

Managing menopausal symptoms after breast cancer

A guide for women



Australian Government
Cancer Australia

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Breast cancer and early menopause — a guide for younger women

First edition published in 2008 by:

National Breast and Ovarian Cancer Centre*.

Managing menopausal symptoms after breast cancer

Second edition published in 2016 by

Cancer Australia

Locked Bag 3, Strawberry Hills NSW 2012

Tel: 61 2 9357 9400 Fax: 61 2 9357 9477

canceraustralia.gov.au

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ISBN Print: 978-1-74127-252-9 Online: 978-1-74127-253-6 CIP: 616.99449

Recommended citation:

Cancer Australia. *Managing menopausal symptoms after breast cancer*. Cancer Australia, Surry Hills, NSW, 2012.

Managing menopausal symptoms after breast cancer, can be downloaded or ordered from the Cancer Australia website: canceraustralia.gov.au/resources

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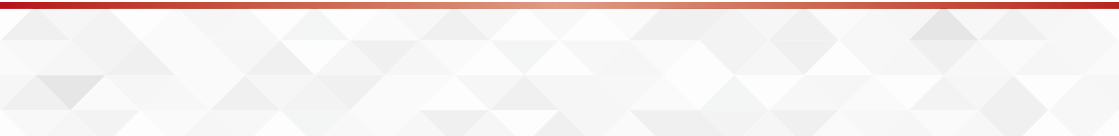
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** On 30 June 2011, National Breast and Ovarian Cancer Centre (NBOCC) amalgamated with Cancer Australia to form a single national agency, Cancer Australia, to provide leadership in cancer control and improve outcomes for Australians affected by cancer.*

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Acknowledgements

This guide has been published as an update of the resource '*Breast cancer and early menopause — a guide for younger women*'.

We particularly thank Ms Petrina Burnett, Professor Michael Friedlander, Professor Martha Hickey, Associate Professor Bettina Meiser, Dr Michelle Peate and Professor Christobel Saunders for their valued contribution to the update of this guide.

We also acknowledge the members of the multidisciplinary reference group who oversaw the development of the original guide:

Dr Andrew Dean

Professor Michael Friedlander

Ms Jane Gregson

Professor Martha Hickey

Associate Professor Bettina Meiser

Dr Michelle Peate

Professor Christobel Saunders

Dr Belinda Thewes

Mrs Maria Waters

Professor Kate White

Cancer Australia acknowledges the contributions made by consumers and health professionals who provided comment on the original guide.

Foreword

Who this booklet is for

This booklet is designed to support women diagnosed and treated for breast cancer who may experience menopausal symptoms. Menopausal symptoms can be a side effect of some breast cancer treatments. Management of menopausal symptoms after treatment for breast cancer needs a different approach to that used by women who enter menopause naturally.

This booklet provides information about menopause and its symptoms. It describes some of the physical and emotional changes experienced by 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.
- ▶ Menopause can be difficult to diagnose after breast cancer treatment as periods can stop for several years and then re-start.
- ▶ Many women experience symptoms at menopause and for some these can be problematic.
- ▶ Most symptoms of 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 years.

Stages of menopause

In this booklet we talk about different stages of menopause:

- ▶ **pre-menopause:** the time from the onset of menstrual periods ("menarche") until the start of peri-menopause
- ▶ **peri-menopause (the menopause transition):** the time from the onset of irregular periods or vasomotor symptoms (hot flushes and night sweats) until 12 months after the final menstrual period.
- ▶ **menopause:** the final menstrual period
- ▶ **post-menopause:** the time from 12 months after 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. During this time hormone levels commonly change from the monthly patterns seen during the pre-menopause. Because many organs in the body including the uterus (womb), vagina, vulva, breast, bone, bladder, brain, and skin are sensitive to these hormones, this can cause a wide range of symptoms which may affect both physical and emotional wellbeing.

