

Medically Induced Menopause

What is it and how to
manage the symptoms?



Quick Facts



Menopause is when a person has their last period. This is because their ovaries stop producing certain hormones and stop producing eggs. The average age for menopause is between 45 and 55.



Medically Induced Menopause is when menopause happens *because* of surgery or treatment. This is different from *natural* early or premature menopause.



Medically Induced Menopause can be **temporary or permanent**. Temporary means the person's period will return. This depends on each individual's situation, including type of treatment or surgery.



Symptoms of medically induced menopause are the same as natural menopause. However, symptoms often start suddenly and feel more severe as you don't always experience perimenopause (the lead-up to menopause).



Other terms used: Treatment-induced menopause; Chemically induced or chemical menopause; Surgical menopause; Latrogenic menopause; Early or premature menopause due to medical treatment; Induced or forced menopause.

Symptoms



Symptom Onset of Medically Induced Menopause

Treatment / Surgery	Approximate symptom onset
Removal of both ovaries	Immediately
Chemo therapy	Months after treatment or immediately
Radiation therapy	Around 3 months after treatment
Hysterectomy without ovary removal	May lead to earlier menopause

Temporary & Permanent Medically Induced Menopause

Factors that can increase chances of Medically Induced Menopause being temporary:

- Younger age
- Lower doses of chemotherapy
- chemotherapy medications that are less damaging to ovaries
- Lower number of chemotherapy medications
- Lower doses of radiation
- Radiation that is directed further away from your ovaries
- The location of your ovaries (an ovarian transposition)

Factors that can increase chances of Medically Induced Menopause being permanent:

- Older age
- If you have both chemotherapy and radiation therapy to the belly (abdomen), pelvis or whole body
- If the chemotherapy medicine is more damaging to the ovaries than others
- With higher doses of chemotherapy medication
- If you are taking more than one chemotherapy medication
- Higher doses of radiation
- If the radiation is directly to your ovaries or pituitary gland



Managing Symptoms of Medically Induced Menopause

*Please note, this is a general guide. It is crucial to have conversations with your healthcare team about your specific circumstances and the risks of certain treatments.

Hot flushes and night sweats

- Menopausal Hormone Therapy (MHT), unless you have a hormonal cancer diagnosis (need to consult with health professional first)
- Avoid triggers (i.e. spicy food, hot drinks, alcohol, smoking & caffeine)
- Techniques to manage stress levels such as cognitive behavioural therapy, breathing & relaxation practices or yoga
- Wear layered, lightweight and loose-fitting clothes
- Carry a hand fan
- Use air-conditioning or fans
- Drink cold drinks
- Wear light pyjamas
- Use cotton, linen or bamboo bed sheets
- Layer blankets instead of a heavy doona
- Have a change of pyjamas and glass of water near the bed

Vaginal Problems

- Vaginal oestrogen (consult with health professional)
- Vaginal lubricants & moisturisers
- Seek help from qualified health professionals: pelvic floor physio, sex therapist or psychologist if there is anxiety around sex and/or painful sex.



Vulval Irritation

- Vaginal oestrogen (consult with health professional)
- Medicated creams, gels or tablets (consult with health professional)
- Vaginal moisturisers
- Water or silicone-based lubricants
- Wear cotton or bamboo underwear
- Cold packs

Sleep Problems

- Cognitive Behavioural Therapy
- Manage hot flushes
- Counselling
- Melatonin supplements (consult with health professional)
- Herbal teas (such as chamomile)

Bladder Problems

- Seek help from a continence specialist or pelvic floor physio
- Vaginal oestrogen (consult with health professional)

Aches & Pains

- Low impact physical activity (swimming, walking, chair yoga)
- Drink a lot of water
- Use hot and cold packs
- Eating a variety of nutritious food
- Seek specialist support from a health professional

Health Risks

Both natural and medically induced menopause increase the risk of some health conditions. It's good to be aware of these, so you can take action.

Heart Health

Oestrogen is an important hormone in heart health and cholesterol levels. During menopause, levels of oestrogen drop. This increases the risk of heart disease. You are more likely to develop risk factors including:

- High blood pressure
- Rise in "bad" cholesterol
- Decrease in "good" cholesterol

You can speak to your doctor about what lifestyle changes can help.

Booking a **heart health check** with your doctor is a good first step. It's a 20-minute appointment that helps understand the risk of heart attack or stroke in the next five years. It's covered by Medicare and free at clinics that bulk bill (you can check this by calling ahead before booking).

Bone Health

As hormones drop during menopause, there is a loss of bone density. This can increase the risk of osteoporosis (brittle and fragile bones) and fractures.

