

Menopause and Cancer

Written by Dr Louise Newson

balance
the menopause support app

This booklet has been written by Dr Louise Newson, GP, menopause specialist and director of the balance app. She is also director of the not-for-profit company, Newson Health Research and Education, and is the founder of The Menopause Charity.

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What is the menopause?

Although most women will go through their menopause naturally, certain treatments for cancer can trigger an early menopause.

Going through an early menopause, as a result of cancer treatment, can be distressing; you may feel isolated and confused about the changes.

The onset of an early menopause can be sudden and symptoms such as hot flushes, vaginal dryness and mood changes can be hard to cope with, alongside your cancer diagnosis and treatment.

That is why it is so important to be prepared for the occurrence of menopausal symptoms and to ask for support when you need it.

This booklet has been created for

those of you who may experience an early menopause, as a result of cancer treatment.

It covers what the menopause is, symptoms you may experience, advice on treatments and lifestyle changes, and where to turn to for further advice and support.

If you have not had cancer and have a close blood relative who has had cancer, such as breast or ovarian cancer, you may have been told that you cannot take HRT. This is often not the case, as many women with a family history of cancer can still take HRT safely. If your usual clinician is unsure, then you should see a healthcare professional who specialises in the menopause.

Why can my cancer treatment affect when I go through the menopause?

The average age of the menopause is 51, and symptoms of the perimenopause usually start at around 45 years of age.

If your menopause occurs between the ages of 40 and 45, it is known as an early menopause.

If it occurs before the age of 40, it is known as premature ovarian insufficiency (POI).

However, certain cancer treatments can stop the ovaries from working properly and bring about an earlier menopause.

These include:

- Surgery involving the ovaries, such as an oophorectomy, where one or both ovaries are removed. You may also have one or both of your ovaries removed during a hysterectomy (an operation where your uterus is removed)
- Radiotherapy to the pelvic area
- Certain types of chemotherapy drugs to treat cancer
- Drugs that block the action of hormones working (used for some women with breast cancer)

Will my menopause be temporary or permanent?

This is dependent on a number of factors, including your age and the type of cancer treatment you are having.

If you have an oophorectomy or a hysterectomy and both ovaries are removed, then you will have your menopause immediately and your body won't produce the hormones permanently, regardless of your age. If one of your ovaries is left intact after an oophorectomy (or both are

intact after a hysterectomy), there's a chance that you'll experience the menopause within five years of having surgery.

The menopause after pelvic radiotherapy or chemotherapy could be temporary or permanent. This usually depends on how close you are to the age of your natural menopause, and the dose of radiation or type of drugs used.

What symptoms can I expect?

About three in four women will experience symptoms during their menopause; symptoms vary greatly in terms of how severe they are and how long they go on for. If your menopause has been triggered by treatment for cancer, your symptoms will be similar to those of a natural menopause.

Common symptoms can include:

Changes to your periods: You can experience a change in flow (maybe having heavier or lighter periods than normal) and your periods will become less frequent before stopping completely.

Hot flushes: This is the most common symptom of all, affecting three out of four women. Hot flushes can come on suddenly at any time of day, often spreading throughout your face, chest and body. They may last just a few moments, or several minutes. Hot flushes can have associated symptoms such as sweating, dizziness

or even heart palpitations.

Night sweats: You may find you wake up drenched in sweat and have to change your pyjamas or bed clothes. This can also be a disruptive symptom for partners too.

Mood changes: You may suffer from mood changes and find they are very disruptive to work and home life. You may find mood changes more common if you have had premenstrual syndrome in the past.

Fatigue and poor sleep: Poor sleep can be related to night sweats, but you may find you are more tired during the day, even if your sleep is not affected.

Brain fog: This is a collective term for symptoms such as memory lapses, poor concentration, difficulty absorbing information and a feeling your brain is like 'cotton wool'. It presents problems at work and can also affect the simplest of tasks like reading a book.

Loss of interest in sex: During the perimenopause and menopause, declining levels of testosterone can lead to a lack of interest in sex and lack of pleasure from it.

Joint pains and muscle aches: Estrogen is very important in providing lubrication in your joints and preventing inflammation, so low levels can leave your joints sore and aching.

Hair and skin changes: Lower levels of estrogen can lead to reduced elasticity, fine lines and dryness. You might find your skin becomes itchier, or you develop acne. Changing hormones can also make your hair thinner and less glossy, and you may notice increased facial hair growth.

Worsening migraines: If you suffer from migraines, you may find they become more severe and closer together.

Vaginal and urinary symptoms: Vaginal dryness and recurrent urinary

tract infections (UTIs) can be more common in women going through their menopause as a result of cancer treatment. It can be a particular problem for women who take tamoxifen – a hormonal therapy drug used to treat some women with breast cancer.

Low estrogen can cause the tissues around the vagina to become thinner, dry, itchy and inflamed – known as genitourinary syndrome of menopause. Your vagina also expands less easily during sex, making sex uncomfortable or painful.