Eventually, menstrual periods stop completely (menopause) and the type and level of hormones produced by the body changes. After menopause, the ovaries produce less oestrogen and no progesterone. Some oestrogen is still produced by other tissues, particularly in fat. 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 (thinning or weakening of the bones).

Chemotherapy for breast cancer can bring on early menopause. Anti-estrogen treatments (such as tamoxifen, goserelin or aromatase inhibitors) commonly cause menopausal symptoms. Treatments for breast cancer can also influence the available options for managing menopausal symptoms.

However, early or premature menopause and menopausal symptoms 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 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 or menopausal symptoms in younger women. Not all breast cancer treatments cause menopause. Ask your doctor 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 symptoms of menopause, such as vasomotor symptoms (hot flashes and night sweats), may be more severe after breast cancer than during natural menopause.
- ▶ Some treatments for breast cancer can affect fertility (your ability to get pregnant).

Breast cancer treatment and menopause

Each year in Australia, around 16,000 women are diagnosed with breast cancer. About 23% 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-term 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 given to reduce the chance of the breast cancer coming back or spreading.
- ▶ Women with hormone sensitive cancers will usually be advised to take anti-oestrogen treatments such as tamoxifen, goserelin or aromatase inhibitors. These anti-oestrogen treatments will affect the ovaries and commonly cause menopausal symptoms for the duration of their use. When these anti-oestrogens are stopped, periods (and fertility) may return, but this is very difficult to predict.
- ▶ 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 also occurs in women who have surgery to remove the ovaries, 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, goserelin and aromatase inhibitors – anastrozole, letrozole and exemestane– can cause symptoms such as hot flushes. 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 and 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.

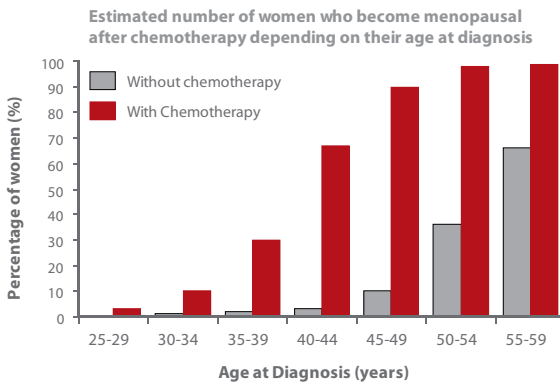
Radiotherapy to the ovaries

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 early menopause or menopausal symptoms. Chemotherapy treatments change all the time – and so too does the risk of early menopause or menopausal symptoms.

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



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
- ▶ tamoxifen and other selective oestrogen receptor modulators (SERMs) including raloxifene
- ▶ aromatase inhibitors, including anastrozole, letrozole and exemestane—aromatase inhibitors are only used for post-menopausal women.

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 is diagnosed one year after the “final” menstrual period or when both ovaries have been removed. The symptoms of menopause may include hot flushes and night sweats, vulvovaginal dryness, sleep disturbance, mood disturbance and sexual dysfunction. Blood tests can be useful to diagnose menopause but are often unhelpful in younger women. If blood tests are done they usually measure the levels of two hormones in the blood:

- ▶ follicle stimulating hormone (FSH)
- ▶ oestradiol (oestrogen).

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 flashes. Some of the common symptoms of menopause are listed in Table 1. 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 (usually less frequent, but heavy bleeding can also occur). For some women their periods may stop suddenly.
Hot flashes and night sweats	Hot flashes 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 flashes varies from a couple of times a week to several times an hour.
Vaginal dryness	Menopause can cause vulval and 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.
Bone and joint pain	Some women experience aches and pains in their bones or joints

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, the duration of menopausal symptoms varies. For most women symptoms improve over time and are not necessarily troublesome. We don't know whether the duration of menopause is the same for women who go through menopause because of treatment for breast cancer. It does appear that hot flushes may be more severe in these women. 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 more likely that your menopause will be permanent. If your menopause is permanent, you will be unable to get pregnant naturally.

