

Fact sheet 6

Menopause brought on by treatment and suggestions for relieving symptoms

We, Ovacome, are a support network for people affected by ovarian cancer in the UK. We provide information and support, raise awareness and put you in touch with others who are suffering from ovarian cancer.

What is the menopause?

The natural menopause is the 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
- Infertility

Long-term risks

- Heart disease
- Osteoporosis
- A possible risk of Alzheimer's disease

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 of the chemotherapy 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 gynaecological 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. They may happen more at a particular time of day or in a particular situation. If a pattern develops, you could avoid activities at those times or avoid situations which may make the flushes worse.
- Choose your clothes carefully. Wear natural fabrics rather than synthetic ones.

Cotton nightclothes and bed linen may be more comfortable. Loose clothing and layers are easier to remove.

- Find ways to cool down quickly. Keep a bottle of iced water near, use a spray such as 'Evian Spray mist' and carry a small fan or pack of moist wipes. Take cool showers and keep rooms well ventilated, particularly at night if you get night sweats.
- 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 is different for each woman, but 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 to help you unwind and reduce stress 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.
- Gammalinolenic acid (GLA) is found in evening primrose oil. Check the label for how much you can use a day or ask your doctor or nurse. These oils have been reported to be useful at reducing

hot flushes, but research has not proven this.

- Clonidine (dixarit) is a medicine which may reduce how often you get hot flushes and how bad they are, but it also has reported side effects. It is being used less and less to treat hot flushes, as new studies found it to be not very effective.
- Progesterone is a medication prescribed to reduce or relieve hot flushes. It may cause side effects such as a bloated stomach, sore breasts and mood swings. It is usually only prescribed short-term to treat hot flushes and may not suit every woman.

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. 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 some reports which say different things 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. Alcohol and tobacco have a toxic effect on bone, so try not to drink too much and if you smoke, try to stop.

Exercise for strong bones

Bones need to be exercised regularly or they will deteriorate like muscles do if they are not used. One of the most effective ways of exercising your bones is by doing brief sessions of high-impact exercise such as jogging. 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:
norma@menopause-exchange.co.uk

The Women's Nutritional Advisory Service

Natural Health Advisory Service
PO Box 117
Rottingdean
Brighton
East Sussex
BN51 9BG
Phone: 01273 609699
Email: enquiries@naturalheathas.com
Website: www.naturalheathas.com

Other information

Here is a list of documents that could give you more information if you want to find out more about the subject. The views are those of the authors and are not our recommendations.

The Menopause Exchange Newsletter (Contact details are above)

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

The Menopause, HRT and You

Caroline Hawkrigde

If you would like more information or you would like to discuss anything to do with ovarian cancer, phone our support line on 0845 371 0554, Monday to Friday from 9am to 4pm. Or, you can visit our website at www.ovacome.org.uk.

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