

Cancer treatment

Did someone mention menopause?



**A YOUNG WOMAN'S GUIDE
TO MENOPAUSE
AFTER TREATMENT FOR CANCER**

This booklet is written by Ellie Waters and Dr Louise Newson. Ellie experienced the menopause aged 15, after treatments for cancer. She had to learn about the menopause for herself and take action to get the right help. Louise is a GP and menopause expert, who created the free ‘balance’ menopause support app and menopause doctor website. She has also founded The Menopause Charity. What Louise doesn’t know about the menopause isn’t worth knowing!



If you have cancer and have been told that your treatments could – or did – affect your ovaries, this booklet is for you. Doctors may have mentioned infertility, menopause or surgical menopause to you, yet your head was in a spin at the time. Don’t worry, we are here to explain it all: why menopause can happen after cancer treatments, how to recognise the signs, and how to look after your mind and body for the future.

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WHY DO OVARIES MATTER ANYWAY?

Ovaries are important because this is where most of your sex hormones are made. The Big Three are estrogen, progesterone and testosterone. No working ovaries = no hormones.

These hormones are not just for periods or pregnancy, they have many important roles in your body, especially estrogen. A lack of these hormones affects your brain, heart, skin, hair, your mood, bones, and your vulva and vagina.

WHY CANCER TREATMENTS CAN MESS WITH YOUR OVARIES

Some of you may have had your ovaries removed surgically, and this may have included other parts of your reproductive system like your uterus (womb) and fallopian tubes.

Others will have had cancer treatments such as chemotherapy, or radiotherapy to the pelvic area, that can cause temporary or permanent damage to the ovaries. It depends on what type of chemo was used, where your radiotherapy was targeted, and how old you were at the time of treatment. You may have had to take other medications containing chemicals that 'switch off' your ovaries from working.

CONSEQUENCES OF HAVING NO OVARIES, OR ONES THAT DON'T WORK

If you have been told that your ovaries will not be making those all-important hormones for the rest of your life, you will most likely be facing some difficult, life-changing issues.

If you don't produce estrogen anymore this means your periods will stop and it becomes unlikely that you will be able to get pregnant in the future. Infertility can come as a big shock and is serious news for anyone to hear. Your own reaction to this news often depends on what age you are, what stage of life you're at, and what else you're having to deal with when told this news. We'll talk more about infertility in a bit, but for now we'll focus on the other big consequence of your ovaries not working.

The menopause. All you may know about this word is it means your periods stop, and it might bring to mind old, grumpy, grey-haired women. So, what is it really all about?

WHAT EXACTLY IS THE MENOPAUSE?

All women go through the menopause – that means half the global population – but it’s often something that’s not talked about and is clouded in mystery. Put simply, it’s the time in a woman’s life when her periods stop because the ovaries don’t produce estrogen anymore. For most women going through it naturally, their last period happens around the age of 50, but signs that hormones are changing and the body’s supply of estrogen is slowing down, can start in your early 40’s or even late 30’s. Some women go through a natural menopause earlier than others. If they are under 40 years when their periods stop naturally, it’s known as ‘Premature Ovarian Insufficiency’ or POI. This term often includes those who have had a ‘surgical’ menopause – meaning menopause that is brought on by surgery or other medical treatments, such as those for cancer.

WHAT WILL MY MENOPAUSE BE LIKE?

Just like with a natural menopause, your surgical menopause will be unique to you. No one can predict what symptoms you will have, or how you will feel. You may sail through it and hardly notice anything, or you may feel like a completely different person and battle with a range of symptoms that are physical, emotional and psychological, on a daily basis. Many of you will fall somewhere in between. For those getting over cancer treatments, it can be difficult to tell what are after-effects of the chemo or radiotherapy, and what are menopause symptoms caused by a lack of hormones. Some of the possible consequences from menopause are similar to what you might be experiencing in your recovery anyway, such as fatigue and joint pains. This is sometimes why the menopause can creep up on you without you being fully aware of what’s really going on in your body.

To help spot the signs of the menopause you need to know the wide range of potential changes that could happen due to a lack of hormones. So here is a rundown of the most common menopause symptoms:

No periods...yay!