Speak to your doctor about:

- Having a bone health check or a bone density scan
- Ways to increase calcium and vitamin D
- Gentle weight bearing exercises

Mental Health & Wellbeing

This can be an emotionally distressing time. **There is no right or wrong way to feel.** Everyone deals with their diagnosis in their own way.

It's important to explore ways to cope with distress. Talk to your treatment team about how you are feeling and seek professional support if the distress is ongoing. The pressure to be positive or always put on a brave face can be exhausting. It can also mean people find it hard to discuss how they are really feeling.

You are not alone. Sharing how you are truly feeling with the people around you can help you get the support you need. Connecting with others who have gone through or are going through a similar experience can help provide hope, comfort, and connection.



Help is available! scan the QR code to find out how you can speak to a [Peer Support Volunteer](#).

Supporting Someone Experiencing Medically Induced Menopause

It can be helpful to show your partner, family and/or friends the information in this resource. This can help them better understand what you may be experiencing. It can also help them support you.



Tips to support someone experiencing medically induced menopause:



Listen and be supportive



Understand that some mood changes may be due to menopause



Allow them to express their feelings, even if you don't understand them



Ask them to help you understand their symptoms



Encourage them to talk about what they need and when they need it



Go with them to medical appointments or counselling (if they would like that)



Consider who is doing majority of caring and domestic work and if those responsibilities need to be shifted



Keep an open mind and be patient



Scan the QR code for **Cancer Council's** "Emotions and Cancer Guide for people with cancer, their families and friends".



Cancer & Intimacy

Scan the QR code for Cancer Council's Sexuality, Intimacy & Cancer Guide for people with cancer and their partners.

Question Guide

Treatment Options for Medically Induced Menopause:

- What are my options for managing menopausal symptoms?
- What are the risks and benefits of menopausal hormone therapy (MHT), and what kind could be suitable for me? For example, are patches or gels better than pills? Is vaginal oestrogen OK for me?
- Would I need to use MHT for longer than someone who hasn't had treatment, and if so, what are the risks for me?
- What are my options if MHT isn't suitable for me?
- What non-hormonal treatments are there?
- What effective lifestyle approaches are there?
- What will the impact be on my sexual and vaginal health? Are there any treatments that can reduce the risk of problems for me? Is there anything I can do?
- Are there other health professionals who can help me manage my menopausal symptoms? For example, a dietitian or exercise physiologist?
- What are the chances my cancer might come back if I use MHT?
- If I am currently taking menopausal hormone therapy (MHT), will I need to stop taking it before treatment, and will I be able to return to using it after?
- If I can take menopausal hormone therapy (MHT), should I have it planned and ready for when I leave the hospital after my surgery?

Medically Induced Menopause, Side Effects & Cancer Treatment

- How is a medically induced menopause different to a natural menopause? Is it more severe or sudden?
- How will I know if my symptoms are related to menopause or treatment?
- Will this surgery cause me to go into immediate menopause or have an earlier menopause? (Make sure you ask if your treatment will also include chemotherapy, radiation therapy or hormone therapy.)
- How likely is it to be a temporary or permanent menopause?
- Is there anything that could help reduce my risk of earlier menopause?
- Is there anything we can do to preserve my fertility? For example, freezing eggs or embryos. What are my options if I want to have children or more children in the future?
- Should I see a menopause specialist to talk through my options prior to surgery, and can you refer me to a menopause specialist?
- How would we work together to manage my follow-up care?
- Would you manage all aspects of that care, or would you prefer that I see another doctor as well? How would the 2 of you communicate?
- What are the potential long-term risks of the treatment or surgery on my hormonal health and my health overall? I'm concerned about the impacts of menopause on my bone, heart and brain health.
- Is there anything I can do to reduce those risks before, during and after the treatment or surgery?

Question Guide

Cancer & Intimacy

Before or during treatment

- Could this treatment affect my sex life, libido, hormones or fertility? What are the risks?
- Are changes likely to be temporary or permanent? How long will they last?
- What can be done to keep my sexual function and pleasure? Are there treatments that can help?
- Is it safe to have sex or masturbate? Do I need to take any precautions?
- Is there anything I should avoid when having sex?
- What type of contraception should I use, and for how long? Is it safe to get pregnant?

After treatment

- Sex doesn't feel the same as it used to. What can I do?
- I want to have sex, but find it hard to feel aroused. What can help?
- I've lost interest in sex. Is there anything that could help? When will I feel like, or enjoy, sex or being intimate again?
- What problems may I have with intercourse or penetration?
- It hurts when I have sex. Why is this, and how can I manage it?
- I have vaginal dryness. What can I do? Is oestrogen cream safe to use?
- How can I stretch my vagina? Is it safe, and who can help me learn about vaginal dilators?
- I'm having trouble feeling confident about my body and reaching orgasm. Will things improve?
- Can you refer me to a sex therapist? Is there anyone else who might be able to help?

