

Breast cancer and early menopause



A guide for younger women



**NATIONAL
BREAST AND OVARIAN
CANCER CENTRE**



Breast cancer and early menopause

A guide for younger women



Breast cancer and early menopause — a guide for younger women was prepared and produced by:

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Foreword

Who this booklet is for

This booklet is for younger women diagnosed and treated for breast cancer who may be at risk of early menopause. Early menopause can be a side effect of some breast cancer treatments. Management of early menopause after treatment for breast cancer needs a different approach to that used by older women who enter menopause naturally.

This booklet provides information about early menopause and its symptoms. It describes some of the physical and emotional changes experienced by younger women with breast cancer and offers some practical suggestions for managing these changes.

This booklet is not a replacement for advice given by a health professional and it does not cover all options available. Only a health professional can help individualise your care.

How to use this booklet

This booklet is divided into sections to help you find the information most relevant for you. At the beginning of each section there is a summary of key points. There is also a glossary of terms at the end of the book.

Guide to symbols



‘Dictionary’ boxes provide definitions of medical terms used in the book



‘More information’ boxes identify other relevant sections in the book and other sources of information



‘Question’ boxes provide suggested questions you may like to ask your health care team

There is space at the end of each section for you to make notes or write down questions for your health care team.

Introduction

Summary

- Menopause refers to a woman's final menstrual period.
- Early menopause can be distressing for younger women.
- Most symptoms of early menopause can be managed with appropriate care.

What is menopause?

'Menopause' refers to a woman's final menstrual period. It occurs when a woman's ovaries no longer produce eggs, which result in her periods stopping. It usually occurs between the ages of 45 and 55.

Stages of menopause

In this booklet we talk about different stages of menopause:

- **pre-menopause:** the time before menopause when a woman has regular monthly menstrual cycles ('periods')
- **peri-menopause:** the time when menopausal symptoms start (such as hot flashes and irregular periods), leading up to the time of menopause
- **menopause:** the final menstrual period
- **post-menopause:** the 12 months following the final menstrual period.

Hormone production and menopause

Before menopause (**pre-menopause**), the ovaries release an egg each month. If you do not become pregnant, the lining of the womb breaks down leading to monthly menstruation ('periods'). During pre-menopause, the ovaries produce three main hormones: **oestrogen, progesterone** and **testosterone**.

During **peri-menopause**, menstrual periods become irregular and menopausal symptoms such as hot flushes may occur. The duration of peri-menopause varies in individual women. Hormone levels rise and fall during peri-menopause. This can affect many parts of the body, including the uterus (womb), vagina, breast, bone, bladder, brain, and skin. Changes in hormone levels may affect both physical and emotional wellbeing.

Eventually, menstrual periods stop completely (menopause). At menopause, the type and level of hormones produced by the body changes. After menopause, the body produces less oestrogen and usually progesterone production stops. Testosterone levels fall slowly from the mid 20's onwards but can drop suddenly in women who have their ovaries removed before they have reached menopause.

The hormone changes that occur during peri-menopause and at menopause affect the body in different ways:

- loss of oestrogen is the main cause of menopausal symptoms
- loss of progesterone is unlikely to cause symptoms
- loss of testosterone may affect sex drive (libido) and energy levels in some women.

Menopause can cause a number of different symptoms and can increase the risk of other health conditions such as osteoporosis.

Treatments for breast cancer can affect the age of menopause and can influence the available options for managing menopausal symptoms. **Early or premature menopause caused by breast cancer treatment can be managed successfully.** Some women find that menopausal symptoms have little or no impact. For others, menopausal symptoms can be more severe and can affect their quality of life. This booklet provides information and strategies about how to manage the symptoms of early menopause.



For more information about symptoms of menopause and how to manage them, see the 'Menopause and breast cancer' section.

Younger women and menopause

Menopause can be a challenge at any age. When it occurs earlier than expected, it can be particularly distressing. Younger women may face particular difficulties because of their stage of life. While some women feel sad at this time, others feel that they get a new lease of life. They may enjoy having no periods and may feel more confident as a result.

This booklet provides information about early and premature menopause and its symptoms. It also discusses the emotional impact of menopause in younger women and offers some practical suggestions for managing these stresses.



Early menopause: menopause in women younger than 45
Premature menopause: menopause in women younger than 40

You may like to write your questions here:

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Menopause and breast cancer

Summary

- Most women with breast cancer will have gone through menopause naturally before their breast cancer is diagnosed.
- Treatments for breast cancer can cause menopause in younger women. Not all breast cancer treatments cause menopause. Ask your specialist about whether your treatment could cause you to become menopausal.
- Menopause caused by breast cancer treatments may be temporary or permanent.
- Most symptoms of menopause are temporary and will ease with time.
- Some treatments for breast cancer can affect fertility (your ability to have children).

Breast cancer treatment and menopause

Each year in Australia, around 13,000 women are diagnosed with breast cancer. About 1500 are younger than 50 at diagnosis. For many women, breast cancer can be treated successfully. However, treatments for breast cancer, such as chemotherapy, radiotherapy and hormonal therapies, can have short and long-term side effects. One side effect in younger women may be **menopause**.

About two-thirds of women who are younger than 50 when their breast cancer is diagnosed will go through menopause because of their treatment. If you are **peri-menopausal** when treatment begins, you may move into menopause more quickly than if you were not receiving treatment. Other women may experience temporary **menopausal symptoms**. This will depend on the type of treatment and the woman's age.

Why do breast cancer treatments cause menopause?

Treatments for breast cancer can affect the ovaries in a number of ways. These effects can be temporary or permanent.