Let’s start with the one most of you will view as a positive change. At some point your periods will stop. There may be some erratic bleeding or spotting for a few months after your treatment, don’t worry this is normal. It’s also normal to have some bleeding when you first start taking Hormone Replacement Therapy (HRT).

Once everything has settled down after your cancer treatment and you’ve been taking HRT for a while, if you are still bleeding, or start bleeding, in an unusual, heavy, or prolonged way, talk to your doctor about it.

Hot flushes

This is the most common symptom and probably the one you've heard of. Hot flushes can come on suddenly at any time of day, spreading throughout your face, chest and body. They may last only for a moment or take several minutes. When you have a flush you might also sweat, feel dizzy, or notice your heart beating faster. Try not to worry, it's a very common experience of the menopause and is just your internal thermostat picking up on wrong signals (due to lack of estrogen) about whether you need to cool down or warm-up.

Night sweats

You might also wake up very sweaty in the night, even to the extent of making your pjs and bedsheets quite wet. While it can be disruptive and upsetting, this is also nothing to panic about; hot flushes and night sweats is your internal temperature regulator misfiring because of a lack of estrogen.

Mood changes

This includes feeling teary, irritable, angry, withdrawn – a whole range of emotions. It's often the one that bothers women the most, as it can make you feel so unlike your normal self. Of course, it's also completely normal to feel like this going through diagnosis and treatments for cancer, and in the adjustment process afterwards.

Fatigue and poor sleep

You may feel completely exhausted anyway, but tiredness can also creep up on you when you feel like you should be making a faster recovery from the cancer. It's common for sleep to be affected by menopause, either due to night sweats, needing to wee, feeling anxious or stressed, or a whole host of other possible reasons.

Brain fog

You may be familiar with 'chemo brain', well, brain fog is the menopause equivalent. A lack of hormones can cause memory lapses, poor concentration, difficulty absorbing information and a feeling like your brain is cotton wool. Brain fog can be a real challenge if you're studying or working. It can also affect the simplest of tasks like reading a book, listening to a podcast, or following the plot in a film.

Loss of interest in sex or relationships

It's common to lose interest in your love life. Whether you are single, dating or in a relationship, you might feel like you're just not in the mood for any of it. As well as fatigue, poor sleep, and low mood, there is a hormonal reason why your libido may feel rock-bottom. Women have testosterone too and this hormone influences our sex-drive. Testosterone is produced in the ovaries, so this hormone drops right off when ovaries no longer work or are removed. A lack of testosterone also contributes to feeling tired and having poor concentration.

Joint pains and muscle aches

Estrogen is very important in providing lubrication in your joints and preventing inflammation, so reduced levels of estrogen in your blood can leave your joints sore, stiff and aching.

Hair and skin changes

Estrogen helps to build collagen – the protein that protects the structure of your skin. Lower levels of estrogen makes your skin less plump and less stretchy, causing fine lines and also dryness. Some women find their skin becomes itchier, or they develop acne. Changing hormones can also make your hair thinner and less glossy, and you may notice a few hairs appearing on your chin or upper lip.

Worsening migraines and headaches

If you suffer from migraines, you may find they become more severe and closer together. Headaches can occur too. This is often due to fluctuating hormone levels in the blood, particularly estrogen.

Vaginal and urinary symptoms

Low estrogen can cause the tissue around your vagina and vulva to become thinner, dry, itchy and inflamed. There's a few terms for this problem: vaginal atrophy, atrophic vaginitis or genitourinary syndrome of menopause/GSM. Your vagina also expands less easily so you may notice using tampons or having penetrative sex becomes more uncomfortable, or even painful. You may have more bacterial infections like thrush.

Low estrogen can also meddle with your waterworks. It thins the lining of the bladder, which can make you feel the need to wee a lot more often, and it can cause occasional leaks when you cough or sneeze. Some women find they have repetitive episodes of infections like cystitis.

Hang in there!

These possible changes may all sound scary and awful and leave you questioning whether your life will ever be the same again. Try not to feel daunted by the prospect of any of this – you may get a few of these problems, but some may never bother you at all.

Remember, there are really effective treatments out there and you do not have to put up with these changes for the rest of your life. Getting on the right type and dose of HRT can really help with symptoms.

The free 'balance' menopause support app and menopause doctor website are brimming with practical advice on how to help with all these issues.



HOW MIGHT THE MENOPAUSE AFFECT MY FUTURE?

