Premature and early menopause is associated with risks of long-term health consequences.

PREMATURE menopause is when the final menstrual period occurs before the age of 40, whereas ‘early’ menopause is when the final period occurs between the ages of 40–45. This differs from the typical age of menopause in Australian women, which is between 51–52.

Spontaneous early menopause is estimated to affect around 5% of women but the overall incidence of early and premature menopause is difficult to estimate due to a broad variety of causes, such as primary ovarian insufficiency, chemotherapy or radiotherapy for cancer treatment, surgical removal of the ovaries, genetic, infective or inflammatory (and other) causes.

PRIMARY OVARIAN INSUFFICIENCY

An important sub-category of premature and early menopause is primary ovarian insufficiency (POI). Most women with POI will not have a cause identified, however genetics and autoimmune conditions are closely associated with this condition. Women with POI are at risk of developing autoimmune conditions compared to the general population. Women with POI differ from other women with early and premature menopause, as intermittent ovarian function may occur in up to 50% of women affected, such that menstrual cycles may occur erratically, and pregnancy may be able to be achieved in an estimated 10–15% of women. POI is associated with a higher incidence of psychological issues including anxiety and depression, so it is important for health practitioners to be aware of these issues.

CONSEQUENCES OF PREMATURE AND EARLY MENOPAUSE

Regardless of cause, premature and early menopause result in a dramatic lowering of oestriol levels due to failure of ovaries. There are two important consequences of the lowered exposure to ovarian sex steroid hormones: oestriol deficiency symptoms, and an increased risk for long-term health consequences such as cardiovascular disease, osteoporosis and fracture, and cognitive decline. Typical oestriol deficiency symptoms include hot flushes, night sweats, sleep disturbance, vaginal dryness, lowering of mood and libido. These women will be more likely to present for medical advice for bothersome symptoms, but potentially the biggest challenge lies with women who have no oestriol deficiency symptoms. The convenient absence of periods and lack of symptoms means that some women will escape medical attention, even for years.

FERTILITY ISSUES

Another important issue for some women is fertility, as some women with premature menopause can be diagnosed even in their teenage years, and some women will only be diagnosed with premature menopause in the work-up for infertility. These women need sensitive and careful counselling and, if appropriate, referral to a fertility specialist is advised at some point to explore fertility options.

TREATMENT

The mainstay for treatment is sex steroid replacement, as this has been shown to reduce the risks for long-term health consequences. If women have had a hysterectomy they only require oestrogen, and any oestrogen-only HRT product will suffice. If women have had their uterus in situ oestrogen plus progestogen is required, the latter providing endometrial protection. The options may include the combined oral contraceptive pill (COCP) or any combined oestrogen and progestogen-containing HRT product until the typical age of expected menopause.

The COCP may be more acceptable in terms of being something that is used by their peers. HRT is often associated with a negative connotation of being something for ‘older’ women, and also the perceived (but not real) higher risk of breast cancer associated with HRT use. These issues need to be carefully discussed.

The issue of HRT risk and breast cancer is complex and most studies associating HRT with increased breast cancer risk are conducted in the 50-plus year age group. Regular breast examinations and screening need to occur, but there is no data to suggest an increase in breast cancer risk associated with HRT use in women with premature menopause.

Many with premature menopause will have extremely low or undetectable testosterone levels, and there is a consensus among experts in this field that testosterone should be avoided if pregnancy is being pursued due to potential adverse effects on a developing fetus.

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