- Temporary or permanent menopause can occur in women receiving chemotherapy or hormonal therapies (drugs like tamoxifen or goserelin [Zoladex®]). Temporary menopause is more common among women who are younger than 35 at the time of treatment. If menopause is temporary, menstrual periods may return within 1 year of stopping treatment. Permanent menopause is more common among women who are 40 or older at the time of treatment. There is no reliable test to predict whether menopause will be temporary or permanent. Although normal menstrual periods may return once treatment finishes, menopause may be permanent, regardless of age.
- Permanent menopause occurs in women who have surgery or radiotherapy to the ovaries.

Regardless of whether menopause is temporary or permanent, you may experience menopausal symptoms during treatment. Some women who have already gone through menopause also experience menopausal symptoms with certain treatments. For example, drugs such as tamoxifen, and aromatase inhibitors – anastrozole (Arimidex®), letrozole (Femara®) and exemestane (Aromasin®) – can cause symptoms such as hot flashes. These symptoms usually stop once treatment finishes.

“I think perhaps knowing who to go to early on would have been helpful, because you do feel alone and frightened. It’s strange, you don’t know what’s going on at first you feel a bit like you are going mad. Getting information made me feel a bit more in control.”

Which breast cancer treatments cause menopause?

The likelihood of breast cancer treatment causing menopause depends on the type of treatment and your age when treatment starts.

Surgical removal of the ovaries

As part of breast cancer treatment, you may be offered surgery to remove your ovaries (**oophorectomy**). If you are pre-menopausal, removal of the ovaries will bring on permanent menopause and will cause a sudden and permanent drop in your hormone levels.

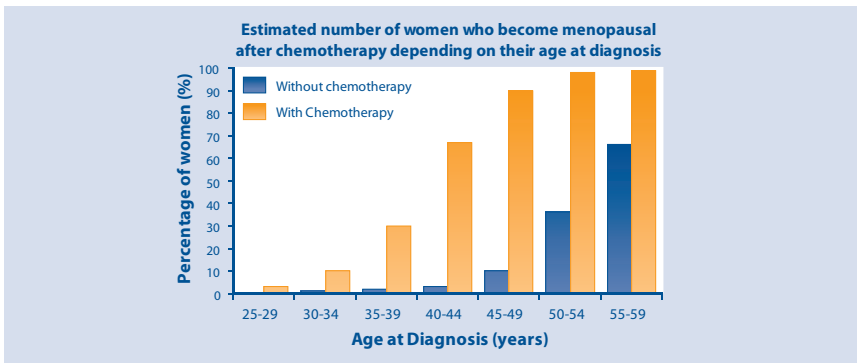
Radiotherapy to the ovaries

You may be offered radiotherapy to your ovaries to stop your ovaries from working. This is different to having radiotherapy to the breast. Radiotherapy to the ovaries stops them from producing and releasing hormones and results in a permanent menopause.

Chemotherapy

Many different chemotherapy drugs are used in the treatment of breast cancer. Not all chemotherapy drugs cause menopausal symptoms. Chemotherapy treatments change all the time – and so too does the risk of early menopause.

Talk to your treating doctor or menopause specialist about whether the chemotherapy drugs recommended for you are likely to cause menopausal symptoms.



The graph above shows the chances of menopause in the first year after diagnosis: without other treatment and with chemotherapy only.

Graph adapted from Goodwin P, Ennis M, Pritchard K, Trudeau M, Hood N. Risk of menopause during the first year after breast cancer diagnosis. *J Clin Oncol* 1999;17(8):2365-2370. The figures on this graph are average figures for all chemotherapies and provide a rough guide.

Hormonal therapies

Hormonal therapies (also called **endocrine therapies**) may be given to women who have hormone receptors on their breast cancer cells. Hormonal therapies work by blocking the action of oestrogen. Some hormonal therapies can cause menopausal symptoms in younger women. Examples of hormonal therapies include:

- goserelin (Zoladex®)
- tamoxifen
- aromatase inhibitors, including anastrozole (Arimidex®), letrozole (Femara®) and exemestane (Aromasin®)—aromatase inhibitors are only used for post-menopausal women.

If you are younger than 35 when you receive hormonal therapies, it is more likely that your normal menstrual cycle will return when treatment with hormonal therapies finishes.

Hormonal therapies can cause menopausal symptoms even in women whose periods stopped some years before they were diagnosed with breast cancer.

How is menopause diagnosed?

Menopause can often be diagnosed on the basis of symptoms such as hot flushes and night sweats. These changes suggest that oestrogen levels are low. However, blood tests may be needed to confirm the diagnosis. Blood tests can measure the levels of two hormones in the blood:

- follicle stimulating hormone (FSH)
- oestradiol.

However, blood tests are not always reliable and will not show whether treatment-induced menopause will be permanent or temporary.

Managing menopause is usually a matter of treating the symptoms rather than responding to test results.

How do I know if I am experiencing menopause?

If you're experiencing menopause, your periods will stop. They may first become irregular. You may also experience other menopausal symptoms such as hot flushes. Some of the common symptoms of menopause are listed in the table below. Symptoms of menopause vary considerably and not all women will experience all of the symptoms listed.

Table 1: Common menopausal symptoms

Symptom	Description
Irregular menstrual periods	Changes in the pattern of menstruation (less frequent, heavier, lighter or there may be breakthrough bleeding during the month). For some women their periods may stop suddenly
Hot flushes and night sweats	Hot flushes can range from feeling warm to experiencing intense heat on the upper body and face. Some women also experience sweating and palpitations (racing heart). A hot flush generally lasts for 1–5 minutes. Sweating at night is common and the severity varies from person to person. The frequency of hot flushes varies from a couple of times a week to several times an hour.
Vaginal dryness	Menopause can cause vaginal dryness. The vagina is normally a moist environment and secretions increase during sexual arousal. A reduction in oestrogen levels can cause dryness and thinning of the vaginal wall. A dry vagina feels uncomfortable during intercourse and may cause discomfort at other times.