Although learning more about the menopause can seem daunting, it's crucial that you have this information at your fingertips in case you start experiencing any of the changes described. When this happens, you will understand more about the effects a lack of hormones are having on your body, and you'll know what treatment you need to help the problems and look after yourself in the future.

As well as the changes we have just described, there are some long-term consequences of the menopause that you should know about.

Future health

When it comes to a lack of estrogen, the two biggest impacts on your health in the future are the risk of your bones getting weak, and the risk of disease in your heart and blood vessels.

Osteoporosis is the name for the bone-weakening disease. Women are more at risk of getting this after the menopause because estrogen normally helps keep our bones strong and helps our bones grow new tissue. When there is a shortage of estrogen, the bone tissue dies off at a faster rate than new tissue can grow, and this weakens the bones over time. It also makes the risk of breaking a bone very high, even from just a slight bump or knock.

If you go into the menopause before you are 40 years old, your doctor should recommend replacing your hormones with HRT. One of the big reasons for this is to protect your bones from this weakening process. The younger you are, the more important taking HRT is.

The other health risk linked with the menopause is heart disease. This includes problems with the rhythm of your heart, how well your arteries, blood vessels and heart pump the blood round your body, and also your cholesterol levels and blood pressure. A lack of estrogen can narrow the arteries and vessels, and a fatty build-up of plaque can stop the blood pumping round as efficiently. This can lead to a greater risk of raised cholesterol and blood pressure, and in severe cases, increase the risk of having a heart attack or stroke. HRT can reduce this risk as replacement estrogen helps to keep the arteries and blood vessels clear and helps regulate blood pressure and cholesterol.

Recent research also suggests that the menopause might increase the risk of diabetes, dementia, bowel cancer and depression.

All of these factors are why HRT is so important, not just to help with any symptoms you have now, but to help protect you from these diseases for the rest of your life.



HOW MIGHT THE MENOPAUSE AFFECT MY FUTURE?

Future sex-life

If you begin to have problems with vaginal dryness, soreness, thinning of the tissues, it's so important that you get help—the sooner the better. Treatments are really effective and are safe to take for ever. Without treatment, these problems usually worsen and do not clear up on their own.

They may not start immediately after you know you're menopausal, they might take a few years to develop, so it's worth remembering about this issue and nip it in the bud as soon as it becomes a problem.

If you're having regular sex with a partner, try and be as open and honest as you can about how it feels. If you are experiencing discomfort, make sure you are using vaginal estrogen, consider using moisturisers every couple of days, and plenty of lube before having sex. This is explained more on p8.

If you do this, it can help minimise the impact on your sex-life. Many women ignore this problem and don't like to talk about it. Psychosexual counselling can be useful if your feelings around sex are causing problems in your relationship, for whatever reason.

If your interest in sex, or ability to orgasm has dropped, consider taking testosterone replacement as well as estrogen. After a few months you might find testosterone helps fan the flames once again.

Future relationships

You may be worried about how to tell a potential partner that you're in the menopause or find it difficult to talk about your symptoms with the partner you do have. It's a great idea to check out the range of menopause support available online (there's lots of links at the end). Finding out more about an early menopause will help you feel like you are not alone, and it will normalise a lot of the changes you are going through. This will make it easier for you to talk about them with any partner or potential prospect. It can help to know the right terms to use and have a clearer understanding of why things are happening. When **you're** clearer about it all, it's much easier to explain it to someone else.

You will need to make an effort to look after your relationships by being open about your menopause and how it affects you day to day. Help your partner learn about your symptoms and treatment regimes, and what you do to help, like certain priorities for your diet, exercise routines, and relaxation time. Attending appointments with you can also help them understand more about your menopause.

Try and be clear about what you want or need from them, explain when and why you need space or quiet times now and again. If things are getting tense, taking a few deep breaths and walking away from an argument for a while may help you both.

It's important to be kind to yourself too, remember, a lack of hormones can wreak havoc on your moods and emotions. Often you can feel a lot better after a day or two, or even a few hours, so try not to stew on things too much.

Future family

If you're in your late teens or early twenties, you may not have spent too much time thinking about your fertility, or lack of it. You might be focussing more on school, college, exams, and starting a career. If this is the case, it can still be a good idea to talk to someone to help process your feelings around being told you won't be able to have your own biological children.