If being able to have children is important for you, speak to your treatment team about fertility and family planning 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 both 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 necessarily mean that you will be able to get pregnant.

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 falls naturally with age. Most hormonal therapies for breast cancer are given for 5 years and possibly up to 10 years. After this time 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 effective contraception.

If you wish to become pregnant during the 5 years of hormonal therapy, you will need to stop taking the hormonal therapy and it is important to discuss the risks and benefits of this with your treatment team.

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.

Contraception containing hormones, such as the oral contraceptive pill ('the pill'), implants or injections, should generally not be used after 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 if you don't want to become pregnant. 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?
- ▶ 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 flushes, 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 psychological 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 treatment team.



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**.



Cancer Australia has information on the emotional, psychological, physical, and practical challenges of a diagnosis of cancer, and what can help. Go to **canceraustralia.gov.au**.

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 yoga, meditation or relaxation techniques
- ▶ 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.

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.

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 flashes, 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 is 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 may 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 come in a semi-liquid form and are usually applied twice a week. They are available from most pharmacies.

▶ Vaginal gels and lubricants

Vaginal pH-balanced gels are used to prevent and treat vaginal dryness. With a pH similar to that of normal vaginal discharge, these gels have been found to improve vaginal dryness and vaginal pH in women after breast cancer.

Vaginal lubricants provide lubrication to enhance the comfort and ease of sexual intercourse. If you use a vaginal lubricant choose a water-based or silicon-based lubricant rather than oil-based lubricants which may increase the risk of getting yeast infections. These products come as 'semi-gel' creams and are available from pharmacies.

Applying a gel containing a local anaesthetic to the area around the vulva immediately before sexual intercourse may reduce pain and discomfort associated with penetration.

▶ Vaginal oestrogens

Vaginal oestrogens are creams, rings or tablets containing low doses of the hormone oestrogen that are inserted directly in the vagina. They are designed to help reduce symptoms associated with vaginal dryness and discomfort with sexual activity.

Small amounts of vaginal oestrogen may be absorbed into the body. For women taking aromatase inhibitors this may result in measurable increases in circulating oestrogens. The clinical significance of systemic absorption is uncertain, and for this reason some oncologists advise that some women avoid vaginal oestrogens after breast cancer. It has not been shown that vaginal oestrogens increase the risk of breast cancer recurrence or spread. Vaginal oestrogens should only be prescribed by a medical practitioner who is aware of your history of breast cancer and use of vaginal oestrogens should be discussed with your treatment team

We don't yet know whether vaginal oestrogens are safe after breast cancer. It is important to talk to your oncologist or general practitioner about your options.

Other ways of managing vulvovaginal 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, they are 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. Other common problems include repeated awakenings, difficulty getting back to sleep and difficulty falling asleep. Disrupted sleep can cause fatigue and tiredness. If this is causing tiredness during the day, or if you're regularly waking up feeling anxious and worried, consider speaking with your GP or another member of your treatment team. They will be able to talk to you about techniques and treatments to help you sleep.

What can help?

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

- ▶ Before bed, avoid stimulants like caffeine-based drinks, alcohol, cigarettes, and time spent watching TV or on the computer, tablet or smartphone. 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 and avoid napping during the day.
- ▶ Keep your bedroom cool.
- ▶ Gently increase your physical activity during the day – such as walking, yoga or swimming – and try to get outdoors if possible.
- ▶ Make a regular daily habit of relaxation or meditation.
- ▶ Consider asking your general practitioner for a short-term mild sedative.

Fatigue and tiredness

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

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

What can help?

- ▶ Establish a gentle regular exercise program, increasing your level of activity gradually and 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.
- ▶ 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 5 serves of vegetables and 2 serves of fruit 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, depression 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 and your mood.
- ▶ Explain to your family and friends what is happening to you so they can help and give you support.