Sexuality and libido	Menopause can cause a loss of libido, and can decrease your desire for sexual intimacy. Changes in libido may not only be the result of menopausal symptoms. Breast cancer and its treatment can influence a woman's overall sense of femininity and sexuality. This can happen to any woman, whether or not she has a partner.
Bladder symptoms	Bladder symptoms are common during menopause. They include frequency (needing to pass urine often), incontinence, urgency (not being able to 'hold on' when the bladder feels full) and urinary tract infections.
Sleep disturbance	Sleeplessness or interrupted sleep is common during menopause. You may wake up sweating from a hot flush. Getting to sleep can also be difficult.
Fatigue and tiredness	Many women experience unexplained fatigue or tiredness. This may be related to sleep disturbance and/or fatigue from chemotherapy or radiotherapy.
Aching bones	Some women experience bone aches and pains during the night and day.

You may find it helpful to keep a diary of your symptoms so that you can discuss them with a member of your health care team. An example of a menopause diary is given at the back of this booklet.

Talk to a member of your treatment team if your symptoms are affecting your quality of life.

"I was expecting the symptoms to be terrible...my mother had a terrible time with 'the change', but I was surprised, it was really only the vaginal dryness that worried me."

How long will menopausal symptoms last?

Most symptoms of menopause are temporary and will ease with time.

In women who have not been treated for breast cancer, menopausal symptoms last around 1–5 years but most improve over time. We don't know whether the duration of menopause is the same for women who enter menopause early because of treatment for breast cancer. Some symptoms, such as vaginal dryness and pain during intercourse, can last after treatment has stopped.

For some women, the only symptom of menopause is that their monthly periods stop. If you have other symptoms, these can range in severity from very mild to severe.

Effects of breast cancer treatments on fertility

Some treatments for breast cancer can affect your fertility (your ability to have children).

Once your cancer treatment has finished there is no reliable test to find out if you can still become pregnant. If your periods stop for a year or more, it's likely that your menopause will be permanent. If your menopause is permanent, you will be unable to have children naturally.

If being able to have children is important for you, speak to your oncologist before starting treatment for breast cancer. Your oncologist may suggest that you see a fertility specialist to discuss your options.

Surgery or radiotherapy to the ovaries and fertility

Surgery and radiotherapy to the ovaries causes permanent infertility.

If you have your ovaries removed by surgery, or if you have radiotherapy to the ovaries, you will no longer be able to have children naturally.

Chemotherapy and fertility

Some chemotherapy drugs can cause a woman to become infertile.

Some women (usually women under 35 years) find that their periods return once chemotherapy finishes. However, this does not mean that you will be able to have children.

The effect of chemotherapy on your fertility will depend on a number of things, including your age and the type of drugs you receive. These effects can also vary between different women of the same age.

Talk to your oncologist or a fertility specialist about your individual situation before you start treatment.

Hormonal therapies and fertility

Treatment with hormonal therapies (endocrine therapies) does not cause infertility. However, a woman's fertility may fall naturally while taking hormonal therapies. Most hormonal therapies for breast cancer are given for 5 years. After 5 years, a woman's fertility will have fallen naturally because she is older.

Although hormonal therapies for breast cancer can cause your periods to stop, this does not necessarily mean that you cannot become pregnant. If you are sexually active while you're taking tamoxifen, it's important to use an effective contraceptive if you do not wish to become pregnant during this time.

If you wish to become pregnant during the 5 years of hormonal therapy, it is important to discuss the risks and benefits of this with your oncologist.

Contraception after breast cancer treatment

Treatments for breast cancer may reduce fertility temporarily or permanently. However, this does not mean it is impossible to become pregnant during or after treatment.

There is no evidence about whether or not it's safe to take the oral contraceptive pill ('the pill') or use implants (Implanon®) during or after treatment for breast cancer. Therefore it's recommended that you use non-hormonal forms of contraception, such as condoms, diaphragms, intrauterine contraceptive devices (IUDs) or male or female sterilisation. It's still possible to catch sexually transmitted infections (STIs) after menopause. Condoms are the most effective way of protecting against STIs.

If you were pre-menopausal before breast cancer and you are sexually active, talk to a member of your health care team about suitable methods of contraception for you.

Questions to ask about menopause and breast cancer



Listed below are some questions you might want to ask about menopause and breast cancer.

- What is the risk that the treatments you are recommending for me will cause early menopause?
- How soon after treatment starts should I expect menopausal symptoms, if any?
- What level of menopausal symptoms is normal?
- Will my periods stop as a result of my treatment?
- I am planning a first or further pregnancy. Can I speak to a fertility specialist before starting treatment for breast cancer?
- What contraception should I/my partner be using? For how long should I use contraception?

You may like to write your own questions here:

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Managing menopausal symptoms

Summary

- The severity of menopausal symptoms varies for different women.
- Symptoms may include mood changes, hot flashes, sleep disturbance, vaginal dryness, bladder problems, fatigue and bone and joint pains.
- Menopause can also affect a woman's libido or sexual desire.
- There are a range of practical remedies and lifestyle changes that can help manage the symptoms of menopause.

Managing menopause

Every woman's experience of menopausal symptoms is different. The severity of symptoms can vary between different women.

Symptoms of menopause may affect your everyday life. This section includes suggestions about changes to your lifestyle that can help reduce symptoms and make them easier to manage. These suggestions will not stop the symptoms completely. However, it's worth noting that the lifestyle changes you put in place now may bring you other physical and mental benefits in the future.

Coping with stress and emotional worries

Menopausal symptoms can be particularly distressing for younger women.

