

## Early (Premature) Menopause due to Cancer Treatment

Menopause is the permanent end of a woman's menstrual periods. This is established once a woman has not had a period for at least 12 months in a row. For most women, menopause is a natural process. It takes place with aging, as the eggs in the ovaries die off and hormone levels change. Menopause occurs in a healthy woman at the average age of 51.

Certain cancer treatments may cause early or premature menopause. This can happen if treatment requires:

- Surgical removal of both ovaries. Menopause will occur suddenly, right after surgery.
- Radiation therapy to the abdomen or pelvis, or certain chemotherapy agents. The ovaries may be damaged causing your eggs to die off sooner than would normally occur.

If your uterus was surgically removed during treatment, your menstrual periods will stop. However, if no additional treatment is given, this will not cause menopause. The ovaries will continue to function. They will secrete hormones until the age of natural menopause.

The chance that treatment will cause early menopause depends on a number of factors. These include:

- Your age.
- Your ovarian function before treatment.
- The type and dose of chemotherapy you receive.
- The dose of radiation you receive and the area of the body that is irradiated.

The effect on your menstrual periods may be hard to predict.

- In some women, periods continue during treatment. However, menopause may occur as much as 10 years earlier than usual.
- In some women, periods stop during treatment and resume some months later. However, even if periods resume, menopause may occur as much as 10 years earlier than usual.
- In some women, periods stop during treatment and never resume.

For some women, entering menopause will be a relief. You no longer have periods and don't have to worry about getting pregnant. For other women, this can be a time of sadness and loss, especially if menopause begins much earlier than expected. Changes in your body and the loss of your fertility may be difficult to face. We hope the suggestions below will be helpful to you. However, if you find that you are having a hard time adjusting to these changes, speak with your doctor or nurse. He or she can refer you for support.

### Changes In Your Body

During the time before and after menopause, women may experience many different symptoms. For women who go through early menopause, these symptoms often start more abruptly. The symptoms may also be more severe than with natural menopause. However, everyone experiences menopause differently. For some, the symptoms will be mild. For others, the symptoms can be quite uncomfortable. Below are some suggestions for dealing with these changes in your body. These suggestions have not all been scientifically proven. However, some patients find them helpful. There is no risk of harm, and they may be worth trying.

## Hot Flashes and Night Sweats

Hot flashes usually begin as a feeling of warmth in the face, neck, chest, and back. This can spread to the entire body. Some women have one or two hot flashes a day. Other women have as many as three an hour. They can come on suddenly during the day and can interrupt sleep as night sweats. They can range from light flushing to drenching sweats. For some, they are a mild irritant. For others, they are much more bothersome.

### *Suggestions*

- Wear lightweight, absorbent, cotton clothing during the day and for sleep. Dress in layers.
- Adjust the room temperature. For example, lower the thermostat to a cooler setting, use a room or a hand-held fan, or sleep near an open window.
- Avoid things that may trigger a hot flash. For example avoid hot drinks, caffeine, alcohol, and spicy food. Also, avoid hot baths or showers in the two hours before going to bed.
- Try using paced breathing when you feel you are about to have a hot flash or once it begins. Take six to eight slow deep breaths over one minute. Fill your abdomen and lungs with each breath.
- Consider trying a form of complementary therapy. Our Integrative Medicine Program offers acupuncture, meditation, biofeedback, and self-hypnosis. For more information, talk to your doctor or nurse or call Integrative Medicine at (646) 888-0800.
- Some women report that certain herbs are helpful. Research studies have failed to show that herbal therapy is effective against hot flashes. We therefore do not endorse the use of herbs. If you are considering herbal therapy, first check [www.mskcc.org/aboutherbs](http://www.mskcc.org/aboutherbs). This website will tell you what the herb is used for and if studies have shown that it might work. Before taking any herbal medicine, talk with your doctor or nurse. Some herbs can interfere with cancer treatments or may be harmful to you.
- If these suggestions do not work, speak with your doctor or nurse. Certain medicines might be helpful for you. These include:
  - Antidepressants: venlafaxine (Effexor<sup>®</sup>), paroxetine (Paxil<sup>®</sup>), fluoxetine (Prozac<sup>®</sup>)
  - Blood pressure medicines: clonidine (Catapres<sup>®</sup>), methyldopa (Aldomet<sup>®</sup>)
  - Antiseizure medicine (also used for pain): gabapentin (Neurontin<sup>®</sup>)
  - Hormone therapy: birth control pills or hormone therapy will relieve symptoms of menopause. However, they may increase the risk of certain cancers and other health problems. Hormone therapy is discussed later in this booklet. Speak with your doctor if you are considering using hormone therapy.

## Sleep Disturbance

Some women going through menopause have trouble sleeping. Some have a hard time falling asleep. Others have a hard time staying asleep or wake up earlier than desired.

### *Suggestions*

- Create a regular sleep schedule. Go to bed at the same time each night, and get up at the same time each morning. Don't change your routine on weekends.
- Use your bed and bedroom only for sleep or sexual activity.
- Keep the bedroom dark, cool, and quiet when going to sleep.
- Exercise daily, for example by walking 30 minutes a day. Avoid vigorous exercise during the three hours before bedtime. However, stretching just before bedtime may be helpful.