This can be a very confusing time, no matter what age you are. It can be hard to bring together the two notions of feeling and looking young yet having to deal with difficulties that society thinks of as much older women's problems. You will be facing issues that most of your peers won't have to address for many years and this can leave you feeling isolated and like an outsider. Even if it's not a big concern now, it will really help you in the future if you talk this all through with support from a counsellor.

Learning of your fertility problems at a younger age can help you grow up alongside this knowledge and give time for you to process it. You will be able to find out about possible options for the future, if you think you might want children one day. It also helps any potential partner know this information early on in a relationship and come to terms with it too.

It's entirely up to you how open you need to be about your fertility and at what point you should tell a new partner about it. The Daisy Network is a charity for young women who have fertility problems due to an early menopause. They have lots of really helpful information on their website (www.daisynetwork.org) about all these issues, including forums to chat with other young women affected by early menopause and infertility.

WHAT CAN MAKE MY MENOPAUSE BETTER?

Right, feeling the need for some brighter news now? We are going to turn our attention to all the things that will help you with your menopause.

Taking hormones

If you had any information from your hospital doctors about the menopause, they will have mentioned HRT, and you may have already started taking it. We will run through the different types of HRT and ways to take it, and talk about how it can help your symptoms and future health, as well as the risks linked to taking HRT (spoiler alert – hardly any, and way less than you might think).

Types of HRT and ways to take it:

HRT is the general term used for medications that contain the holy trinity of hormones: estrogen, progesterone and testosterone, and it's the most effective medical treatment for menopause that there is.

Estrogen – think of it like the mothership of HRT. This is the most important hormone to help with the range of symptoms you might get. It's available in tablet form, but the safest way to take estrogen is via a sticky skin-patch, gel or spray onto your skin. You will need to take it every day, and younger women often need higher doses of estrogen. If you've been given estrogen by your doctor and are still having problems with symptoms a couple of months (or even years) later, you may need a higher dose or a different type of estrogen. If your GP or hospital doctor won't prescribe a higher dose, ask to see a menopause specialist.

Progesterone – the main job of this hormone as part of HRT is to keep the womb healthy. If you had your womb removed (hysterectomy), you probably won't need to take this one. When you take replacement estrogen it can make the lining of your womb too thick and this increases the risk of cells turning cancerous, so progesterone is given to prevent this from happening as it keeps the lining thin and healthy. Progesterone comes in a capsule form that you swallow (or it can be used as a vaginal pessary if preferred), the other way to have progesterone is to use a Mirena coil, which is inserted in your womb and it stays there for five years and is then replaced. The body identical form is called progesterone and the synthetic (chemically created) types are called progestogens. If you have had negative effects from progestogen in contraception before, you may want to try micronised progesterone – this is the safest type and has the least side effects.

Testosterone – this is another important hormone that is often forgotten about and ignored by many healthcare professionals. The ovaries also produce this hormone in large quantities, and it helps give you energy, aids your brain power and fuels your sex drive. If you have been on the right dose of estrogen for a few months and still struggle with a lack of energy, concentration and low libido, then testosterone might just provide the missing piece of the puzzle. You may need to get this from a menopause specialist, as it is still not widely used by GPs.

Vaginal Estrogen

Another important hormone treatment, that is not considered part of traditional HRT, is a lower dose of estrogen that you place directly inside your vagina (and around your vulva, if you need it). It's known as 'local' or 'topical' estrogen. This is specifically to help with things like vaginal dryness, itch, soreness, thinning of tissue, leaks of wee, cystitis and thrush.

This type of estrogen is only available with a prescription, and there are three main ways to have it:

Pessary

The most common choice is to use a pessary, such as Vagifem®, Vagirux®, or Imvaggis®. They

are small like a tablet, and you insert it into your vagina, using an applicator or your fingers. You use it daily for the first 2 or 3 weeks, and then twice-weekly after that. Women usually insert them at night time, so it can stay in place in the vagina for several hours.

There is another type of pessary – Intrarosa® – which contains DHEA, a hormone that your body naturally produces. Once positioned in your vagina, the DHEA is converted to both estrogen and testosterone.

