

Premature Ovarian Insufficiency and Early Menopause



Tayside Sexual & Reproductive Health Service

The normal menopause occurs at an average age of 51 years because there are no more developing eggs in the ovaries and is irreversible.

Premature ovarian insufficiency (POI), (premature menopause) is the loss of ovarian function and therefore a drop of oestrogen levels before the age of 40 years. It affects about 1 in 100 women. Sometimes the function of the ovaries may return intermittently, causing the return of periods and risk of a pregnancy.

For women who enter the menopause between the ages of 40 and 44, this is called an early menopause and affects around 5 in 100 women.

What are the signs and symptoms?

Periods may become irregular, infrequent or stop. Other symptoms may include:

- Hot flushes
- Night sweats
- Poor sleep
- Lack of concentration and brain fog
- Low mood
- Anxiety
- Palpitations
- Decreased energy levels
- Vaginal dryness leading to painful intercourse
- Lack of interest in sex

These symptoms might be severe and affect a woman's quality of life. Additionally, long-term effects or low oestrogen levels cause bone thinning (called osteopenia or osteoporosis), putting women at risk of fracturing a bone. Lack of oestrogen also increased the risk of having a stroke or heart attack.

Diagnosis and tests

For most women with POI or early menopause no cause can be found. Only rarely the condition is due to genetic problems or associated with autoimmune diseases such as diabetes or thyroid disease. The condition may also be caused by the surgical removal of the ovaries or following chemotherapy or radiotherapy.

POI and the early menopause are diagnosed using your medical history, age and symptoms, as well as information about your family and medical history. Affected women usually have raised or fluctuating FSH (follicle stimulating hormone) levels. If you are under 45 and have the above symptoms you should be offered 2 blood tests for FSH at least 4 – 6 weeks apart to confirm the diagnosis. Some women with severe symptoms start treatment for a limited time, even before a second blood sample or when the diagnosis is not clear to see if it helps with their symptoms. This is called “therapeutic trial”.

You should also be offered a blood test to check for thyroid problems and might be offered other tests if indicated.

If you are under 30 you may be offered a blood test to check your chromosomes, which contain your genetic information.

A baseline x-ray of your hip and spine may also be offered (DEXA bone scan) to check for bone density.

Treating POI and early menopause

There have not been any studies evaluating the best treatment for POI and the early menopause for immediate symptom relief and the prevention of long-term health problems caused by oestrogen deficiency. However, it is **recommended that oestrogen replacement in the form of Hormone Replacement Therapy (HRT) is taken to at least the age of the natural menopause around the age of 51** to help with any menopausal symptoms. Additionally, **HRT is recommended even for women with POI or early menopause who suffer few or no menopausal symptoms** to reduce their risk of osteoporosis, stroke and heart attack.

Both HRT and combined hormonal contraception (combined pill, patch or ring) replace oestrogen but HRT may be better for your bone and cardiovascular health (blood pressure, heart, etc) and has fewer contraindications than combined contraception. HRT, on the other hand, is not a contraceptive method.

In general the benefits of HRT in women who experience POI or early menopause outweigh the risks as it only replaces a hormone other women in the same age group would still naturally produce. There is no evidence that oestrogen replacement in the form of HRT increases the breast cancer risk at a level greater than found in normally menstruating women. Many of the studies about HRT risks conducted in the past have involved women over the average age of the menopause and the risks cannot necessarily be applied to younger women.

Rarely, hormonal treatments are unsuitable, for example if you have a history of breast cancer. Like any other women with POI or early menopause, you should be given information about bone and cardiovascular health which can be improved by smoking cessation, low or no alcohol intake, regular exercise, a healthy diet and normal weight. There is also a range of non hormonal treatments available which can help with menopausal symptoms.

All women have a unique history and the right treatment should be tailored accordingly.

Contraception and pregnancy

Studies have shown that women with POI do sometimes ovulate and approximately 5 – 10% of women with no known cause for their POI will become pregnant after their diagnosis. **If you do not wish to become pregnant, it is important you continue with contraception.**

Women with early menopause (aged 40 – 45) can stop using contraception 2 years after two FSH blood results in the menopausal range.

Please ask to speak with a fertility specialist (Gynaecology Department) if you wish to discuss the possibility of pregnancy. With a diagnosis of POI egg (ovum) donation is normally needed for assisted conception (IVF).

Where can I get more information?

POI and the early menopause can be a very difficult diagnosis to come to terms with and some women may feel anxious or sad following the diagnosis.

Some women find that a support group and talking to other women with POI is helpful, (see The Daisy Network website on the next page). Others find talking with partners, friends or family or having counselling sessions can help.

Please ask for a copy of our general leaflet 'The Menopause and HRT' which can compliment this one.

Support available

The Daisy Network:

A patient run support group based in the UK for women with POI
www.daisynetwork.org.uk

NHS Choices:

www.nhs.uk/video/pages/earlymenopause.aspx

www.nhs.uk/Livewell/menopause/Pages/Prematuremenopause.aspx

www.nhs.uk/conditions/menopause/Pages/Introduction.aspx

Women's Health Concern:

A patient branch of the British Menopause Society BMS

www.womens-health-concern.org/help-and-advice/factsheets/

Menopause Matters:

www.menopausematters.co.uk

Royal College of Obstetricians and Gynaecologists (RCOG):

www.rcog.org.uk/en/patients/menopause/

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