

Early menopause and lymphoma

Menopause is when women stop having periods (a menstrual cycle). Some treatments for lymphoma can increase the risk of early menopause (before the age of 45).

We have separate information about **reduced fertility**, including options for preserving your fertility before you begin treatment for lymphoma.

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We have separate information about the topics in **bold font**. Please get in touch if you'd like to request copies or if you would like further information about any aspect of lymphoma. Phone 0808 808 5555 or email information@lymphoma-action.org.uk.

Lymphoma treatment and early menopause

As well as killing cancer cells, [cancer treatments](#) can also affect some healthy cells. This includes cells in fluid-filled sacs (ovarian follicles) in the ovaries. These produce hormones and support the development of eggs. When the ovaries stop releasing eggs, levels of the female hormones oestrogen and progesterone drop. This causes periods to stop, and can cause menopausal symptoms, which are outlined below.

The average age for menopause in the UK is 51. If it happens under the age of 45, it's called 'early' menopause.

Menopause can also happen in younger women after treatment with [chemotherapy](#), or with [radiotherapy](#) to the ovaries. On this webpage, we outline the [rough chances of early menopause happening as a side effect](#) of some chemotherapy regimens, and of radiotherapy.

For more videos on early menopause after lymphoma, including Juliet's story, take a look at our [early menopause playlist](#).

Symptoms of early menopause

The most obvious change you are likely to experience is in your periods. They might become more or less frequent, and they might be lighter or heavier than usual. In time, they stop altogether.

Other common symptoms include:

- mood changes, particularly [low mood](#)
- poor [sleep](#), often from waking up with hot flushes
- hot flushes – feeling suddenly hot, usually for a few minutes, although this can last longer
- [sweats](#), which can happen with hot flushes
- [vaginal dryness](#)
- discomfort during sex
- loss of interest in sex ([lower libido](#)).

You can find more information about the [symptoms of menopause](#) and [things you can do to try to help with them](#) on the NHS website.

Coping with early menopause

Menopause can be physically and emotionally challenging – particularly if you are also affected by lymphoma. Remember that there is [support available](#).

Below, we outline some of the self-help strategies (including [cognitive behavioural therapy](#)) and [treatments](#) you might like to talk to your GP, [clinical oncologist](#) or [clinical nurse specialist](#) about.

Self-help strategies

The NHS suggest that following a [healthy lifestyle](#) can help with the symptoms of menopause. This includes having a [healthy diet](#).

Healthy diet

Some of the important vitamins and minerals to get plenty of in your diet are those that help with the health of bones, teeth and muscles:

- [calcium](#) – good sources of which include dairy foods (such as cheese), soya drinks with added calcium and leafy green vegetables.
- [Vitamin D](#) – oily fish, red meat, egg yolks, foods fortified with vitamin D (such as some fat spreads and cereals).

The NHS website has more detailed information about calcium and vitamin D, including [food sources if you follow a vegan diet](#).

You could talk to your doctor about whether it is a good idea to take any dietary supplements – it's important not to take any without their guidance, in case they affect your lymphoma treatment or any other medication you are taking.

Other lifestyle factors

In addition to a healthy diet, you can help yourself by:

- taking **exercise** that's advised by your medical team
- making time to rest and relax, which might include using meditation techniques such as **yoga** and **mindfulness**
- keeping a **healthy weight**
- not **smoking**
- keeping your **alcohol** to within recommended limits
- limiting your caffeine intake – as a general guide, around 4 to 5 cups of tea or coffee a day
- taking any medicines you've been prescribed or **vaccinations** you have been recommended by your medical team
- taking up invitations to medical appointments such as **follow-up appointments** and **national screening programmes**.

Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy (CBT) is a type of talking therapy that aims to help you change how you think about things and develop ways of coping well with challenges. Some women find it helps them to reduce and cope with the **symptoms of menopause**. You could talk to your GP or a member of your medical team if you are interested in CBT.

Women's Health Concern (part of **British Menopause Society**) produce information about **cognitive behaviour therapy for menopausal symptoms**.