Cream or Gel

Estrogen creams, such as Ovestin®, are inserted inside the vagina on a daily basis for the first two weeks, and then twice-weekly after that. An applicator can be used to insert the cream into your vagina, plus it can be applied with the fingertips on and around your vulval area as well – which can be useful if you are experiencing itching or soreness in the surrounding areas.

Blissel® gel is a lower dose option which has an applicator to insert the gel inside the vagina. It's used every night for three weeks, then twice a week after that.

Ring

If you don't fancy using pessaries, creams or gel on a regular basis, another option is to use a flexible silicon ring, such as Estring®. This is inserted inside your vagina and stays there to release a slow and steady dose of estrogen over 90 days. It needs replacing every three months, which you can do yourself, or a nurse can change it if you prefer. You can leave the ring in position to have sex or remove it and reinsert it afterwards.

So, there are lots of options to give estrogen back to one of the places in your body that needs it most. Whether you choose pessaries, creams, gels, or the ring, vaginal estrogen really helps with genital and urinary symptoms.

Additional ways to help these problems are to use a vaginal moisturiser regularly (such as YES VM, Sylk Intimate, or Regelle) which will help hydrate the tissues and reduce soreness and discomfort, and specialist lubricants for when having sex, such as Sylk, YES OB or YES WB.

HRT HEALTH BENEFITS

Within a few months of starting HRT, most women notice their symptoms are a lot better and they start to feel like their old self again. Hot flushes and night sweats usually stop within a few weeks; vaginal and urinary symptoms usually resolve within three months, (it can take up to a year in some cases). You should also find that mood changes, difficulty concentrating, aches and pains in your joints and the appearance of your skin will also improve.

The other great benefit from taking HRT is that it reduces the risks of future disease developing. Your risk of heart disease and the bone weakening disease, osteoporosis, will reduce, helping to protect your health for years to come.

Women who take HRT have a lower future risk of type 2 diabetes, osteoarthritis, bowel cancer, depression and dementia. If you have had your womb removed and take estrogen as part of your HRT, recent studies show this can reduce your risk of breast cancer too.

You should carry on taking HRT until at least the age of 51 – which is the average age of a natural menopause. There is no reason why you have to stop at this time though, so speak with your doctor when you are older, and discuss the benefits and risks of staying on HRT beyond 50 years of age. The health protection boost it provides will continue to be of benefit if you take it into your 50s and 60s.

HRT – WHAT'S THE CATCH?

You may have read some information that HRT can cause breast cancer but it's important to understand the full picture. Your actual risk of breast cancer depends on many factors including your age, family history and your general health, and not just on whether you take HRT or not. That is why it's crucial to discuss your individual circumstances with a doctor who is knowledgeable about HRT.

Taking estrogen and synthetic progestogen (different to progesterone) may be associated with a very small risk of developing breast cancer in women over 51 years. Some studies show the risk reduces if body identical (micronised) progesterone is used. This small risk is even smaller than the risk of breast cancer if you are overweight or drink a large glass of wine every night. Every healthy woman in the UK has a 1 in 8 chance of developing breast cancer at some point in their life and being on this type of HRT does not worsen this statistic.

If you have a history of blood clots, liver disease or migraine, you can still take HRT but it's recommended as an estrogen patch, gel, or spray as these types do not have a risk of a blood clot.

The most common side effects of taking HRT can be nausea, some breast discomfort or leg cramps. Side effects are most likely to occur when you first start taking HRT and then usually settle with time.

Different brands of HRT use different estrogens and progestogens (or progesterone), so you may find that changing brands helps with the side effects. Some women find that HRT patches can irritate the skin or not stick to it completely. Talk to a health professional about switching brands or moving to a gel or spray because it's really important that your body absorbs the medication well.

BUSTING MENOPAUSE MYTHS

While we're here, let's clear up a few things you may have heard about HRT:

Myth: You should wait for your symptoms to get worse before taking HRT **FALSE**

You can start taking HRT as soon as you know your ovaries aren't working (or are removed) even if you don't have symptoms yet, you need to protect your bones and heart from disease.

Myth: You should stop taking HRT after ten years or at 51 years old **FALSE**

There is no maximum amount of time you should take HRT for – you don't have to stop at 51. It depends on your individual circumstances, risks and benefits, and personal choice. Most women take HRT for ever to replace the missing hormones.

