Premature and early menopause

Summary

- Premature menopause is menopause that occurs before the age of 40 years.
- Early menopause can be induced by some medical treatments such as surgery or chemotherapy.
- Women who experience early or premature menopause may need hormone therapy to reduce the risk of diseases such as osteoporosis and cardiovascular disease.

Menopause occurs when a woman stops ovulating and her monthly period (menstruation) ceases. Most women reach menopause between the ages of 45 and 55, with the average age being around 51. However, about one per cent of women experience menopause before the age of 40 years. This is known as premature menopause. Menopause between 41 and 45 years of age is called early menopause.

In some cases, early or premature menopause is brought on by surgical removal of the ovaries, or by medical treatments such as radiation therapy and chemotherapy. In the case of premature ovarian insufficiency (POI), the woman’s ovaries spontaneously stop producing eggs and the underlying cause may not always be found. For many women, the loss of their fertility is devastating, particularly if they had planned to have children and menopause occurs before they are able to.

Most women with premature or early menopause will experience a long period of postmenopausal life. Unless there are reasons why a woman is unable to take hormone therapy, hormone treatment, which may be the combined oestrogen and progesterone oral contraceptive pill, or menopause hormone therapy (MHT) – also known as hormone replacement therapy (HRT) – will be recommended to counteract the health risks of early or premature menopause. These may include early onset of osteoporosis, and cardiovascular disease.

Symptoms of premature and early menopause

The symptoms of early menopause are the same as for menopause at the typical age and can include:

- menstrual cycle changes, including changes to the usual bleeding pattern, particularly irregular bleeding
- hot flushes
- sweats
- sleep disturbance
- urinary problems, such as increased frequency of urination or incontinence
- vaginal dryness
- increase in mood changes
- increase or decrease in weight
- aches and pains.

Causes of early or premature menopause

Premature menopause means a woman’s ovaries have spontaneously stopped working before she has reached the age of 40 years. Women can be affected in their teens or early 20s. About one in 1000 women reach menopause before the age of 30.

Some possible causes include:

- unknown causes – in the vast majority of cases (60%), the cause can’t be found. This is known as idiopathic premature menopause
- autoimmune conditions – about 10 to 30 per cent of affected women have an autoimmune disease such as
hypothyroidism, Crohn's disease, systemic lupus erythematosus or rheumatoid arthritis

- genetic conditions – about 5 to 30 per cent of women with early or premature menopause have an affected female relative, which suggests a genetic link. Genetic conditions which can lead to early or premature menopause include:
  - galactosaemia – this is when the body cannot convert the carbohydrate galactose into glucose. It is thought that the unconverted galactose could be toxic to the ovaries
  - conditions characterised by enzyme problems, such as congenital adrenal hyperplasia
  - Turner's syndrome – this chromosomal abnormality can cause early menopause, but this is usually evident before puberty
  - Fragile X premutation
- viral infections – the evidence is inconclusive, but it is thought that a viral infection, such as mumps or cytomegalovirus, could trigger premature menopause in some women.

Induced menopause

Menopause can be specifically induced for medical reasons, such as cancer surgery. For example, a woman with ovarian cancer will require surgery to remove her ovaries.

Early menopause can also be triggered by radiation therapy or chemotherapy. About one in two women treated for leukaemia or Hodgkin's disease will experience menopause early.

In cases of premature menopause caused by cytotoxic treatments such as chemotherapy, the ovaries can sometimes start working again after a period of time. This depends on many factors, including the woman’s age, the types of drugs used and the dosage. Chemotherapy for breast cancer in premenopausal women may also lead to early menopause.

Diagnosis of premature or early menopause

Premature and early menopause is diagnosed using a number of tests including:

- medical history, family history and medical examination
- investigations to rule out other causes of amenorrhoea (absence of periods), such as pregnancy, extreme weight loss, other hormone disturbances and some diseases of the reproductive system
- investigations into other conditions associated with premature or early menopause, such as autoimmune diseases
- genetic tests to check for the presence of genetic conditions associated with premature or early menopause
- blood tests to check hormone levels.

Treatment for early or premature menopause

There is no treatment available to make the ovaries start working again.

Rarely, the ovaries may spontaneously start working again, for reasons unknown. According to some studies, about one in 10 women who are diagnosed with premature ovarian insufficiency (POI) get pregnant, for reasons that are not yet clear.

Women with early menopause have a long period of postmenopausal life, which means they are at increased risk of health problems such as early onset of osteoporosis and heart disease. For this reason, it is recommended that they take some form of hormone therapy until they reach the typical age of menopause (around 51 years old). This may be the combined oestrogen and progestogen oral contraceptive pill, or menopausal hormone therapy (MHT). Either option treats menopausal symptoms and reduces the risk of early onset of osteoporosis and heart disease.

Emotional impact of early or premature menopause

Premature menopause can be emotionally devastating. Some of the common issues women may face include:

- grief at the prospect of not having children
- fear of ‘growing old before their time’
- concern that their partner won’t find them sexually attractive anymore
- self-esteem problems.

Psychological counselling and support groups may help women come to terms with their experience of early or premature menopause.

**Genetic counselling**

If you have been diagnosed with a genetic condition that is thought to have caused your premature menopause, it may be helpful to speak to a genetic counsellor. Genetic counsellors are health professionals qualified in both counselling and genetics. As well as providing emotional support, they can help you to understand the condition, what causes it, how it is inherited (if it is), and what a diagnosis means for your health and for your family. Genetic counsellors are trained to provide information and support that is sensitive to your family circumstances, culture and beliefs.

A genetic counsellor can also explain what genetic testing options are available to you and other family members.

The **Genetic Support Network of Victoria (GSNV)** is connected with a wide range of support groups throughout Victoria and Australia and can connect you with other individuals and families affected by the condition.

**Where to get help**

- **Your GP (doctor)**
- **Gynaecologist**
- **Jean Hailes for Women's Health** Tel. 1800 JEAN HAILES (532 642)
- **Genetic Support Network of Victoria (GSNV)** Tel. (03) 8341 6315
- **Victorian Clinical Genetics Services (VCGS)** Tel. 1300 118 247

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