Treatments

There are treatments that could help with the symptoms of menopause. You might like to talk to your doctor about whether these are suitable for you. Options might include:

- **Hormone therapy**, the most common of which is Hormone Replacement Therapy (HRT). This can help to increase oestrogen and progesterone (female hormone) levels and ease symptoms of menopause. Occasionally, doctors also prescribe testosterone (the 'male' hormone) to help increase sex drive. However, this isn't a standard approach as scientists are still looking into its long-term safety.

- **Vaginal moisturisers and lubricants** to help with dryness and discomfort during sex.
 - There are other drugs, including some used for depression (such as **venlafaxine**) and **clonidine**, which can help with hot flushes and sweats in menopause.
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What is the risk of early menopause?

Lymphoma can cause changes in the **immune system**. This can affect the activity of the ovaries, even before treatment.

Other factors can also increase the chances of early menopause. These include:

- being closer to the average age of a natural menopause (51 years in the UK)
- in some cases, family history of early menopause.

If you are already going through the menopause when you begin treatment, talk to your medical team about options to help manage your symptoms and reduce **long-term effects**.

Lymphoma treatment and early menopause

If your treatment could cause early menopause, your doctors should talk to you about this before you start treatment. They should also offer you a referral to a fertility specialist and talk to you about **fertility preservation options** if this is important to you.

Below, we give an idea of the chances of early menopause from some types of chemotherapy and radiotherapy. **Please note that these are approximate and depend on several factors. Speak to your doctors for advice specific to your situation.**

Doctors are yet to find out about the effects of some of the newer, **targeted treatments** on the likelihood of early menopause. As a point of comparison, the risk in young women who do not have cancer experiencing early menopause is around 2 in every 5 people (40%).

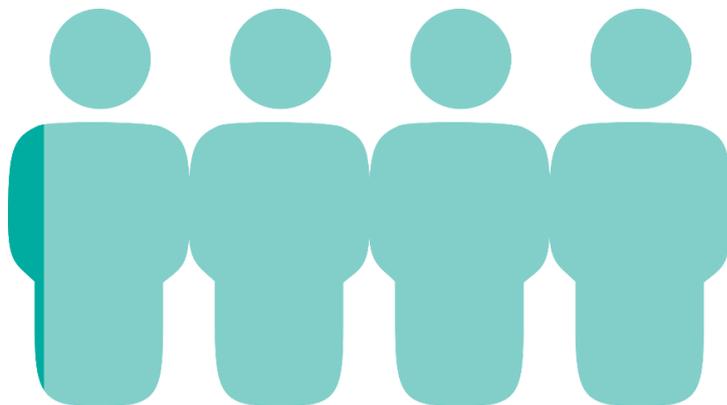
Chemotherapy

Some **chemotherapy regimens** can affect your fertility, although many do not. The chances increase with the dose and number of cycles you have, as well as with age.

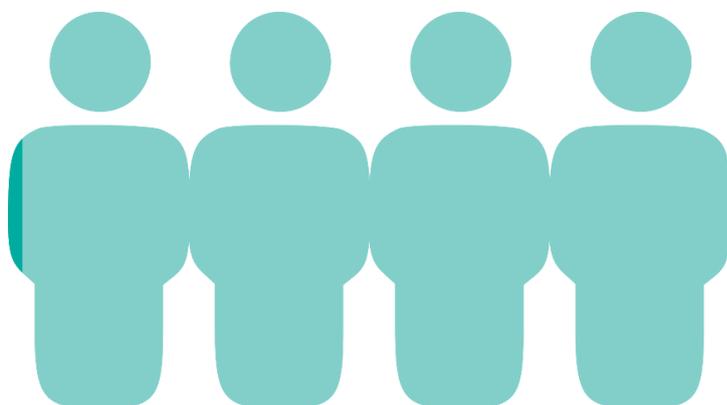
Below we outline the risk with some of the common chemotherapy regimens: **CHOP**, **ABVD**, **BEACOPP** and **BEAM**. Talk to your medical team for advice specific to your situation.