Bladder problems

Bladder problems – such as incontinence (urine leakage), passing urine more frequently at night and urinary tract infections – can become more common 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 or the urine smells unpleasant, see your general practitioner. You may have a bladder infection that requires treatment with antibiotics.

What can help to maintain bladder health?

- ▶ Drink sufficient fluids – especially early in the day.
- ▶ Go to the toilet promptly when your bladder is full.
- ▶ 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.
- ▶ Keep your weight within normal limits for your height.
- ▶ Avoid stimulants for coughing, like cigarettes
- ▶ 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.

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. 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 can speak to an exercise physiologist about what exercise would be good for you.
- ▶ You may wish to talk to a dietitian and ask about recommended diet or vitamin supplements.

Talk to your general practitioner if you have bone or joint pain 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 dietitian for advice.

What can help?

- ▶ Eat a healthy diet, including lots of fresh fruit and vegetables.
- ▶ Reduce your intake of foods with saturated fat, added salt and added sugar.
- ▶ Drink more water and less sugary liquids like soft drink and fruit juice.
- ▶ Participate in regular physical activity, aiming for at least 30 minutes of moderate-intensity activity every day, and limiting sedentary habits (the time you spend sitting or lying down).
- ▶ If you choose to drink alcohol, limit your intake.
- ▶ You can get detailed advice on your particular needs from a dietitian.



To find an accredited dietitian 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 reduce stress levels and help you to 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 and how they affect me and my family?
- ▶ Apart from menopause, what else might be causing 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 I be referred 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 menopause hormone therapy and tibolone are effective treatments for menopausal symptoms, they should generally be avoided after breast cancer because they may increase the risk of new or recurrent breast cancer.
- ▶ Other treatments such as testosterone and ospemifene are not recommended for women who have had breast cancer because it is not yet known if they are safe or effective after breast cancer.
- ▶ Some non-hormonal treatments have been shown to be effective in the management of menopausal symptoms.
- ▶ Many of the 'alternative', 'complementary' or 'natural' therapies have not been shown to be safe or effective after breast cancer and some may interact with other breast cancer treatments.
- ▶ Talk to your oncologist or your GP 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 or your GP about your options before making a decision. You may also find it helpful to talk to a menopause specialist about the treatments that are safe and effective for you.



Complementary therapies

- Relaxation therapy
- Yoga and physical activity
- Acupuncture
- Hypnotherapy

Non-hormonal treatments for menopausal symptoms

- Venlafaxine and other similar antidepressants
- Zolpidem
- Gabapentin
- Clonidine
- Cognitive behavioural therapy

Hormonal treatments for menopausal symptoms

- Menopause hormone therapy
- Tibolone treatment

Hormonal treatments for menopausal symptoms

- Testosterone treatment
- Compounded or 'bio-identical' hormones

Ineffective therapies

- Black cohosh
- Homeopathy
- Magnetic therapy
- Omega-3 supplementation
- Phytoestrogens and isoflavones
- Vitamin E

Non-hormonal treatments for menopausal symptoms

There are **non-hormonal treatments** that 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.

Venlafaxine and other similar antidepressants

There is now good evidence that selected antidepressants (at doses lower than those used to treat depression) can improve menopausal symptoms after breast cancer. The antidepressants that have been shown to lead to fewer and less severe hot flashes are venlafaxine, desvenlafaxine, paroxetine, and escitalopram. In addition, low doses of venlafaxine can also improve mood, and low doses of desvenlafaxine and paroxetine can also improve sleep.

Generally these antidepressants are used in low doses to treat menopausal symptoms, and side effects are less common than at higher doses. However, side effects can include nausea, decreased appetite, dry mouth, constipation, and decreased libido.

Some of these drugs, particularly paroxetine, may interfere with the way that your body breaks down tamoxifen and change its effectiveness. If you are taking tamoxifen, talk to your oncologist or general practitioner before starting treatment with antidepressants.

