

Early menopause and lymphoma

Menopause is when women stop having menstrual periods. At this point, pregnancy without fertility treatment is no longer possible. In the UK, the average age for menopause is 51. If it happens under the age of 45, it's called 'early' menopause. In women under 40, it's called 'premature ovarian insufficiency' (POI), or sometimes 'premature menopause'. In this information, we use the term early menopause.

Some treatments for lymphoma can increase the risk of having an early menopause. 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

Cancer treatments work by killing cells that are dividing quickly. As well as cancer cells, they can also affect some healthy cells, including those in the ovaries that are involved in the development of eggs.

When the ovaries stop releasing eggs, levels of the female hormones oestrogen and progesterone drop. This causes periods to stop. Menopause happens naturally as you get older, but it can also happen in younger women after treatment with **chemotherapy**, or with **radiotherapy** to the ovaries, resulting in early menopause.

Symptoms of early menopause

If you develop early menopause, you are likely to experience changes in your periods. You might have them more or less frequently and they might be lighter or heavier than usual. In time, they stop altogether.

Early menopause can affect different women in different ways. However, the common symptoms include:

- mood changes, particularly **low mood**
- **difficulty sleeping**
- **hot flushes**
- **sweats**
- **vaginal dryness** and discomfort during sex
- **reduced sex drive** (libido).

Find more information about the **symptoms of menopause** on the NHS website, including a video in which women share their experiences of coping with menopause.

Coping with early menopause

Going through the menopause can be challenging, and particularly so if you are also affected by lymphoma. Remember that there is support available. Below, we outline some of the **self-help strategies** and **treatments** you might like to consider – you could also discuss these with your GP or clinical nurse specialist.

When I first realised I was going through the menopause, I felt very disheartened and as though something else had been lost through cancer.

Rebakah, affected by early menopause

Self-help strategies

Following a healthy lifestyle can help to reduce the symptoms of early menopause.

It's important to have a **healthy diet** that includes plenty of **calcium**, found, for example, in dairy foods, soya drinks with added calcium and leafy green vegetables. Be sure to get plenty of **vitamin D** too – this helps to keep bones, teeth and muscles healthy. Vitamin D is found in foods such as red meat, oily fish, egg yolks, dried apricots and broccoli. Speak to your doctor about whether it is a good idea to take vitamin D supplements. You can find more **information about vitamin D** on the NHS website, including **sources of vitamin D if you follow a vegan diet**.

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

- taking **exercise** that's safe for you.
- making time to rest and relax, which might include using meditation techniques such as **yoga** and **mindfulness**.
- maintaining a **healthy weight**
- not **smoking**
- limiting your **alcohol** and caffeine intake
- taking any medicines you've been prescribed.

I had quite intense menopausal symptoms after the chemo had finished. I found these worrying because they were so similar to the symptoms of my lymphoma, particularly the night sweats. This caused me some anxiety, which probably made the symptoms worse in the short term. My GP was a really good source of support, and she helped me to decide the best course of action. In my case exercise and diet, as HRT wasn't suitable. I was quite surprised that symptoms can last for years, so it's important to find ways of coping with them.

Corrin, affected by early menopause.

If you experience hot flushes, there are things you can do to help manage and cope with your symptoms. For example:

- keep your bedroom cool at night by turning down the heating or using a fan to help night sweats and hot flushes

- wear thin night clothes and use layers of sheets instead of one thick duvet or blanket, so that you can easily take them on and off during the night
- try to identify any potential triggers to avoid – for example, some people find that spicy foods trigger hot flushes.

Read more about [hot flushes and tips to help cope with them on the NHS website](#).

Treatments

If you are struggling with symptoms of early menopause, you might find it helpful to ask your doctor about treatments they could prescribe. Although the suitability of these depends on various factors, including your lymphoma, options might include:

- Hormone Replacement Therapy (HRT), which can help to balance oestrogen and progesterone (female hormone) levels and reduce your symptoms. Occasionally, doctors also prescribe testosterone (the ‘male’ hormone) to help increase your sex drive, but there is less known about the long-term safety of this.
- vaginal moisturisers and lubricants to help with dryness and discomfort during sex
- testosterone (the ‘male’ hormone) to help increase your sex drive
- clonidine, a drug that’s sometimes given to women who cannot take HRT, to help with hot flushes.

Some women find [cognitive Behavioural Therapy \(CBT\)](#) helpful in coping with menopause. This is a type of talking therapy that aims to help you change how you think about things and develop practical ways of dealing with difficulties. Women’s Health Concern (part of British Menopause Society) produce information about [CBT for menopausal symptoms](#).

You might also be interested in whether a [complementary therapy](#), such as massage or reflexology could help to boost your mood. Discuss the safety of complementary therapies and any other approaches with your doctor before you try one.

What is the likelihood of early menopause?

In women with lymphoma, the activity of the ovaries can sometimes be lowered even before treatment. This is because of changes in the **immune system** as a result of the lymphoma itself.

Other factors can also increase the chances of early menopause. This includes:

- being closer to the age of a natural menopause
- in some cases, family history of early menopause.

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

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.

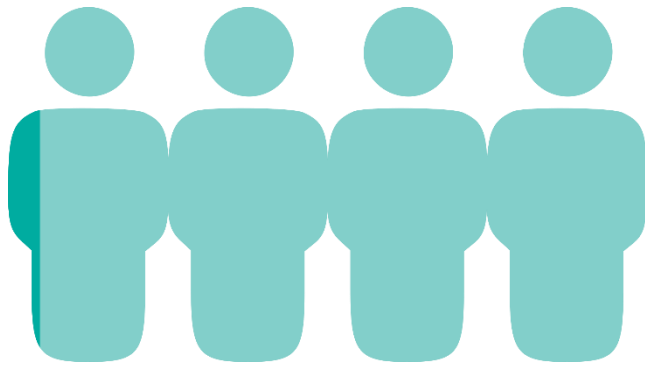
Below, we give rough chances of early menopause from some types of chemotherapy and radiotherapy. **Please note that these are approximate and depend on several factors. Speak to your doctors for advice specific to your situation.**

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 is around 0.4%.