Low estrogen also thins the lining of the bladder, leading to the urge to urinate more frequently. Some women find they have recurrent UTIs.

These vaginal and urinary symptoms can present when you start having symptoms or a long time after menopause ends.

Long-term health problems which can arise from your menopause

An early menopause can put you at risk of the following health conditions at an earlier age:

Osteoporosis

Osteoporosis is a condition that weakens the bones and makes them more likely to break.

People with osteoporosis have an increased risk of fractures, even with little or no trauma – meaning that

normal stresses on the bones from standing, coughing or even hugging can result in fractures.

Estrogen helps keep our bones strong and healthy but as estrogen reduces during the menopause this

puts women at greater risk of developing osteoporosis than men. Women can lose up to 10% of their bone density in the first five years after the menopause.

Other factors that increase your chances of getting osteoporosis are a family history of osteoporosis, smoking and heavy drinking.

Cardiovascular disease

This refers to conditions affecting the heart and blood vessels, such as coronary heart disease, congenital heart disease, stroke and vascular dementia.

Estrogen keeps our blood vessels healthy and helps control cholesterol, so fluctuating levels can

leave you at greater risk of cardiovascular disease.

Other risk factors of cardiovascular disease include high blood pressure, smoking, being overweight and a family history of cardiovascular disease.

Other diseases

There are other diseases which have an increased risk after the menopause and these include type

2 diabetes, depression, dementia and some cancers.

Will my fertility be affected?

This depends on your individual circumstances such as your age and the type of treatment you have.

Menopause guidelines from the National Institute of Health and Care Excellence (NICE) clearly state that women who are likely to go through menopause as a result of medical or surgical treatment should be offered support.

You should also be given information about menopause before you have treatment and ideally should be referred to a healthcare professional

with expertise in menopause.

Talk to your clinician to find out:

- Your individual risk of early menopause
- How your fertility might be affected
- If you are experiencing some common menopausal symptoms
- Longer-term health implications of menopause
- Advice about contraception

Treatments: Hormone Replacement Therapy (HRT)

There are a range of treatments available to help manage your menopause symptoms, and in many cases, vastly improve your quality of life.

Your first step should be talking to a

healthcare professional about the options available to you, so you can make an informed decision about the potential benefits and risks. Don't wait until symptoms become unmanageable before you seek advice.

What is HRT and how does it work?

HRT is a treatment that relieves symptoms by replacing the hormones your body stops making after the menopause. HRT usually includes estrogen, progesterone (if you still have your womb) and for some, testosterone.

HRT remains the most effective treatment to relieve symptoms. Hot flushes and night sweats usually stop within a few weeks of starting HRT. Many of the vaginal and urinary symptoms usually resolve within three months, but it can take longer in some cases.

You should also find that symptoms

such as mood changes, difficulty concentrating, aches and pains in your joints and the appearance of your skin will also improve.

HRT will also help protect against heart disease, diabetes, osteoporosis, clinical depression and dementia, which is especially important if you go through an early menopause.

For genital and urinary symptoms, you can use estrogen directly in the vagina and this is not the same as 'HRT', as it does not get absorbed into the bloodstream in the same way.

Is HRT suitable for me?

Most women who have had cancers that are not estrogen receptor positive cancers can still usually take HRT. Some people who have had an estrogen receptor positive cancer in the past may still choose to take HRT due to the benefits taking HRT gives. There is limited evidence regarding this but some evidence does indicate that this is not harmful and may be beneficial.

You should speak to a healthcare professional about your individual circumstances so you can make an informed decision.

Remember that you should be given information about the impact of an early menopause before cancer treatment begins; you should not have to wait until your menopause symptoms become unbearable before seeking help.

Read the factsheet 'Making decisions about treatments during cancer care' on the balance-menopause.com website.

Discussions should happen in your cancer care clinic that take into account the effects of cancer treatments on your quality of life, and how the resulting menopause could affect you.

If you are taking HRT and feel like your symptoms aren't improving within a few months, speak to a health professional. Going through your menopause at a younger age means your body's requirement for hormones is usually greater compared to older women.

It may be that your HRT dose is too low – many young women actually need two or even three times more HRT than the average dose given to older women – so your dosage or delivery method may need adjusting. Some women may need the type of their HRT changing, for example from a patch to a gel and some women benefit from taking testosterone in addition to estrogen.

If you have had breast cancer, read the booklet titled 'Been through breast cancer: did someone mention menopause?' If you have experienced menopause as a younger person, read the booklet 'A young woman's guide to menopause after treatment for cancer'.

Testosterone

If you decide to take HRT and find that you are still experiencing symptoms of fatigue, brain fog, and a low libido after taking estrogen for a few months, you might want to consider testosterone replacement

as well. Testosterone is given as a cream or gel, or sometimes as an implant, that is a small pellet inserted under the surface of the skin.

