

EARLY MENOPAUSE

Premature menopause, also referred to as Premature Ovarian Insufficiency (POI), is when periods stop prior to the age of 40. Early menopause is when periods cease prior to 45 years of age.

The biggest consequences of early menopause are the inability to become pregnant and the negative effects of low oestrogen on long-term health. An early menopause can happen spontaneously or be caused by surgical removal of the ovaries, chemotherapy or radiotherapy. Early menopause affects approximately 5% of women and premature menopause affects approximately 1% of women. Though a cause is sometimes found, in the majority of women it will be “idiopathic”, meaning doctors can’t find a specific reason to explain why it has occurred.

COMMON SYMPTOMS INCLUDE:

- Hot flushes
- Night sweats
- Muscle and joint aches and pains
- Heart palpitations
- Sleep disturbances
- Anxiety
- Difficulty concentrating
- Feeling tense
- Dry or itchy skin
- Vaginal dryness and soreness
- Headaches or migraines
- Brain fog (memory lapses which are often temporary)
- Low libido
- Irregular periods and infertility
- Thinning hair
- Fatigue
- Bloating
- Feeling dizzy or faint
- Loss of confidence
- Lethargy and tiredness
- Feeling unhappy or depressed

- Feeling teary
- Mood changes
- Dry eyes and mouth
- Weight gain
- Frequent and sudden urges to urinate

DIAGNOSIS

If you experience symptoms of menopause before the age of 45, your doctor will ask questions to help diagnose premature or early menopause and might recommend several tests.

You may be asked about:

- The regularity of your periods or menstrual cycle.
- A family history of menopause at an early age.
- Other medical conditions that may be contributing to your symptoms.
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Your doctor might recommend blood tests including:

- Hormone levels (oestrogen)
- Gonadotrophins (FSH and LH) which are produced by the brain to control ovarian function.
- AMH (a marker of ovarian reserve).
- TFT (to exclude thyroid dysfunction).
- FBC and iron studies (if symptoms of anaemia).

Your doctor may also discuss tests to investigate for the causes of premature menopause, which might include testing for genetic conditions and autoimmune diseases.

If you are diagnosed with premature menopause, your doctor may also recommend tests to evaluate your risk of related complications, such as checking your blood sugar, cholesterol and vitamin D levels, or ordering a bone density scan.

Women who have not had a menstrual period for 12 consecutive months and who are not on any medication that could stop menstruation, are considered menopausal. However, for those under 40 years old, premature ovarian insufficiency can be diagnosed using blood tests after 4 months without a period.

HEALTH IMPACT

A decrease of oestrogen in younger women is associated with an increased risk of long-term conditions such as cardiovascular disease and osteoporosis (decreased bone density). It's important at the onset of perimenopause and menopause to identify risks and undertake prevention strategies to safeguard against future complications.

TREATMENT

Management of the condition can vary depending on why menopause started earlier than normal. Given the long-term risk of conditions associated with early menopause, menopausal hormone therapy (MHT) is routinely recommended to all women with early menopause, unless there is a compelling reason why it can't be used. It is important to discuss your suitability for MHT with your doctor. In addition to reducing the risk of long-term health problems, MHT is the most effective treatment for menopausal symptoms.

PREGNANCY

It is important to work with a fertility specialist to explore options, which will vary depending on the desire for children in the future. In general, once a woman is menopausal it is not possible to have a pregnancy using her own eggs. Assisted reproductive technology (ART), including in vitro fertilisation (IVF), might be considered, but usually a donor egg will be required. Rarely, women with premature ovarian insufficiency may ovulate and pregnancy can occur.

If you do not want to get pregnant while on menopausal hormone therapy (MHT), your doctor will talk to you about contraceptive options. Should your last normal menstrual period happen when you are aged under 50, you should use contraception for two years; if it occurs after the age of 50 you should use it for one year.

Talk to your doctor about possible causes of early menopause and your questions regarding fertility.