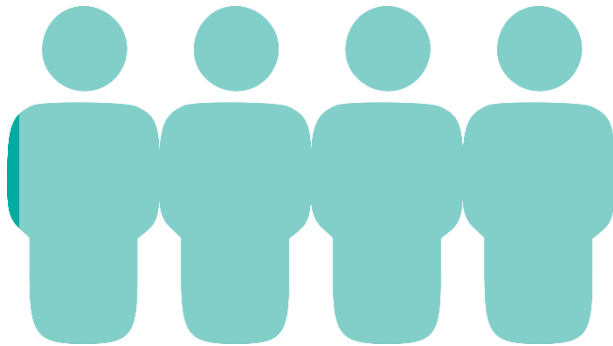
Chemotherapy

Many chemotherapy regimens used to treat lymphoma do not cause damage to ovarian cells and do not increase your risk of developing early menopause. However, some regimens can affect your fertility. The chances increase with the dose and number of cycles you have, as well as with age.

CHOP is a chemotherapy regimen often used to treat **non-Hodgkin lymphoma**. It's sometimes given with rituximab (R-CHOP). The risk of early menopause from it is low, at around 5%, which is around 5 in 100 women.



ABVD is a chemotherapy regimen 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 a chemotherapy regimen given to treat **Hodgkin lymphoma**. The risk of early menopause from it is around 50%, which is around half of women.



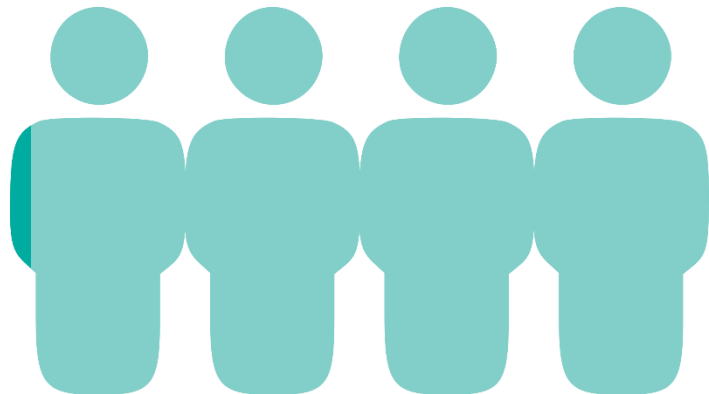
BEAM is a high-dose chemotherapy regimen. It is given as part of a **stem cell transplant**. The risk of early menopause is around 75%, which is around three quarters of women.



Radiotherapy

Whether radiotherapy affects fertility depends on whether it affects the ovaries. It also depends on the dose given. The figures here are estimates 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 3%, which is around 3 in 100 women.



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



Frequently asked questions about early menopause and lymphoma

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

Are my symptoms due to early menopause or has my lymphoma come back?

If your symptoms have worsened or you're worried that your lymphoma has come back, contact your medical team straightaway. It's natural to worry that symptoms could be linked to your lymphoma. Your medical team can offer information and reassurance and, if necessary, arrange for any **tests or scans**.

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.

How is early menopause diagnosed?

To find out if you are going through early menopause, your doctor will talk to you about your symptoms and will arrange for you to have blood tests to check your hormone levels. You usually have these around 4-6 weeks apart so that natural changes in hormone levels linked to the menstrual cycle don't confuse the results.

How soon after treatment might early menopause happen?

There is no set timescale in which menopause might happen after treatment. 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 begin more slowly after other **chemotherapy regimens**.

Your medical team should talk to you about your chances of early menopause and when it might happen.

What are the long-term effects of early menopause?

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**)

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

Can anything prevent early menopause?

Unfortunately, there are no treatments that can reliably reduce the risk of developing early menopause. One treatment being researched is gonadotrophin-releasing hormone (GnRH). This might protect the ovaries from the effects of cancer treatments, but more research is needed.

Can I get pregnant if I develop early menopause?

For most women who have developed early menopause, a 'natural pregnancy' (without fertility treatment) is unlikely, but can happen if your periods start again after lymphoma treatment.

- There are a very small number of women who appear to have gone through menopause but become pregnant naturally. This is because their ovaries still very occasionally produce eggs.
- Some women can get pregnant with medical help. This might involve using eggs or embryos that were collected and frozen before treatment for lymphoma. More often, however, in vitro fertilisation (IVF) using donor eggs from another woman is needed. As menopause does not affect your womb, you should be able to carry a baby – once you are pregnant, the hormones needed to support the growth of a growing baby are released.
- **Adoption** or **surrogacy** might also be options you wish to consider.

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.

You can also seek advice on how long after treatment for lymphoma to wait before trying to become pregnant.

Where can I get support with early menopause?

Going through early menopause can be physically and emotionally challenging, and particularly so if you are also affected by lymphoma.

Remember that there is support available – speak to your GP or clinical nurse specialist for advice. **Daisy Network** offers information and support to women diagnosed with early menopause.

References

The full list of references for this page is available on our website.

Alternatively, email **publications@lymphoma-action.org.uk** or call 01296 619400 if you would like a copy.

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✓	Evidence-based
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