Most menopausal symptoms will resolve with time. However, for some women, the stress and emotional burden of menopause can be overwhelming. **Remember, it's ok to ask for help.** You may find it helpful to tell those close to you about what is happening and how your symptoms make you feel. Support and understanding from others can help you manage your symptoms.

"I found writing in my journal helped me handle stress. It gave me the opportunity to absorb and contemplate my emotions without succumbing to fear or anxiety."

Mood changes

Emotional responses to menopausal symptoms vary greatly between women.

Younger women may have particular concerns about loss of libido, loss of fertility or a feeling of growing old prematurely. Sleep deprivation associated with night sweats can also result in moodiness and irritability.

Managing mood changes can be more of a challenge for women who are working or caring for young children. Recognising these symptoms and allowing time for self-care ('time out') can help.

If you're experiencing feelings that are overwhelming you or interfering with your daily activities, talk to your doctor or breast care nurse.



Most States and Territories offer specialised social workers and clinical psychologists to provide emotional support for women with breast cancer, including women experiencing early menopause. For more information about services in your local area, call the Cancer Council Helpline on 13 11 20.

National Breast and Ovarian Cancer Centre has a booklet called 'Cancer — how are you travelling'. This booklet describes the emotional, psychological, physical, and practical challenges of a diagnosis of cancer, and what can help. To order a copy, phone 1800 624 973 or go to www.nbocc.org.au/resources.

Hot flushes and night sweats

Hot flushes are a side effect of many hormonal treatments for breast cancer and are common during menopause.

Hot flushes may come and go and are not always severe. The duration of hot flushes also varies between women. Some women may experience hot flushes for many years.

What helps?

Although we don't know how to stop hot flushes, there are some things you can do to help manage the symptoms:

- wear natural fibres like cotton which absorb sweat
- dress in layers, so that it's easy to take off an item of clothing when you experience a hot flush
- reduce your intake of caffeine, alcohol, hot drinks and spicy foods
- keep a small fan in your work area and drink cold water to cool you down
- keep a note of when you experience hot flushes and what you're doing when they occur; this may help you identify the 'triggers' that cause your flushes and help you find ways to avoid them
- consider meditation
- consider other lifestyle strategies, such as a healthy diet, regular exercise and not smoking.

Staying cool in bed:

- keep cold water by your bed ready to drink at the first sign of a sweat
- use cotton sheets and cotton nightclothes
- sleep under layers, so you can easily remove extra bed covers
- have a small fan running to keep the air moving while you sleep.

Some women have found they can relieve the symptoms if they switch to deep, slow abdominal breathing (controlled breathing) at the first sign of a hot flush.

Regular exercise may ease hot flushes and improve your sleep. You may like to keep a packet of pre-moistened tissues/towels, such as baby wipes, handy for when hot flushes occur.

If you think you would find it helpful to share your experiences with other women, you may like to join a support group. Meetings can be face-to-face or held over the telephone or internet.



Clinical psychologists can provide more information about how to do abdominal breathing.

To find a clinical psychologist or support group in your local area, talk to your breast care nurse or call the Cancer Council Helpline on 13 11 20.

Sexuality and libido

Menopause can cause a loss of libido, and can decrease your desire for sexual intimacy.

Managing these symptoms may require some effort – and open communication between you and your partner.

Menopause can reduce the body's production of the hormone oestrogen. Oestrogen is important for maintaining the moisture and elasticity (stretch) of the vagina. When oestrogen levels are lower, vaginal dryness and loss of vaginal elasticity can make sexual intercourse uncomfortable or painful. Unlike hot flushes, vaginal dryness does not improve with time and may be a long-term problem unless treated.

Some women say it takes longer to become aroused and experience orgasm during and after menopause. The loss of desire and libido may be directly related to lower levels of the hormones oestrogen, progesterone, or testosterone. Vaginal dryness and pain may further increase the problem.

Changes in libido may not only be the result of your menopausal symptoms. Breast cancer and its treatment can influence your overall sense of femininity and sexuality. This can happen to any woman, whether or not she has a partner.

What helps?

There are a range of practical and lifestyle remedies that can help manage some of the effects of early menopause on sexuality and libido, including managing vaginal dryness.

- Be open with your partner; explain what is happening and what might be helpful for you.
- Relaxation techniques may help to reduce your stress levels and help you refocus on your relationship.
- Treat vaginal dryness if it is causing discomfort (see next section for details).
- Downplay the importance of sexual intercourse and orgasm, at least for a while. Instead, focus on the pleasure of touching, kissing, and imagery. Women need foreplay to become properly aroused, so don't hurry this aspect of your relationship, and let your partner know what helps.
- You and your partner may find it helpful to talk to a health professional – you can do this together or separately. You may want to ask for advice from a trained specialist such as a relationship counsellor or sex therapist.

What to do about vaginal dryness

The most effective solution for vaginal dryness is to use a product that will add moisture to the vaginal tissue. There are three types of vaginal moisturisers. All are applied directly into the vagina.

- Non-hormonal vaginal moisturisers

Non-hormonal vaginal moisturisers provide relief from the uncomfortable symptoms of vaginal dryness. These products (eg Replens®) come in a semi-liquid form and are usually applied twice a week. They are available from most pharmacies.

- Vaginal lubricants

Vaginal lubricants provide lubrication to enhance the comfort and ease of sexual intercourse. These products (Sylk®, Astraglide® or KY® Jelly) come as 'semi-gel' creams. They are available from pharmacies.

- Vaginal oestrogens

Vaginal oestrogens are creams containing low doses of the hormone oestrogen. They are designed to help retain vaginal elasticity and to replace moisture. They are used about twice a week. Vaginal oestrogens must be prescribed by a doctor.

