

Fact Sheet 6

Menopause brought on by treatment and suggestions for relieving symptoms.

Ovacome is a national advice and support organisation that works to connect patients, their family and friends; provide information on treatments, screening and research; raise awareness and support and give a voice to all those affected by ovarian cancer.

What is the menopause?

The natural menopause is the main time in a woman's life when her periods become irregular and eventually stop. The average age for the natural menopause is 51. A woman is described as post-menopausal when she has not had a period for one year. There are some changes and symptoms associated with the menopause.

Normally the menopause is a natural hormonal process, but some treatments for ovarian cancer, such as surgery and chemotherapy, can cause this to happen earlier than normal.

Surgery

If you have not gone through the menopause, removing both ovaries (bilateral oophorectomy) causes symptoms to happen suddenly. This happens immediately after the operation.

If you have one ovary removed but the other is left in place, the menopause may start soon after, but this does not usually happen immediately.

Symptoms of the menopause

Short-term symptoms

- Hot flushes
- Anxiety
- Mood changes
- Palpitations
- Night sweats
- Feeling irritated
- Poor concentration
- Insomnia
- Poor memory
- Loss of self-esteem

Other symptoms

- A dry vagina, which makes sex painful
- The skin gets thinner and dry
- Lower or no sex drive
- Bladder problems
- Aches and pains in your joints

Long-term risks

- Heart disease
- Osteoporosis

Chemotherapy

In many cases of ovarian cancer, both ovaries are removed with surgery before starting chemotherapy. In this situation, removing the ovaries causes symptoms of the menopause.

However, in some cases, particularly in younger women with one ovary, symptoms of the menopause can be caused by losing one ovary and the chemotherapy treatments. The level of effect depends on:-

- The type of drug used, as some drugs are more toxic;
- The dose of the drug, as a high dose increases the risk of ovaries failing;
- The combination of drugs, as some types of chemotherapy involve more than one drug and so are more toxic; and
- Your age and how your ovaries work. You are at more risk of your ovaries failing if you are over 35.

In some cases, your ovaries may already not be working properly before you start your treatment. This can be because you are going through the menopause, have premature ovarian failure, previous gynecological problems or poor general wellbeing.

Some chemotherapy drugs such as Cyclophosphamide are known to have severe effects on ovaries. Those known to have moderate effects on ovaries include Cisplatin, Carboplatin and Etoposide. Drugs known to have less effect on ovaries include Methotrexate. Those with unknown effects on ovaries are Taxanes, Topotecan and Caelyx.

What is treatment-induced premature menopause?

Treatment- induced premature menopause is an early menopause caused by treatment for cancer. It is different from natural menopause, as it

is sudden, not gradual. How quickly this happens can vary from woman to woman and depends on the type of treatment. If you have your ovaries removed, this will affect you immediately. However, it can take several months after chemotherapy and radiotherapy before you get any symptoms of the menopause.

You are considered to be prematurely menopausal if you suddenly get symptoms and your periods stop and do not come back within a year.

It can be a difficult time when you are dealing with the news you have cancer, the treatment and the side effects, as well as premature menopause. Early induced menopause means that you have a longer time without the natural benefits of the hormone oestrogen.

This fact sheet explains some choices you have to help you manage your lifestyle during the menopause.

What can I do to help myself?

Each woman is different, so what you do will depend on your symptoms, how bad they are and how long they last. Some of these suggestions are based on other women's experiences, rather than research.

Hot flushes

This is the most common symptom. Flushes can happen at any age, as oestrogen levels are reduced. They vary in how severe they are and how long they last. You may want to try the following.

- Keep a diary of your hot flushes to see if they happen more at particular time of day or situation.
- Wear natural fabrics rather than synthetic ones. Cotton nightclothes and bed linen may be more comfortable. Choose loose clothing and layers.
- Find ways to cool down quickly. Keep a bottle of iced water near, use a spray and carry a small fan or pack of moist wipes. Take cool showers and keep rooms well ventilated.
- Cut down or stop smoking. The first puff of each cigarette can trigger hot flushes.
- Exercise regularly to improve your circulation, as this may help reduce how intense your hot flushes are.
- Cut down on foods and drinks that trigger your hot flushes. This could include spicy foods, salty dishes, sugary food, chocolate, alcohol, tea, coffee and soft drinks containing caffeine. Limit the number of hot drinks you have late at night, as this may help reduce night sweats.
- Relaxation techniques may help to manage hot flushes. Deep breathing exercises, visualisation and soothing music may be useful.
- Complementary therapies such as aromatherapy, homeopathy, massage, acupuncture and yoga may help you feel better. It is important to speak only to qualified therapists and to tell the doctor treating your cancer.

Progestogens such as norethisterone and megestrol are synthetic forms of progesterone and can help with hot flushes. They may cause side-effects such as a bloated stomach, breast tenderness and mood swings.

A dry vagina

Water-based lubricants are recommended, such as KY jelly (available over the counter) and Replens MD (available on prescription). Astroglide is another, but is only available by mail order.

Osteoporosis

Osteoporosis occurs when bones become so fragile that they break easily.

Oestrogen helps bones to stay strong but during menopause oestrogen levels are lowered and you may find that your bones become weak. This may increase the risk of breaking a bone in later life. If you go through the menopause before you are 45 and have had both ovaries removed, you are particularly at risk.

It would be unusual for a woman who has gone through an early menopause to be immediately at high risk from breaking bones, even if her bones become weaker. Most broken bones happen to women who are over 65 and are caused by falling. Healthy eating and exercise can help you to keep your bones strong.

Hormone replacement therapy (HRT) is sometimes offered to help you keep your bones strong, up until the time of the average age of menopause (51).

The decision to start HRT after treatment for ovarian cancer can be difficult. Many research studies refer to the use of HRT treatment after the natural menopause, rather than after treatment-induced menopause. There

are conflicting views about whether women who have had ovarian cancer should have HRT. We recommend that you discuss this with your oncologist, as there are many different things to consider.

Diet and osteoporosis

We absorb calcium just as well from food as from calcium supplements. Eating well-balanced meals that are rich in calcium will give you all the vitamins and minerals you need to have strong, healthy bones. Try to reduce the amount of caffeine, salt, animal protein and fizzy drinks containing phosphoric acid you have, as these can upset the balance of calcium in your body.

Exercise for strong bones

Bones need to be exercised regularly. One of the most effective ways of exercising your bones is by doing brief sessions of high-impact exercise such as jogging, or simply walking. The current Government recommendation is to exercise for 30 minutes, five times a week.

Useful contact information

National Osteoporosis Society

Camerton

Bath

BA2 0PJ

Helpline: 0845 450 0230 or 01761 472721

Email: info@nos.org.uk

Website: www.nos.org.uk

The Menopause Exchange

PO Box 205

Bushey

Hertfordshire

WD23 1ZS

Phone: 020 8420 7245

Email: info@menopause-exchange.co.uk

Website: www.menopause-exchange.co.uk

Natural Menopause

Dr Miriam Stoppard (Dorling Kindersley)

Is HRT right for you?

Dr Anne MacGregor

Understanding the menopause and HRT

Dr Anne MacGregor

Understanding HRT and the Menopause

Dr Robert C D Wilson

If you would like more information or if you would like to discuss anything about ovarian cancer, please phone our support line on 0845 371 0554, Monday to Friday between 10.00 hrs and 17.00hrs.

Alternatively, please visit our website at www.ovacome.org.uk.

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Disclaimer:

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