- Avoid caffeine of any kind after 2 pm. Keep in mind that chocolate contains caffeine.
- Avoid heavy meals in the evening.
- Avoid drinking anything for two hours before bed so you do not have to get up to urinate at night.
- If you are unable to fall asleep, after 15 minutes get out of bed and do something relaxing.
- If these suggestions do not work:
  - Speak with your doctor or nurse. Using medicine for a short period of time might be helpful for you.
  - Consider a consultation with a sleep specialist.

### **Mood Swings, Depression, and Anxiety**

During menopause, many women report changes in their mood. Some also have feelings of anxiety or depression. This may be from changes in hormone levels that come with menopause.

#### *Suggestions*

- Take time for yourself to do things that you enjoy.
- Plan activities with family and friends with whom you enjoy spending time.
- Exercise daily, for example by walking 30 minutes a day.
- Consider joining a support group where you can talk with other patients having similar experiences. For more information on support services, contact the Post-Treatment Resource Program at 646-888-4740.
- If these suggestions do not work, speak with your doctor or nurse. He or she can refer you for counseling or to see a specialist. You can also ask about antianxiety or antidepressant medicine.

### **Difficulty Remembering and Concentrating**

Some women have trouble focusing or remembering during menopause.

#### *Suggestions*

- Stay physically active. Exercise daily, for example by walking 30 minutes a day.
- Stay socially engaged. Plan activities with family and friends with whom you enjoy spending time.
- Stay mentally active. This may be through work or volunteer activities that challenge you to learn new things. Try to stimulate your mind. Activities such as reading or doing puzzles may be helpful.

### **Vaginal Symptoms**

After menopause, the ovaries produce less estrogen. This causes changes in the lining of the vagina. It can become thin, dry and less elastic. As a result, some women experience itching, discharge, or irritation. Some also feel discomfort during sexual intercourse or during a pelvic exam. These changes can also occur after surgery or radiation therapy to the pelvis. In addition, these treatments may cause the vagina to become shorter and narrower due to scarring. Women may also develop more vaginal infections after menopause.

#### *Suggestions*

- Vaginal moisturizers help to prevent or treat dryness and irritation. Examples are Replens<sup>®</sup>, K-Y Liquibeads<sup>®</sup>, and K-Y Silk-E<sup>®</sup>. Use these two or three times a week, at bedtime. Some women find vitamin E gel caps helpful. Pierce the gel cap with a pin before inserting the gel cap into the vagina. Use a moisturizer to prevent dryness even if you are not having sexual intercourse.
- Vaginal lubricants help make intercourse more comfortable. Products should be water-based. Examples are Astroglide<sup>®</sup>, K-Y Jelly<sup>®</sup>, Surgilube<sup>®</sup>, Yes<sup>™</sup>, Sensilube<sup>®</sup>, and Vagisil<sup>™</sup>. Use a lubricant each time you have intercourse.

You should also use it if you or your partner stroke or finger your vaginal area. These lubricants will help decrease discomfort. They will also prevent injury to the vaginal membranes. Do not use products with colors or flavors and those that are warming liquids. Some women find it helpful to use oils such as coconut oil, almond oil or Crisco (contains soy) for sexual lubrication. However, oils will interact with latex. They should not be used with barrier contraceptives such as condoms.

- Wearing loose-fitting cotton panties and pants.
- Avoid using douches because these may cause more dryness and irritation.
- Ask your doctor or nurse if you should be using a dilator. If they feel this will be helpful to you, they will provide the dilators and tell you how to use them.
- If these suggestions do not work, speak with your doctor or nurse. He or she can refer you to a gynecologist. Ask if topical estrogen (placed into the vagina) would be helpful for you. These hormonal medicines require a prescription. They are not recommended for women with certain types of cancer. You should discuss the pros and cons of using these products with your doctor.
- Vaginal discharge, burning, or itching can be signs of a vaginal infection. These symptoms may happen suddenly. If so, ask your doctor or nurse about a referral to a gynecologist. He or she will evaluate you and prescribe an antibiotic if needed.

### **Reduced Sexual Desire**

Some women report a decrease in their desire for sex during menopause. This may be from the hormone changes that come with menopause. However, this also may be related to having cancer. The disease or treatment can result in changes in the body that may cause emotional distress. Treatment may cause side effects, such as pain, fatigue, or discomfort with intercourse. All of these may play a part in decreasing your desire for sex.

#### *Suggestions*

- Speak with your doctor or nurse about any symptoms you have that may affect your desire for sex. Treating these symptoms may help you feel more interested in being physically intimate with your partner.
- Set aside private time to relax with your partner.
- Talk with your partner. Tell your partner how you feel and what would give you pleasure. Sexual intimacy does not always have to involve the vagina. Cuddling and touching are examples of sexual activity that can be very satisfying.
- If you have vaginal pain with sex, use vaginal moisturizers and lubricants as described above. Adjust your position to one that is more comfortable for you. Regular use of vaginal dilators may help reduce pain with intercourse.
- The American Cancer Society has an excellent booklet called *Sexuality for the Woman with Cancer*. You can order this by calling 1-800-ACS-2345. This information is also available on their website ([www.cancer.org](http://www.cancer.org), search sexuality).