When vaginal oestrogens are used, minimal amounts of oestrogen may be absorbed into the body. We don't yet know whether vaginal oestrogens are safe for women who have had breast cancer. Because of this, **vaginal oestrogens should only be prescribed by a medical practitioner who is aware of your history of breast cancer. It is important to check with your oncologist before using a vaginal oestrogen.**

Other ways of managing vaginal dryness

- Avoid substances that can irritate or dry the vaginal region, such as soap, or products containing alcohol or perfume. Products containing petroleum jelly and baby oil can also cause irritation. Use a soap-free product to wash the vaginal area.
- Wear cotton underwear and avoid nylon underwear, tight underwear, or tight clothing.
- If you're sexually active, discuss your concerns with your partner. If your partner is aware of how you feel, he or she is more likely to help you explore alternatives.
- Simple strategies, such as changing the position for intercourse, can relieve discomfort. Pain during sex can make you tense, and that tension can cause more pain. Try exploring alternative ways to be intimate so you and your partner can maintain a pleasurable and satisfying sexual relationship.

Insomnia and disrupted sleep

Many women experience disturbed sleep during menopause.

You may wake up sweating from a hot flush. Getting to sleep can also be difficult. Disrupted sleep can cause fatigue and tiredness. If you experience sleeping difficulties, try relaxation or meditation techniques.

If you're regularly waking up feeling anxious and worried, talk to a member of your health care team. Treatments are available that can help.

What can help?

There are a number of things that may help you sleep better.

- Before bed, avoid caffeine-based drinks, alcohol, and other stimulants like cigarettes and TV. If you're used to having a bedtime drink, try a non-stimulating herbal tea, like chamomile.
- Use the bedroom for sleep only – no TV or written work (sex is fine!).
- Establish a regular bedtime and waking routine – its OK to take short naps (no longer than an hour) during the day, but try not to rest for long periods.
- Keep your bedroom cool.
- Gently increase your physical activity during the day – such as walking or swimming.
- Try controlled breathing – deep slow abdominal breathing.
- Try relaxation or meditation techniques.
- Consider asking your general practitioner for a short-term mild sedative.

Bladder problems

Bladder problems – such as incontinence, passing urine more frequently at night and urinary tract infections – can become more frequent during menopause.

If you experience a burning pain when passing urine, or if you feel the need to go to the toilet frequently yet pass only small amounts of urine, see your general practitioner. You may have a bladder infection that requires treatment with antibiotics.

What can help avoid bladder infections?

- Drink sufficient fluids – especially early in the day.
- Go to the toilet promptly when your bladder is full.
- Drinking cranberry juice may help avoid infections.
- Pass urine directly after intercourse.
- Wipe from front to back after using the toilet.
- Talk to your doctor about topical oestrogen.

What can help avoid incontinence?

- Try pelvic floor exercises to reduce urine leakage and improve bladder control. Exercise brochures are available from most general practitioners and chemists. You may find it helpful to seek advice from a physiotherapist - ask your general practitioner or breast care nurse for a referral.
- Avoid food and drinks containing high levels of caffeine as this can irritate the bladder and can increase incontinence.
- Visit your local continence advisory service. Ask your general practitioner or breast care nurse for more information.

Fatigue and tiredness

Feeling fatigued or constantly tired is a common symptom of menopause and is a side effect of treatments for breast cancer.

During menopause, disrupted or reduced sleep is the major cause of fatigue and tiredness. Regardless of what is causing your tiredness, exercise can help reduce the symptoms.

What can help?

- Establish a gentle regular exercise program, varying the exercise so you don't get bored.
- If you haven't exercised for a while or have other medical conditions, ask your general practitioner about the type and amount of exercise you should undertake.
- Increase your level of activity gradually.
- Ask a friend to exercise with you to help keep you motivated.
- If you're experiencing significant fatigue, take on a small activity, followed by a rest period, followed by another activity.
- Avoid long periods resting in bed; it will only increase your fatigue.
- Eat a diet that includes at least 2 serves of fruit and 5 serves of vegetables a day.
- Drink enough water (about 8 glasses a day is recommended) so that you do not feel thirsty. Dehydration can also be the cause of fatigue.

Effects on memory

Menopause does not cause you to lose your memory.

However, changes in sleep pattern, tiredness, and anxiety can cause you to become forgetful and may impair your mental functioning.

What can help?

- Make lists of things that are important to remember.
- Stay mentally active—try a crossword, Sudoku or quizzes.
- Keep a brief diary of appointments and things to do and check it regularly.
- Regular exercise can help improve your sleep patterns.
- Explain to everyone what is happening to you so they can help and give you support.

Bone and joint pain

Painful joints can be a problem associated with menopause and can also be a side effect of drugs used to treat breast cancer, such as aromatase inhibitors used for postmenopausal women. Sometimes joints can feel stiff and sore.

What can help?

Exercise can help to maintain a range of movement and maintain a healthy weight. You may wish to talk to a dietician and ask about vitamin supplements.

If you have bone or joint pain, tell your general practitioner to check that you don't have other joint changes, such as arthritis.

Putting on weight

Weight gain is common during both cancer treatment and menopause.

Maintaining a healthy weight is an important aspect of a long-term health for cancer survivors. There are many ways to avoid weight gain and to lose additional weight if you put it on. Talk to your general practitioner, breast care nurse or ask to speak to a dietician for advice.

What can help?

- Eat a healthy diet, including lots of fresh fruit and vegetables.
- Reduce your intake of fats, especially saturated fats.
- Drink more water and less sugary liquids like soft drink and fruit juice.
- Participate in regular physical activity.
- Drink no more than one or two standard alcoholic drinks a day (a 'standard drink' is one small glass of wine).
- You can get detailed advice on your particular needs from an accredited, practising dietician.