CHOP is often used to treat **non-Hodgkin lymphoma** and is sometimes given with **rituximab** (when it is then called R-CHOP).

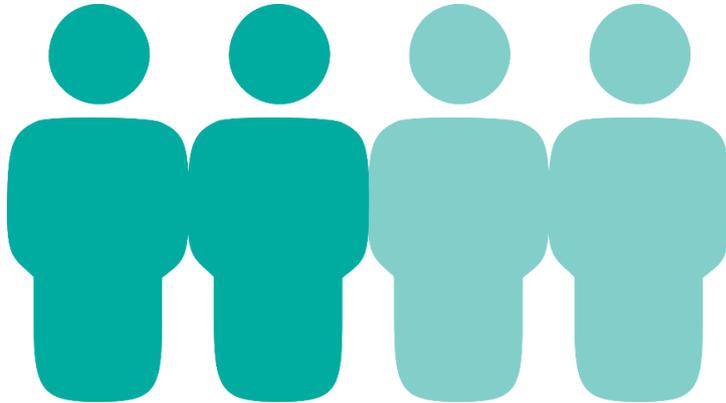
The risk of early menopause from it is low, at around 5%, which is around 5 in 100 women.



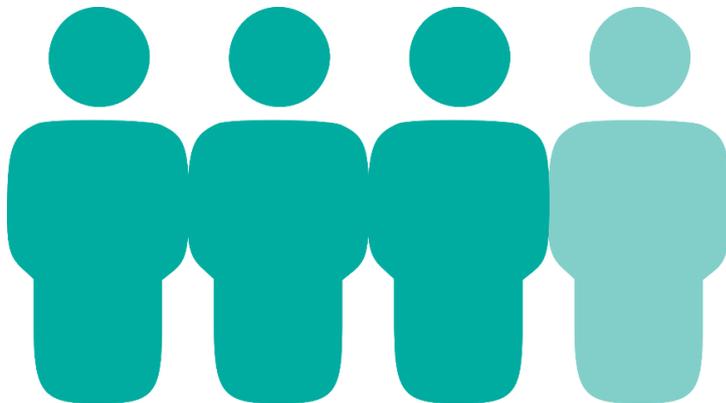
ABVD is often given to treat Hodgkin lymphoma. The risk of early menopause from it is very low at around 2%, which is around 2 in 100 women.



BEACOPP is given to treat **Hodgkin lymphoma**. The risk of early menopause from it is around 50%, which is around half of women. However, this rises with age, so it is higher in women in aged 35 to 40.



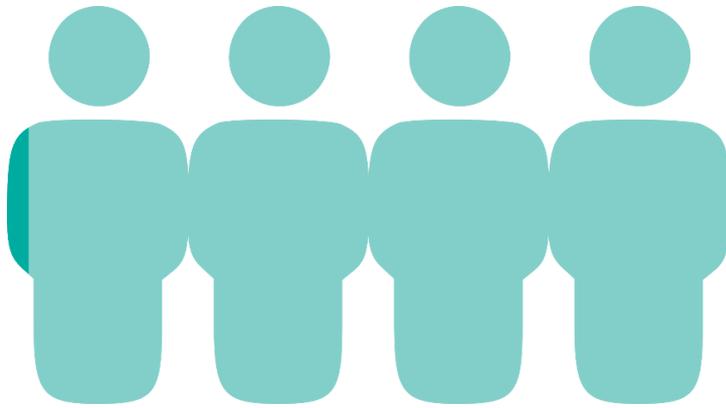
BEAM is a high-dose chemotherapy regimen. It is given as part of a **stem cell transplant**. The risk of early menopause is around 75%, which is around three quarters of women.



Radiotherapy

Whether radiotherapy affects fertility depends on whether it affects the ovaries and on the dose you have. We give rough estimates below based on likely doses for women with lymphoma:

Radiotherapy given above the diaphragm (the sheet of muscle that separates your chest from your tummy) means the ovaries are not in the treatment area. It has a low risk of early menopause is around 3 in 100 women (3%).