### **Urinary Symptoms**

After menopause, the tissues around the outlet of the bladder become thinner. Also, the pelvic muscles become weaker as a result of aging. These factors can cause urine leaks (incontinence). Weak pelvic muscles cause stress incontinence. This leads to leaking of urine with coughing, sneezing, or laughing. An overactive bladder causes frequent, sudden urges to urinate. Some women can have both of these problems.

#### *Suggestions*

- Avoid smoking, caffeine, alcohol, citrus fruits and juices, tomato-based products, and spicy food. These may irritate the bladder.
- If you are overweight, lose weight.

- Kegel exercises are very effective for stress incontinence. These involve repeated contraction and relaxation of the muscles that control urine flow.
- Some prescription medicines may be helpful for an overactive bladder. Your doctor will select the best one for you.
- Keep your skin clean and dry. Until these treatments start to work, use protective pads to absorb the leaked urine and prevent skin irritation. Menstrual pads may be enough for very small amounts of leakage. Special pads for urinary incontinence will absorb larger amounts of liquid.
- If these suggestions do not work, speak with your doctor or nurse. He or she can refer you to a urologist who specializes in urinary incontinence. You may also want to see a gynecologist to find out if topical estrogen (see information above) would be helpful.

## **Other Effects Of Menopause**

After menopause, women will experience the usual physical effects of aging. These may lead to cardiovascular disease and osteoporosis (thinning of the bones). Women who have had early menopause may be at a higher risk for these problems. There are a number of steps you can take to reduce your risk.

### **Reduce Your Risk of Cardiovascular Disease**

- Do not smoke.
- Eat foods low in fat. One exception is omega-3 fatty acids. These may decrease your risk of heart disease.
- Exercise regularly. Any exercise that raises your heart rate for 30 minutes is effective. Check with your doctor or nurse before you start an exercise program.
- High blood pressure, diabetes, and high cholesterol can increase your risk of cardiovascular disease. If you have these, ask your doctor or nurse about medicines and other treatments that may be helpful.

### **Reduce Your Risk of Osteoporosis**

- Eat foods high in calcium. Examples include: milk, yogurt, nuts, salmon, and green leafy vegetables.
- Take calcium supplements every day. Examples include: calcium citrate, calcium carbonate, and calcium phosphate. Up to 1200–1500 mg of calcium supplementation per day is generally recommended. Talk with your doctor or nurse before starting calcium supplements to see what dose is best for you.
- Take vitamin D supplements every day. This helps your body to absorb calcium. Between 400 and 800 IU of vitamin D per day is generally recommended. Talk with your doctor or nurse before starting vitamin D supplements to see what dose is best for you.
- Exercise regularly. Weight-bearing exercise, such as walking, is an ideal way to help strengthen bone. Exercise for 30 minutes at least three to four times a week.
- Ask your doctor or nurse about having a bone density test to evaluate your bones.
- Ask your doctor or nurse about medicines to help prevent or treat osteoporosis.

## **Hormone Therapy**

For some women, hormone therapy (HT) can be used to manage severe symptoms from menopause. It can also be used to replace age-appropriate hormones. HT may involve:

- A combination of estrogen and progesterone (for women who have a uterus).
- Estrogen alone (for women who have no uterus).

There are risks to taking HT. Studies have been done on women going through natural menopause. Some results show that taking certain kinds of oral HT may increase the risk for breast cancer, heart attacks, and stroke. Studies have not been done in younger women with early menopause. In general, HT is not recommended for women with:

- Certain types of cancer.
- Unexplained vaginal bleeding.
- Liver disease.
- Confirmed cardiovascular disease.
- A history of blood clots.

Whether or not to take HT is a decision that should be made by talking with your doctor. What may be a good choice for one person may not be right for you.

### **Additional Resources**

If you need or would like more support and information about issues of vaginal and sexual health please talk to your nurse or doctor about The Sexual Health Program. For more information or an appointment, please call 646-888-5076. The Sexual Health Program provides services at:

- 160 East 53rd Street – Rockefeller Outpatient Pavilion and 300 East 66th Street
- Evelyn H. Lauder Breast Center and MSKCC Imaging Center

Memorial Sloan-Kettering Cancer Center patient education materials (Ask your doctor or nurse for them):

- Hormone Therapy and Its Alternatives
- Management of Hot Flashes without Hormones
- Improving Your Vaginal Health after Radiation Therapy
- Improving Your Memory
- Improving Your Sleep
- Vaginal Health
- Inserting a Vaginal Dilator
- Pelvic Muscle (Kegel) Exercises
- Improving Your Urinary Continence

Some suggested Internet sites:

- The North American Menopause Society (NAMS): [www.menopause.org](http://www.menopause.org)
- The National Women’s Health Information Center: [www.4women.gov](http://www.4women.gov)
- National Institutes of Health: [www.nlm.nih.gov/health/women/index.htm](http://www.nlm.nih.gov/health/women/index.htm)