To find an accredited dietician near you, visit www.daa.asn.au

Self care

Some women find it helpful to take 'time out'. This can mean enjoying a long bath, a massage, weekends away with loved ones, or a long walk in a favourite environment. Taking care of yourself is not being selfish. The relaxation it brings can help reduce stress levels and help you cope.



Questions to ask about managing menopausal symptoms

Listed below are some questions you might want to ask about how to manage menopausal symptoms.

- Can you refer me to a menopause specialist to discuss my symptoms?
- Can I talk to someone about how I'm feeling?
- Can I speak to a dietitian?
- What level and types of exercise are suitable for me?
- How will menopause affect my sex life?
- What products can I use to help manage vaginal dryness?
- Can my partner speak to a sexual therapist/counsellor?

You may like to write your own questions here:

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Treatments for menopausal symptoms after breast cancer

Summary

- Your decision about whether to use a treatment for menopausal symptoms will depend on the severity of your symptoms and the potential effect of treatment on your risk of breast cancer coming back.
- Although hormone replacement therapy (HRT) is a very effective treatment for menopausal symptoms, it is generally not recommended after breast cancer.
- The safety of other treatments such as tibolone or testosterone for women who have had breast cancer is not yet known.
- Few non-hormonal treatments have been shown to be effective in the management of menopausal symptoms.
- Most of the 'alternative', 'complementary' or 'natural' therapies have not been fully tested for their effectiveness or safety in treating menopausal symptoms and some may interact with other breast cancer treatments.
- Talk to your oncologist about your options for menopausal treatments before making a decision. You may find it helpful to talk to a menopause specialist.

Treatments for menopausal symptoms

Relatively few studies have looked at how menopausal symptoms can be treated safely after breast cancer. This section provides an overview of the common medical treatments used in managing menopausal symptoms, and discusses what is known about their use in women after breast cancer.

For some women, menopausal symptoms can be severe and can have a significant impact on their lifestyle. Your decision about whether to use a treatment for menopausal symptoms will depend on the severity of your symptoms and the potential effect of treatment on your risk of breast cancer coming back.

Talk to your oncologist about your options before making a decision. You may find it helpful to talk to a menopause specialist – ask your oncologist for more information.

Hormonal treatments for menopausal symptoms

Hormone replacement therapy

Although hormone replacement therapy (HRT) is a very effective treatment for menopausal symptoms, it is generally not recommended after breast cancer.

Studies of HRT after breast cancer have shown mixed results. We don't know whether HRT is definitely safe in women who have had breast cancer. The most common forms of HRT are 'combined HRT' which contains the hormones oestrogen and progestogen. Some treatments only use progestogen. These treatments are not as effective as those containing oestrogen. We don't yet know whether it is safe to take progestogen after breast cancer.

Talk to your oncologist or general practitioner about your options.

Tibolone treatment

We don't know whether it is safe to take tibolone after breast cancer.

Tibolone (Livial®) is an alternative to HRT for treating menopausal symptoms. The drug acts in a similar way to HRT but does not contain oestrogen or progestogen. Tibolone may help to improve libido for some women.

Talk to your oncologist or general practitioner about your options.

Testosterone treatment

We don't know whether it is safe to use testosterone after breast cancer.

Testosterone is produced by women as well as men. Testosterone levels fall gradually with increasing age and may be reduced by some breast cancer treatments. For some women, reduced levels of testosterone may lead to lower libido and lower energy levels. Hormonal treatments are available to increase testosterone levels.

Talk to your oncologist or general practitioner about your options.

Non-hormonal treatments for menopausal symptoms

Few non-hormonal treatments have been shown to be effective in the management of menopausal symptoms. Below is a list of the most common treatments and their side effects.

Clonidine

Clonidine is a drug used to treat high blood pressure. It can be used to reduce menopause-associated hot flashes after breast cancer. Side effects of clonidine include a dry mouth and blurred vision.

Gabapentin

Gabapentin is a drug used to treat chronic pain and epileptic fits. It has been shown to be effective in reducing hot flashes. Many women find gabapentin acceptable to use. However, up to half of the women who use gabapentin experience side effects including sleepiness, light-headedness, and dizziness. These side effects may resolve with time or can be reduced by adjusting the dose.

Venlafaxine and other similar drugs

Many studies have shown that antidepressants like venlafaxine (Efexor®), paroxetine (Paxil®), fluoxetine (Prozac®), citalopram (Celexa®) or sertraline (Zoloft®) may reduce hot flashes. These drugs act quickly (within a week) but may not have a long-lasting effect.

Around a quarter of women experience side effects with antidepressants.

Some of these drugs, particularly fluoxetine and paroxetine, may interfere with the way that your body breaks down tamoxifen. This may interfere with the action of tamoxifen. Ask your oncologist for more information.

Complementary and 'herbal' treatments

Complementary therapies are a range of approaches to care aimed at enhancing quality of life and improving wellbeing. They may be used

alongside conventional treatments. You may also hear people talk about 'alternative therapies'. These are therapies that are taken instead of conventional approaches to treatment.

Herbal or complementary remedies should only be prescribed by a naturopath who is appropriately trained in their use.

Most 'complementary', 'natural' or 'alternative' therapies have not been fully tested for their effectiveness or safety in treating menopausal symptoms.

It is important to talk to your doctor before taking any complementary or 'natural' preparations as they may interact with other cancer therapies. Some herbal preparations may contain oestrogen-like compounds. This can be a concern for women who have had a diagnosis of breast cancer.

Black cohosh

The evidence about the effectiveness of black cohosh in managing menopause symptoms is inconsistent. Side effects of black cohosh include gastro-intestinal upsets and skin rash. There are also concerns about its safety after reports of liver damage.