Radiotherapy to the ovaries has a high risk of early menopause at around 70%, which is around 7 in 10 women.



Support with early menopause

Your medical team can support you with both the physical and emotional challenges that can come with early menopause, including:

- advice to manage symptoms of early menopause
- reducing **the long-term effects of early menopause on your physical health**
- help with **emotional wellbeing and signposting to further sources of support.**

You might also find our useful organisations webpage helpful, which includes a section on **fertility and pregnancy.**

Frequently asked questions about early menopause and lymphoma

Below, we answer some of the questions that people often have about lymphoma and early menopause. Speak to a member of your medical team for advice specific to your situation.

How do I know if my symptoms are due to early menopause or lymphoma?

Some of the symptoms of early menopause are similar to those of lymphoma. For example:

- **Night sweats** are common in women going through early menopause but they can also be a symptom of lymphoma. They are more likely to be caused by lymphoma if you have other **symptoms of lymphoma**, such as loss of appetite, weight loss, fever, tiredness or itching.
- Vaginal dryness is common during and after early menopause but can also be a side effect of chemotherapy.
- Difficulty sleeping and tiredness can happen for many different reasons, but they can also be linked to lymphoma or early menopause.

If you're worried that your **lymphoma has come back (relapsed)**, contact your medical team straightaway. Your medical team can offer information and reassurance. If it is appropriate, they can arrange for any **tests or scans**.

How do doctors diagnose early menopause?

To find out if you are going through early menopause, your doctor will talk to you about your symptoms. They will also arrange for you to have **blood tests** to check your hormone levels, which may need to be repeated around 4 to 6 weeks later. This is because natural changes in hormone levels linked to the menstrual cycle can otherwise confuse the results.

How soon after treatment might early menopause happen?

Your medical team should talk to you about your chances of early menopause and how soon after treatment it might happen. It can depend on the type of treatment you have:

- It often happens quite soon after **radiotherapy to the ovaries** and **BEAM chemotherapy**.
- It can happen later after other **chemotherapy regimens**.

What are the long-term effects of early menopause on physical health?

Early menopause can have long-term effects because of the low levels of the hormone oestrogen. These include an increased risk of developing:

- Thin, brittle bones that fracture or break easily (**osteoporosis**)
- Heart disease and stroke (**cardiovascular disease**)
- Memory loss, but it is less clear that this is due to the menopause.

Your doctor can discuss treatment to help lower the risk of these conditions developing.

Is there treatment to prevent early menopause?

There are no treatments that can reliably reduce the risk of early menopause. One treatment being researched is gonadotrophin-releasing hormone (GnRH). However, the evidence at the moment is that it is not of value in women with lymphoma.

Can I get pregnant if I develop early menopause?

For most women who go through an early menopause, it isn't possible to get pregnant without **fertility treatment**.

A small number of women appear to have gone through menopause, however, their ovaries very occasionally produce eggs, at least for some time. These women might therefore become pregnant without fertility treatment.

Women who have gone through an early menopause might consider fertility treatments. These can include using their own eggs or embryos if they were frozen before treatment for lymphoma. However, if eggs or embryos weren't stored, it might be necessary to use eggs donated from another woman. You can find out more about [fertility treatments](#) on the [Human Fertilisation and Embryology Authority](#) website.

It is important that you get good advice about your choices, so talk to your medical team and ask to be referred to a specialist if necessary.

Will I be able to carry a pregnancy?

Menopause doesn't affect your womb, so you should be able to carry a baby. Once you are pregnant, your body releases the hormones that a growing baby needs in order to develop.

What options are there if I am unable to get pregnant or carry a pregnancy?

Some women consider [adoption](#) or [surrogacy](#).

References

The full list of references for this page is available on our website. Alternatively, email publications@lymphoma-action.org.uk or call 01296 619409 if you would like a copy.

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