Myth: HRT is not suitable if you suffer from migraines or have had cancer **FALSE**

If you have a history of migraine, avoid estrogen as a tablet, but it can still be taken as a patch, gel, or spray. The only type of cancer where there are higher risks with HRT is if you had estrogen-receptor-positive cancer. Some menopause specialists will still prescribe HRT for these women if the benefits outweigh the risk.

Myth: You can't take vaginal estrogen alongside HRT **FALSE**

Vaginal estrogen can be taken safely alongside HRT, and you will usually need to use vaginal estrogen forever.

Hopefully by now you can see how important it is to take HRT and get on the right dose for you. But this is also a time to focus on you, your habits and routines, to make sure you continue to feel good and move forwards in your life.

TALK ABOUT IT AND GET SUPPORT

The experience of going through cancer treatments and then finding out you're in an early menopause can feel very isolating, as if you're the only one going through it. This may make you want to withdraw from friends and family and try and deal with things on your own. Although this is a very normal reaction, after a while it can often lead to feeling like everything is getting on top of you and you might struggle to cope.

Do you have a family member or friend who is a good listener, doesn't judge you, makes you feel safe, and gives you the time and space to talk about how you're feeling? If you do, then

it will really help to talk to them about how you're feeling and try and be as honest as possible with them.

For many, friends and family aren't able to provide the amount of support and help you might need, and this is where counselling can be really helpful. You can ask for this via your GP, or sites like the Daisy Network have a directory of counsellors experienced in helping young women with early menopause.

As well as thinking about one-to-one counselling, being part of a network with people who have been through something similar can really help reduce isolation and provide a space that is supportive. There are many charities for young people who have had cancer, or the Daisy Network for those going through menopause, that have face-to-face or online support groups.

LOOKING AFTER YOURSELF

Here are some other handy pointers for living your best, menopause-smashing life:

Rest well – don't let tiredness rule your life. Getting a good night's sleep is absolutely crucial for your mind and body. Aim for 7-8 hours every night by having a consistent routine of going to bed at the same time every night and getting up at the same time too. Keep your bedroom cool, around 18 degrees is perfect. You might want to avoid caffeine and alcohol as these are stimulants and can wake you up early in the morning with over-active thinking.

Keep stress in check – you will be more prone to low mood, anxiety, stress and worry when you are in the menopause. Keep a diary to help you feel more in control of your emotions and thoughts. Challenge unhelpful thoughts, be kind to yourself, practice breathing and relaxation techniques daily, find supportive friends and be open with them about how you're feeling. Make time for getting outdoors and keeping active.

Stay active – exercise is not only important for your general health, but it helps keep your bones and heart strong too. Try and do a mixture of activity that raises your heart rate but also impacts through your joints like running, HIIT sessions or racquet sports. It will do wonders for your emotional wellbeing too.

Make time for you – spending time doing things you enjoy helps you feel better. This might be going for a long walk, a drink with a friend, or spending some much-needed time by yourself enjoying a hobby – without demands being made on you. Learn to value you. Give yourself permission to feel good about yourself, however this is achieved. These activities are really important for your wellbeing and relaxation.

Eat well – you may have already made efforts to eat a healthy diet when you were going through your cancer treatments and recovery. Foods that are important for menopause are those rich in calcium and vitamin D for your bones, friendly to the gut like pre-and probiotics, carbs that are low GI, and foods rich in Omega 3 oils. There's plenty more about menopause-friendly diets on the menopause doctor website.

Cut out unhealthy habits – here's the boring bit...but crucial for your future health. Alcohol can worsen some menopause symptoms and definitely disrupt your sleep; it can also make your mood worse in the long run. Tobacco can make hot flushes worse and it increases your risk of heart disease, cancer and the bone-weakening disease we mentioned. Despite the popularity of medical cannabis and CBD oils, there is currently no good evidence that marijuana or cannabis-based products help any menopausal symptoms.

Make allowances at work or in your studies – whether you are in work, at school, or go to college or university, it's helpful to tell someone there so you can discuss any adaptations you might find useful, such as the type of chair that's most comfortable to sit on, whether you need a fan or window nearby, how often you need a break for the toilet or have a mental pitstop, for example. You may want to adjust your hours for a few months, or ask for a more flexible schedule or extensions on your coursework. These little things can really help you feel supported and make a big difference to your comfort, focus and productivity levels.