Phyto-oestrogens and soy

Phyto-estrogens (eg soy products and isoflavones) are not effective in treating hot flushes in menopausal women who have not had breast cancer. They have not been tested following breast cancer but phyto-oestrogens and soy are unlikely to be effective. Their safety after breast cancer is not known.

Acupuncture

Early studies on the effectiveness of acupuncture in treating hot flushes look promising.

If you have had breast cancer with surgery or radiotherapy to the axilla (armpit), you should avoid having acupuncture on the affected arm and ensure sterile needles are used to help prevent lymphoedema.



National Breast and Ovarian Cancer Centre has developed a booklet about lymphoedema and its management. To order a copy of 'Lymphoedema – what you need to know' visit www.nbocc.org.au/resources or phone 1800 624 973.

Vitamin E

Vitamin E given at a high dose (800 IU per day [usual dosage is 400-800 iu per day]) may be mildly effective in some women in reducing hot flushes. Vitamin E is thought to be safe after breast cancer.

Other complementary or 'over-the-counter' remedies

There is a wide range of 'over-the-counter' medications or herbal remedies available for the management of menopausal symptoms. There is very little evidence about the effectiveness or safety of over-the-counter menopausal remedies in women who have not had breast cancer and very little is known about their effects in women who have had breast cancer.

Examples include:

- Dong Quai
- evening primrose
- ginseng
- red clover
- Chinese herbs.

If you are considering any of these preparations you should discuss them with your doctor first.



Memorial Sloan Kettering Hospital in the USA has developed a website with information about complementary therapies. The website describes what is currently known about a range of herbal products and supplements. To access this information go to <http://www.mskcc.org/mskcc/html/11570.cfm>. Please note that this is an American website and not all of the products listed may be available in Australia.

‘Bio-identical’ hormones

‘Bio-identical therapy’ generally refers to hormonal preparations that are individually prepared for the treatment of menopausal symptoms or other hormonal complaints. Bio-identical hormonal mixtures are compounded in troches (placed in the mouth) or creams (rubbed on the body). Bio-identical hormone preparations require a doctor’s prescription and are made up by chemists called compounding pharmacists. Bio-identical hormones have not been shown to be effective for the treatment of menopausal symptoms and their safety after breast cancer is not known. They may carry the same risks as HRT.



The Jean Hailes Foundation for Women’s Health offers further information on bio-identical hormones at <http://www.jeanhailes.org.au>



Questions to ask your doctor about menopausal symptoms

Listed below are some questions you might want to ask about options for treatment of menopause.

- What treatments are available if I have severe menopausal symptoms?
- What is known about the effectiveness of the treatment you are recommending?
- Will the treatment you are recommending affect my risk of breast cancer coming back?



Questions to ask a complementary health practitioner

Before you decide on any course of complementary therapy or activity, it is important to be well informed. You should also feel confident about the training of any complementary health practitioner. Questions you may want to ask include:

- What is your training?
- Exactly what is the therapy you're proposing?
- What do you hope it will do?
- What is the evidence for the success of this therapy?
- What side effects could there be?
- How common are the side effects?
- Will this therapy affect other treatments I am receiving?
- How much will this therapy cost?

It is also important to ask the doctor(s) who are providing your conventional treatment whether the complementary therapies you're considering could interact with the conventional treatments you're receiving.

You may like to write your own questions here:

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Effects of early menopause on long-term health

Summary

- The effects of early menopause on long-term health are not yet fully understood.
- Early menopause may increase the risk of heart disease and osteoporosis (thinning of the bones).

Long term effects of early menopause

For women in their 50's, menopause is a normal event. Most women adjust to the physical changes with little if any impact on their quality of life, or activities. Most symptoms associated with menopause are resolved within a year or two.

Only a few studies have looked at the effects of premature or early menopause on long-term health. This section provides a brief guide to the findings to date.

Heart disease

Premature or early menopause may increase the risk of heart disease. This means that exercise, weight control, treatment for high blood pressure, a balanced diet, stopping smoking and reducing alcohol intake are likely to be very important in women experiencing early menopause.

Osteoporosis

Loss of oestrogen at menopause may increase the risk of osteoporosis (thinning or weakening of the bones). The risk of osteoporosis can be increased further by some breast cancer drugs such as aromatase inhibitors (used for women who are post-menopausal). Weakening of the bone may be avoided if you are taking tamoxifen.

Women with a family history of osteoporosis, who smoke, are underweight, have hyperthyroidism, have taken steroids, or are taking aromatase inhibitors are at particular risk of osteoporosis.

Your doctor may measure your bone density if you're at increased risk of osteoporosis before prescribing a hormonal therapy for you. If you're already at increased risk of osteoporosis, your doctor will consider this when recommending which hormonal therapy is suitable for you.

How can I reduce my risk of osteoporosis?

There are a number of effective strategies for avoiding osteoporosis including:

- a balanced diet that contains enough calcium (1,200 mg/day) — a glass of milk or small tub of yogurt has about 250mg of calcium
- adequate Vitamin D, this means taking Vitamin D supplements or being in direct sunlight for 5–15 minutes 4– 6 times a week, this may vary depending on where you live and what time of year it is.
- stopping smoking
- drinking no more than 2 standard drinks of alcohol per day (a standard drink is one small glass of wine)
- doing regular weight-bearing exercise, for example walking, playing tennis or dancing, for at least 30 minutes, 2–3 times a week*
- resistance training, such as exercise with weights*.

*Talk to a health professional before starting any new activity after treatment for breast cancer and build activities slowly.

Treatments are available that can improve bone strength. Talk to your doctor about how to reduce the risk of fractures and maintain bone strength.



Questions to ask your doctor about long-term effects of early menopause

Listed below are some questions you might want to ask about the long-term effects of breast cancer treatments that cause early menopause.

- What is known about the long-term effects of the treatment you are recommending?
- Will this treatment affect my risk of osteoporosis? Can this be monitored?

