimming, aerobics and yoga, in one week
- **social** – exercising with friends can inject laughter, camaraderie and a sense of community into your workout routine
- **challenging** – aim to push a little harder. If you walk, add short bursts of sprinting. If you jog, include some hills and stairs. Using weights? Add a bit more load. Doing aerobics? Use some handheld weights. In yoga, stretch more deeply
- **fun** – if your workout makes you laugh or at least smile, it will boost your mood and motivate you to go to each session.



For partners – supporting your partner through premature & early menopause

If your partner is going through premature or early menopause due to health issues or unexplained POI, your emotional and practical support can make an enormous and positive difference to her wellbeing.

What you can do

- Read about menopause so you understand the symptoms it can cause, both physically and emotionally.
- Be patient and understanding. If your partner is experiencing lower libido or mood swings, don't take it personally. Remind yourself that these hormonal impacts are also not pleasant for your partner.
- Try to help more with regular tasks, especially if menopausal sleep issues or hot flushes are leaving your partner fatigued.
- Be a good listener. Instead of telling your partner how to manage her symptoms or feelings, ask how she is feeling and what you can do to help.
- Make empathetic statements such as "that must be really difficult for you".
- Avoid making jokes or flip comments about her hormonal fluctuations or symptoms.
- Offer to make a GP appointment and go with her to discuss what treatments may help.
- Help to support your partner's health by cooking nutritious meals and becoming her exercise buddy.
- Prioritise time together so that you maintain intimacy, communication and connection. It will make your partner feel cared for and emotionally supported.



Support and resources

What to ask your doctor

To make the most of a consultation with your doctor, take a list of questions, such as the following:

1. Would taking hormone therapy cause any health risks for me?
2. What other medication options might help me manage my symptoms of early or premature menopause?
3. Are there any health checks I should have more often?
4. What screening checks and regular monitoring should I have for my heart?
5. Do I need medication or bone density scans to look after my bone health?

More information

For more information about early and premature menopause, visit:

Jean Hailes for Women's Health website at [**www.jh.today/meno9**](http://www.jh.today/meno9)

See our 'How you can support women through menopause' factsheet.

Better Health Channel website at [**www.jh.today/BHCearly**](http://www.jh.today/BHCearly)

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Jean Hailes for Women's Health

Jean Hailes for Women's Health provides high-quality, trusted information, to assist you to make decisions about your health. We use the latest research to develop our website and resources on a range of topics, including:

- bladder and bowel
- bone health
- breast health
- cardiovascular health
- endometriosis
- fertility and pregnancy
- health checks
- healthy living
- Indigenous health
- menopause
- mental and emotional health
- natural therapies and supplements
- polycystic ovary syndrome (PCOS)
- periods
- sex and sexual health
- vulva, vagina, ovaries and uterus.

Visit jeanhailes.org.au to:

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- Enjoy videos, podcasts and recipes.
- Be inspired to improve your health.



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