Ask your doctor for more information about these drugs.

Zolpidem

Zolpidem is a prescription medication used to treat insomnia. When added to venlafaxine (or other similar antidepressant drugs above) it may improve sleep and quality of life. Side effects of zolpidem can include sleep walking, sleep driving and other potentially dangerous sleep-related behaviours. Treatment with zolpidem may also interfere with your concentration in the morning, such as when driving.

Ask your oncologist for more information.

Gabapentin

Gabapentin is a drug used to treat chronic pain and epileptic fits. Studies have shown that Gabapentin can lead to fewer and less severe hot flushes, improved sleep and improvements in anxiety and mental health for some women.

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.

Clonidine

Clonidine is a drug used to treat high blood pressure. It can be used to reduce menopause-associated hot flushes after breast cancer, but has been found to be less effective than other treatments such as venlafaxine. Side effects of clonidine include a dry mouth, constipation, dizziness, itching, blurred vision, and sleep disorders/restless sleep.

Cognitive behavioural therapy

Psychological therapies such as cognitive behavioural therapy (CBT) aim to help you change your thought patterns to be more helpful and healthy. Studies in women who have had breast cancer have shown that CBT may improve hot flushes, sleep and sexual function.



Clinical psychologists can provide more information on CBT.

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**.

Complementary therapies

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.

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

It is important to talk to your doctor before taking any complementary, 'natural' or herbal therapies as they may interact with other cancer treatments.

Relaxation therapy

Relaxation can help reduce anxiety and stress. In women who have had breast cancer, relaxation therapy may improve sleep.

Yoga and physical activity

Physical activity can be an important part of recovery after cancer treatment. In women who have had breast cancer, yoga may improve hot flushes.

Acupuncture

In women who have had breast cancer, acupuncture may improve hot flushes and sleep, although the evidence is not consistent. Side effects of acupuncture include slight bleeding or bruising at the needle sites.

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.



Cancer Australia has developed a booklet about lymphoedema and its management. To order a copy of '*Lymphoedema – what you need to know*' visit canceraustralia.gov.au/resources or phone 1800 624 973.

Hypnotherapy

Hypnotherapy after cancer treatment can help people to make positive lifestyle changes and encourage positive emotions, such as calmness and relaxation. In women who have had breast cancer, purpose-designed hypnotherapy may improve hot flushes and improve sleep.

Hormonal treatments for menopausal symptoms

Menopause hormone therapy

Menopause hormone therapy, also known as hormone replacement therapy, (HRT) is a very effective treatment for menopausal symptoms. Menopause hormone therapy treatments are made up of the hormones oestrogen and progestogen, either individually or combined. Some studies have shown an increased risk of breast cancer coming back (recurrence) following treatment with menopause hormone therapy, so it is generally not recommended after breast cancer.

Menopause hormone therapy is generally avoided for women who have had breast cancer because it may increase the risk of breast cancer coming back. It is important to talk to your oncologist or general practitioner about your options.

Tibolone treatment

Tibolone is another drug used for treating menopausal symptoms. The drug acts in a similar way to menopause hormone therapy and research has shown an increased risk of breast cancer coming back (recurrence) following treatment with tibolone.

Tibolone is avoided after breast cancer because it may increase the risk of breast cancer coming back. It is important to talk to your oncologist or general practitioner about your options.

Testosterone treatment

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. The safety and long-term effects of testosterone treatments have not been established.

Testosterone is not recommended for women who have had breast cancer. It is important to talk to your oncologist or general practitioner about your options.

Compounded or 'bio-identical' hormones

Compounded hormones, also known as 'bio-identical hormones' are hormonal preparations that are individually prepared for the treatment of menopausal symptoms or other hormonal complaints. Compounded hormone mixtures are prepared as troches (placed in the mouth) or creams (rubbed on the body). Compounded hormone preparations require a doctor's prescription and are made up by chemists called compounding pharmacists.