Treatments for genital and urinary symptoms

As mentioned, there is effective treatment for genital and urinary symptoms of menopause in the form of vaginal estrogen (sometimes called local or topical estrogen). This can be in a cream, gel or pessary and inserted with your fingers or an applicator, usually at bed time so it stays in place for several hours. There is also a ring that can be inserted into the vagina called Estring, and this lasts for 90 days. One of the vaginal

treatments called Intrarosa converts into estrogen and testosterone when inside the vagina.

Using estrogen in this way is not the same as taking HRT, so does not have the same associated risks. It can be used safely by most women on a regular basis for a long period of time, which is important as symptoms related to vaginal dryness can continue long beyond

your menopause and often return when you stop treatment. Women who have had estrogen receptor positive cancer in the past are usually able to use vaginal estrogen.

Another option for dryness is to use vaginal moisturisers on a daily basis and lubricants for sex. These products can be bought over the counter and can be used either

alongside vaginal hormonal treatments or on their own.

Your symptoms should improve within a few weeks of vaginal estrogen treatment. See a health professional if there is no improvement, as alternative treatment may be needed and these symptoms could also be due to other conditions.

Other ways of improving symptoms

There are some alternative prescription medications that can be prescribed for symptoms if you choose not to take HRT.

These include some types of antidepressants such as citalopram or venlafaxine which can improve hot flushes, but they can have side effects such as nausea.

Other medications, such as clonidine and gabapentin, may sometimes be given and can help some people. However, their use is often limited by side effects (such as nausea, insomnia or worsening libido).

Some women consider taking complementary and/or alternative treatments to HRT for their menopause symptoms. However,

herbal products do not necessarily mean safe products, and many herbal medicines have unpredictable doses and purity. While there is little scientific evidence to support their use in alleviating menopausal symptoms, some women find herbal remedies or acupuncture helpful.

The use of aromatherapy oils, like lavender, may help with poor sleep, promote relaxation and improve symptoms of anxiety or depression. Although little is known about the effect of aromatherapy specifically on menopausal symptoms, any therapy which allows you to relax and focus on yourself as an individual is an investment in yourself and can help you cope better with menopause symptoms.

Cognitive Behavioural Therapy (CBT)

CBT is a talking therapy recommended by NICE as a treatment for low mood associated with menopause. It focuses on changing the way you think and behave, with sessions either in groups

or one-to-one with a therapist. You can be referred via your doctor or nurse but many women find it is quicker to organise privately.

Lifestyle changes

Maintaining a healthy lifestyle is always important, but particularly during your menopause. There is evidence that healthy lifestyle improvements, such as stopping smoking, weight loss and undertaking regular exercise, can improve some symptoms of the menopause, for example, hot flushes and night sweats.

Wearing lighter-weight clothing, sleeping in a cooler room and reducing stress (through mindfulness, breathing exercises or yoga, for example) may reduce the number of hot flushes. Some women find that things such as spicy foods, caffeine (in tea, coffee, cola, chocolate), smoking, and alcohol may trigger hot flushes, so avoiding these may help.

You should be aiming to:

Eat a healthy, balanced diet: a diet rich in calcium helps protect your

bones and reduce the risk of osteoporosis.

Exercise regularly if you are able: Weight-bearing exercise (running, strength training, dance, tennis) is of particular importance to maintain bone health.

Limit alcohol and cigarettes: alcohol can interrupt sleep and exacerbate hot flushes. If you smoke, try to cut down with the aim of quitting altogether.

Get enough vitamin D: vitamin D also plays a part in keeping your bones strong and healthy. It can be useful to take a vitamin D supplement, especially in autumn and winter months or if your skin does not regularly get exposed to sunlight.

Relax: Where possible take time out for yourself. Do something you enjoy that lifts your mood, such as yoga or just spending time with loved ones.

Where can I go to for more advice?

This may feel like a very isolating time, but there are a number of sources of advice for women coping with cancer and their menopause.

Discover the wide range of videos, podcasts, personal stories and written information on the balance-menopause.com website. You can refine your search in the menopause library by selecting cancer.

The Eve Appeal is a charity funding research into and raising awareness

of womb, ovarian, cervical, vulval and vaginal cancers

www.eveappeal.org.uk

Daisy Network is a charity for women affected by POI

www.daisynetwork.org

Trekstok for young adults with cancer

www.trekstock.com



Dr Louise Newson is a GP and menopause specialist in Stratford-upon-Avon, UK and the founder and writer of the balance app and website.

The website and app contain evidence-based, non-biased information about the perimenopause and the menopause. She created both platforms to empower women with information about their perimenopause and menopause and to inform them about the treatments available.

Her aim is for people to acquire more knowledge and confidence to approach their own GP to ask for help and advice about their hormones. She is passionate about improving awareness of safe prescribing of HRT in all stages of the perimenopause and menopause.

Louise is also the director of the not-for-profit company Newson Health Research and Education and Chair of the Newson Health Menopause Society.



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