



There are some women who go through menopause in their early forties or younger. These women, whether it is a natural menopause or brought about by surgery or medication, face special challenges. Dr. William Pfeffer reviews for us this month some of the causes and how women can manage what can be an unexpected change.

— Beverly Vaughn, Director of the
“Menopause and You” Program



William H. Pfeffer, MD
Chief of Reproductive
Endocrinology
Main Line Health System

Unexpected menopause

It is a fact of life that most women will stop menstruating sometime between their 45th and 54th birthdays. In the articles presented earlier in this series you have read about this process which signals loss of fertility, changing sexuality, spiritual growth and, inevitably, ageing. To successfully weather unpredictable menstrual cycles, flushes, medical concerns and sexual changes is a daunting undertaking for the average 50 year old undergoing her change of life. Menopause which appears unexpectedly early in life (before age 40) presents an enormous challenge to a younger woman's life plans and self-esteem. Let's consider why some women have early menopause, how we recognize this condition and how women may cope with premature menopause.

Women are born with hundreds of thousands of eggs stored within their ovaries. The supply of eggs is usually exhausted around age fifty. In the absence of eggs, the ovary cannot produce estrogen. Periods cease. Symptoms of estrogen deficiency arise (hot flashes, vaginal dryness, mood change, etc.).

Causes of Premature Ovarian Failure

The precise age of the last period varies from one woman to another. Family history has some influence. A woman who started her periods at a young age tends to have a later menopause. Ninety percent of women will be 45 or older when it happens. Between 40 and 45 we call menopause “early”. Only one in a hundred women who are younger than 40 will go through what we term premature ovarian failure (POF).

Some cases of POF seem totally unprovoked while others may be linked to surgery, chemotherapy or irradiation. In my medical practice the most common reason for POF is cancer treatment. Survivors of childhood cancers, for example leukemia, will often have received chemotherapy. Depending on the particular combination and dosage, these drugs may temporarily or permanently damage the ovaries. Radiation treatment aimed at the pelvis, may have similar results. In these cases the ovaries are “innocent bystanders” whose function is sacrificed for the sake of saving a life.

In other cancer situations, the ovaries are intended targets. Obviously, ovaries get removed surgically in most cases of when cancer originates in the ovary. The elimination of ovarian hormone production is also a desired goal in treating the hormone responsive breast cancers that are so prevalent in our society. Whereas replacement of lost hormones and pursuit of pregnancy are allowable goals for survivors of most childhood tumors, these treatments are contraindicated when they might stimulate the recurrence of a hormonally responsive tumor such as breast cancer.

Rarely, a woman will have had both of her ovaries removed surgically for non-cancer disease. The most frequent of these conditions is endometriosis. Whether for cancer or benign conditions, surgical removal of both ovaries will

This is intended as an information resource providing guidelines for women. As always, check with your own healthcare practitioner with your specific concerns and questions.

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precipitate a sudden menopause. The severity of hot flashes and other symptoms is worse when menopause is sudden, compared with the more gradual course that accompanies natural menopause. In these situations, women lose not only estrogen but, progesterone and testosterone. Loss of each of these hormones can have an effect.

Several times a year I'll be referred a patient who has developed POF in the absence of surgery, radiation or chemotherapy. The younger this woman is the more likely she has a genetic abnormality such as absence all or part of an X chromosome. As techniques in diagnosis evolve I suspect we will be able to offer more genetic explanations to our patients.

Another group of women have POF because their immune systems have mounted an inappropriate attack, destroying their ovarian tissue much in the same way the immune system destroys the pancreas in juvenile diabetes. Unfortunately, in most cases the reason for POF remains unclear.

Signs of an Early Menopause

Be suspicious if your period has stopped, especially if you have never had menstrual problems in the past. Hot flashes are also an important clue, but don't jump to the conclusion that you will have an early menopause just because you experience flashes. Many women sense these flashes and continue to have their period for years. If you have doubts schedule an appointment with your gynecologist. Blood tests which measure estrogen and the hormone that stimulates ovulation (FSH) confirm the diagnosis.

Coping with POF

In our fertility patients we look for a tendency towards POF in women who still have their periods by measuring these same hormones on the 2nd or 3rd day of the menstrual cycle. We will investigate this possibility in our fertility patients who are as young as 30 years old. Knowing a woman's menopausal

status is critical to successful treatment planning.

Although most women who have been diagnosed with POF will not conceive a pregnancy with their own eggs, spontaneous conception will occasionally occur. The use of low dose estrogen supplementation may increase this likelihood. The younger the woman with POF, the more likely she is to spontaneously become pregnant. Therefore, the diagnosis of impending menopause in a woman who is less than 35 is a true "fertility emergency" requiring aggressive action. If a woman with POF is determined to carry a pregnancy we might recommend she consider donated eggs (fertilized with the sperm of her husband.). These pregnancies are created through in vitro fertilization techniques.

When fertility is not the main concern we focus our attention on hormone replacement. A 35 year old woman with POF will have more years to live in an estrogen deficient state than a woman experiencing the usual timing of menopause. We have particular concerns about bone loss (osteoporosis) that accompanies estrogen deficiency. On the other hand, a younger woman on estrogen therapy has more time for the possible complications of hormone therapy (breast cancer, stroke) to occur. The effects of long term estrogen in younger women however is not clear. Proper treatment for each case must be individualized. Should we use herbal, natural or synthetic hormones? Must, how much and what kind of progesterone must be added to the estrogen to protect the lining of the uterus? At what age should the hormone supplementation be stopped?

Non-hormonal supplements (calcium, vitamins) and medications (bone strengtheners such as Fosamax or Actonel, alternative hot flash relievers such as Effexor) may be used alone or with estrogen to help with flashes or bone health. Nutrition and exercise, important to all of us, has a particular significance for those with POF.



POF challenges our coping mechanisms. Lifelong held plans for childbearing will need to be adjusted. Unwanted symptoms and/or medications must be tolerated. Drawing on their natural strength and resilience and, perhaps, with the help of a sympathetic physician most women confronted with POF will successfully have the family and quality of life they desire. Those of us at Main Line Health Hospitals are ready to help.

For more information, please call toll-free, 1-888-876-8764, email whs@mlhs.org, or click on the “Links to Other Helpful Resources.”

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