Studies of compounded hormone creams have found inconsistent results and their safety after breast cancer is not known. Compounded hormone treatments can contain high levels of hormones and may increase the risk of breast cancer coming back.

Compounded hormones are not recommended for women who have had breast cancer. It is important to talk to your oncologist or general practitioner about your options.

Ineffective therapies

There is no consistent evidence to indicate that the following therapies are effective in reducing menopausal symptoms:

- ▶ Black cohosh
- ▶ Homeopathy
- ▶ Magnetic therapy

- ▶ Omega-3 supplementation
- ▶ Phytoestrogens and isoflavones
- ▶ Vitamin E

The safety of these therapies after breast cancer is unknown. In particular, the side effects of black cohosh include gastro-intestinal upsets and skin rash. There are also concerns about the safety of black cohosh after reports of liver damage.

Other 'over-the-counter' or herbal remedies

There is a wide range of 'over-the-counter' medications or herbal remedies available for the management of menopausal symptoms. Examples include Dong Quai, evening primrose, ginseng, red clover and Chinese herbal preparations. There is very little evidence about the effectiveness or safety of over-the-counter menopausal remedies and very little is known about their effects in women who have had breast cancer.

Although plants and herbs are natural, this doesn't always mean they are safe. Some herbs can interfere with cancer treatments by making them less effective or by increasing side effects. Some herbal preparations may contain oestrogen-like compounds that may increase the risk of breast cancer coming back.

If you are considering using any 'over-the-counter' or herbal preparations you should discuss them with your doctor first.



Memorial Sloan Kettering Cancer Centre in the USA has developed a database called About Herbs with information about herbal therapies and supplements. To access this information go to www.mskcc.org. Please note that this is an American website and not all of the products listed may be available in Australia.



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 or developing a new breast cancer?
- ▶ Does the treatment you are recommending contain hormones or compounds that act like hormones? How do you know that this is safe for me to take after breast cancer?



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

Effects of early menopause on long-term health

Summary

- ▶ The effects of early menopause after breast cancer 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 with time.

Most information about the effects of early menopause on health comes from studies of women who have had a natural early menopause. Only a few studies have looked at the effects of premature or early menopause on long-term health. It is not known whether the effects are the same in women who go through early menopause because of breast cancer treatment. 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, not smoking and minimising 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.

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

Hormonal therapy for breast cancer may also affect bone health. In general, tamoxifen maintains bone and reduces fracture risk and aromatase inhibitors decrease bone strength and increase fracture risk. 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. If you are concerned about your bone health you can discuss this with your oncologist when you start hormonal therapy.

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.
- ▶ not smoking
- ▶ limiting alcohol intake.
- ▶ 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*.

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

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

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. The organisations below are a good starting point.

Cancer Australia has up-to-date evidence-based information about cancer. Information is available online and in print. A list of support services is available on the website. **Visit canceraustralia.gov.au**

Cancer Council Helpline is a free confidential telephone and information support service. Specially trained staff are available to answer your questions about cancer and offer emotional and practical support. Call **13 11 20** from anywhere in Australia.

Breast Cancer Network Australia works to ensure that Australians affected by breast cancer receive the very best support, information, treatment and care appropriate to their individual needs. The BCNA website has information on health and wellbeing after breast cancer, including information on sexual wellbeing. **Visit www.bcna.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. **Visit www.jeanhailes.org.au**

The Australasian Menopause Society provides professional and consumer information about menopause. **Visit www.menopause.org.au**

Osteoporosis Australia is a research and advocacy group providing news about latest developments about osteoporosis. **Visit www.osteoporosis.org.au**

Glossary

Amenorrhea	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	A hormone produced by the brain that stimulates hormone (FSH) 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. Also called the menopause transition.
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 Diary		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				
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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