You may like to write your own questions here:

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Where to find more information

In addition to the information you receive from your treatment team, you might find it helpful to get information from different sources. Throughout this book, we recommend that you phone The **Cancer Council Helpline** on **13 11 20** for up-to-date, local information that is relevant for you.

Useful websites

Surfing the internet can also be a useful way to find information. However, keep in mind that the information you find may not always be accurate. Use careful judgment, and check what type of organisation has put the information on the internet. Note that international websites may include information about treatment or therapies that are not available in Australia.

The internet can be accessed using a personal computer at home, or at local libraries and in internet cafés. If you're not able to access the internet, you can ask The **Cancer Council Helpline** on **13 11 20** to print out information from websites and send it to you.

Some Australian websites that you may find helpful are listed below.

National Breast and Ovarian Cancer Centre

www.nbocc.org.au

National Breast and Ovarian Cancer Centre aims to improve outcomes for women with breast cancer and ovarian cancer by providing accurate, evidence-based information to both women and health professionals. The website provides easy to read information to help women with breast cancer understand their diagnosis, treatment, and support options.

The Jean Hailes Foundation for Women's Health

www.jeanhailes.org.au

The Jean Hailes Foundation for Women's Health translates the latest research findings into practical health and lifestyle approaches for women and their health professionals. The website also includes information about early menopause and managing menopause.

The Australasian Menopause Society

www.menopause.org.au

The Australasian Menopause Society provides professional and consumer information about menopause.

Osteoporosis Australia

www.osteoporosis.org.au

Osteoporosis Australia is a research and advocacy group providing news about latest developments.

Glossary

Amenorrhoea	Absence of period.
Aromatase inhibitors	A type of medication that decreases the amount of oestrogen in the body. It is used to treat breast cancer in post-menopausal women whose tumours are oestrogen-receptor positive and can reduce reoccurrence of breast cancer.
Chemotherapy	Drugs used to remove cancer cells that may be left in the body but cannot be detected.
Early menopause	Menopause occurring at age 45 years or younger
Follicle stimulating hormone (FSH)	A hormone produced by the brain that stimulates the production of eggs by the ovaries.
Hysterectomy	An operation to remove the uterus (womb).
Libido	Sex drive and desire.
Lymphoedema	Swelling of the arm that can sometimes develop after treatment for breast cancer.
Menopause	The final menstrual period.
Menopausal symptoms	May include hot flushes, night sweats, vaginal dryness, mood changes and loss of sex drive.
Oestradiol	Another name for oestrogen.
Oestrogen	Female hormone produced by the ovaries. Levels of oestrogen fall sharply at menopause.
Oophorectomy	Removal of the ovaries by surgery.
Osteoporosis	Thinning of the bones. Can increase the risk of fracture.
Ovaries	Small organs that lie next to the uterus (womb) and produce hormones and eggs.

Peri-menopause	The period of time leading up to menopause when menopausal symptoms such as hot flushes and irregular periods start.
Progesterone	Female hormone produced by the ovaries after ovulation (egg production). When the ovaries stop producing eggs at menopause there is no longer progesterone production.
Progestogen	A chemical similar to progesterone – a hormone produced by the ovaries before menopause.
Radiotherapy	Treatment for cancer in a particular area of the body using ionising X-rays.
Surgical menopause	Menopause caused by surgical removal of the ovaries in a premenopausal woman.
Temporary menopause	When menstrual periods stop for a year or more and then start again.
Testosterone	Hormone produced in males and females from the ovaries and adrenal glands (glands close to the kidneys). Testosterone levels fall with age and may be reduced by some treatments for breast cancer.
Weight-bearing exercise	Exercise where you are putting your weight on your feet (such as walking or running).

Menopause symptom diary

Below is a menopause symptoms diary, which you may find useful to record the type and severity of symptoms you are experiencing. The diary will help you discuss your symptoms with your healthcare professionals. Some clinics may ask you to keep a diary such as this one.

MENOPAUSE SYMPTOMS		<i>Diary</i>		Date:	<input type="text"/>
Severity of effect	Not at all	A little	Quite a bit	Extremely	
Symptoms					
Heart beating quickly or strongly					
Feeling tense or nervous					
Difficulty in sleeping					
Excitable					
Attacks of panic					
Difficulty in concentrating					
Feeling tired or lacking in energy					
Loss of interest in most things					
Feeling unhappy or depressed					
Crying spells					
Irritability					
Feeling dizzy or faint					
Pressure or tightness in head or body					
Parts of body feel numb or tingling					
Headaches					
Muscle and joint pains					
Loss of feeling in hands or feet					
Breathing difficulties					
Sweating at night					
Loss of interest in sex					
Vaginal dryness					
Bladder problems					
Hot flushes					
In the past 24 hrs, how many hot flushes did you have that were mild, moderate, severe or very severe?	Mild number	Moderate number	Severe number	Very severe number	

MENOPAUSE SYMPTOMS

Diary

Date:

Severity of effect	Not at all	A little	Quite a bit	Extremely
Symptoms				
Heart beating quickly or strongly				
Feeling tense or nervous				
Difficulty in sleeping				
Excitable				
Attacks of panic				
Difficulty in concentrating				
Feeling tired or lacking in energy				
Loss of interest in most things				
Feeling unhappy or depressed				
Crying spells				
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Muscle and joint pains				
Loss of feeling in hands or feet				
Breathing difficulties				
Sweating at night				
Loss of interest in sex				
Vaginal dryness				
Bladder problems				
Hot flushes				
In the past 24 hrs, how many hot flushes did you have that were mild, moderate, severe or very severe?	Mild number	Moderate number	Severe number	Very severe number



Notes

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Notes

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www.nbocc.org.au

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