BE YOUR OWN ADVOCATE

In an ideal world, all healthcare professionals would know everything there is to know about the menopause and be aware of all the possible treatments and dosages required to help young women go through it smoothly. Unfortunately, this is not the case, so sometimes it can be up to you to find out accurate, up-to-date information, learn what help is available and make sure you get to meet with a knowledgeable professional who can discuss and prescribe treatments with you.

Take time to read up on the menopause and know what the potential symptoms are. Listen to podcasts, watch videos, hear advice from others going through it and use the free 'balance' menopause support app.

You can use the app to track your symptoms or fill in the Menopause Symptom Questionnaire (on menopause doctor website) before you meet with your doctor to discuss your symptoms and treatments. This form (or the app) is useful to fill in again after you've been on HRT (for at least three months) to see if it's working well or not. If you haven't seen the improvement you were hoping for, tell your doctor. Don't be afraid of coming across as pushy – this is the rest of your life we're talking about!

If your doctor won't give you a higher dose of estrogen that you think you need, or says you can't take HRT because you've had cancer, this is often incorrect. Ask to see a different doctor in your GP practice – one that has an interest in women's health – or move to a different GP practice if you have to. You have the right to ask for a second opinion from a hospital doctor too and can also ask to be referred to a menopause specialist on the NHS or find one privately if you can.

MOVING FORWARDS

The word 'menopause' is associated with the end of a phase in life that you probably presumed was decades in the future and this can have a profound psychological impact. It may help to focus on the idea that the treatment you had was to save your life and in comparison to that, the menopause is a lesser price to pay.

It will take time to adjust to your new situation after your cancer treatments and menopause diagnosis. How you adjust and how long it takes is unique to each person. Your sense of identity and your role in your family and any relationships you have may take time to recalibrate. Thoughts about your future and your hopes and dreams may need time to reset and become clear again.

For some, moving forwards is the most difficult task as it can be hard to let go of plans and dreams that are no longer possible in the way that you had assumed. This painful process is necessary to go through in order to understand what you want now and make new decisions and plans for the future. Counselling can be really helpful to support you through these stages of adjustment, acceptance and creating new aspirations.

This is Ellie's advice about moving forwards:

"You can't control what has happened to you, but you CAN control your attitude going forward, so accepting your diagnosis is really important. After all, it's not going away so you may as well embrace it and take it in your stride. Get the help that you need and don't suffer in silence. Unfortunately, it's not uncommon for medical professionals to disregard you due to a lack of their own knowledge about early menopause. It's crucial that you empower yourself with the knowledge to be your own advocate, so that you receive the treatments you deserve. See a menopause specialist to get expert advice and join a support group. Remember, you are not alone."

Another member of the Daisy Network described how she felt about her early menopause a few years down the line:

"It no longer completely defines me like it did at first; sometimes I scratch at it and it starts to hurt again, but generally it is like a small mark – a part of me, but not the whole of my identity".

your voice matters

ELLIE'S TOP TIPS

1. Educate yourself about the menopause

Read books, web articles and listen to podcasts about the menopause – it will empower you with knowledge that will help identify what symptoms you have and what treatments will be best for you. When you've done this, you can be your own advocate and direct the treatment you receive, rather than your doctor deciding everything for you.

2. Know what you're entitled to

If you're going through an early menopause, you are entitled to see a menopause specialist on the NHS. If you feel you need more expert advice, ask your GP for a referral.

3. Talk about your vagina!!


The reason my vaginal atrophy got so bad was because I was too embarrassed to talk about it. Please don't suffer in silence, like I did. Remember that doctors talk about vaginal issues all of the time, so don't worry about it being awkward. It's better to speak up and get the help you need, rather than letting it get worse and suffering more as a result.


4. Reach out to others


For a long time, I felt like the only teenager in the world going through the menopause, this was really isolating, and I couldn't talk about my problems to anybody. I really urge you to join support groups, like the Daisy Network, where you can talk to other teenagers going through the menopause.

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www.menopausedoctor.co.uk


 MyMenopauseDoctor

 @mymenopausedr

 @menopause_doctor


ELLIE WATERS

 TeamEllie

 @teamellie_blog

THE MENOPAUSE CHARITY

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