

We have compiled cancer information from some of our most trusted sources. This article on menopause is from **ChemoCare.com** and addresses the concerns patients may feel during or after chemotherapy.

Menopause

Cancer and its treatment will undoubtedly cause many changes in your life. One change you may experience from chemotherapy is the development of the symptoms of menopause.

How chemotherapy impacts the onset of menopausal symptoms is not fully understood, but we will begin to answer some of the questions you may have including:

- How does chemotherapy cause or contribute to the development of menopause?
- Will chemotherapy affect my ability to get pregnant?
- What are the symptoms of menopause and how can I deal with them?
- How will I know if the way I am feeling is associated with menopause and not with my treatment, stress or another factor?
- What are some other conditions related to menopause?

What Is Menopause?

- Menopause is a normal stage in a woman's life.
- The term menopause* is commonly used to describe any of the changes a woman experiences either before or after she stops menstruating. As menopause nears, the ovaries produce less estrogen, causing changes in the menstrual cycle and other physical changes.
- Technically, menopause is the end of the reproductive period in a woman, when the ovaries no longer produce eggs and she has her last menstrual cycle.
- The diagnosis of menopause is not confirmed until a woman has not had her period for six consecutive months.
- For this discussion, menopause will refer to this broad definition of the changes a woman experiences either before or after menstruation stops.

How Does Chemotherapy Influence the Onset of Menopause?

- During chemotherapy, women may have irregular menstrual cycles or amenorrhea (disappearance of menstrual periods). Some medications used in chemotherapy may also cause damage to the ovaries, resulting in menopausal symptoms or

menopause.

- Menopause may be immediate or delayed, permanent or temporary when triggered by chemotherapy.
- There is no way to accurately determine how or when chemotherapy or other cancer treatments will affect your menstrual cycle.
- Menopause is rarely a sudden response to chemotherapy. When chemotherapy treatments begin, you may notice some menopausal symptoms, but usually the symptoms are delayed for several months after treatment is started. This is natural.
- Menopausal symptoms may last for years after treatment is completed.

Will my menstrual flow be different after chemotherapy?

Menstrual cycles vary from woman to woman. Some women may experience less frequent cycles than they had prior to chemotherapy. They may skip a period or increase the number of days between periods. Other women may have more frequent periods. Some women may not experience a change in the length of their menstrual cycles but the flow pattern may be different than it was before treatment (the number of days or amount of flow may diminish or the flow may be heavier). Mixed patterns are also common: some women may have shorter menstrual cycles with heavier bleeding or infrequent cycles with many days of a very high flow.

Even though periods tend to be irregular around the time of menopause, it is important to be aware of bleeding that is not normal for you. It is very important to call your physician if you ever have very heavy bleeding that is associated with weakness or dizziness.

Will my periods return after chemotherapy?

- Many pre-menopausal women retain or recover ovarian function and their periods return after treatment is completed.
- Return of ovarian function may depend on the woman's age prior to treatment and the type of medication she received during treatment.

Can I get pregnant while I'm receiving chemotherapy?

Yes, There is always a chance that you can get pregnant as long as you are menstruating. While on chemotherapy, your menstrual cycle may become irregular. As a result, you may never quite be sure where you are in your menstrual cycle and your period may take you by surprise. Some of your menstrual cycles may be non-egg producing, but you cannot rely on this. Even if your periods seem to have stopped, you should use a safe

and effective method of birth control for at least 4 to 8 weeks after your chemotherapy treatment has ended.

What is the safest type of birth control during chemotherapy?

Irregular menstruation or the disappearance of menstrual periods may persist for years after chemotherapy, making an effective and safe contraception (birth control) method necessary. Guidelines for young women undergoing chemotherapy at many cancer centers include the use of barrier contraceptives such as a diaphragm or a condom. Oral Contraceptives (birth control pills) may be acceptable for some women but may not be recommended for women with breast cancer.

What happens if I get pregnant while receiving chemotherapy?

Although this is extremely rare, an unplanned pregnancy while receiving chemotherapy could result in a complicated pregnancy. The treatment could also cause negative effects on your baby's development. A safe method of birth control must always be used while receiving chemotherapy.

If you think you might be pregnant, it is important to tell your physician right away so those steps can be taken to ensure the health of you and your baby.

After I've completed chemotherapy, how long must I wait before trying to get pregnant?

Pregnancies after chemotherapy are not uncommon, but need to be planned after the completion of your treatment. Consult your oncology physician to discuss your plans to get pregnant once your treatment is over. In many cases, pregnancy will not influence the return of cancer. There are situations in which pregnancy should be considered with caution.

Are there risks of chromosomal abnormalities or cancer in children conceived after chemotherapy?

No. There is no known risk of chromosomal abnormalities in a woman's children after she has had chemotherapy. There is also no evidence that cancer treatment causes cancer in children conceived after the treatment is complete.

Symptoms of Menopause:

The most common symptoms of menopause are hot flashes, emotional changes, changes in the vagina, sexuality changes and weight gain

What are hot flashes?

Hot flashes are the most frequent symptoms of menopause. A hot flash is a momentary sensation of heat, which may be accompanied by a red, flushed face and sweating. The cause of hot flashes is not known, but may be related to vascular instability. Studies show that hot flashes vary among women. Hot flashes may be precipitated by: psychological stress, hot weather, caffeine, spicy foods, or alcohol.

How long will I have hot flashes?

The severity and duration of hot flashes varies among women. Some women have hot flashes for a very short time during menopause. Other women may have hot flashes, at least to some degree, for life. Generally, hot flashes are less frequent and less severe as time passes.

How can hot flashes be managed?

The most effective way to manage hot flashes is through hormone replacement therapy. There is much debate over whether estrogen should be prescribed when a woman is being treated for breast or endometrial cancer. There is also controversy over the benefits versus risk of hormone replacement therapy for women using regimens containing progesterone. It is best to ask your physician if hormone replacement therapy is the right treatment for you.

There are a number of nonhormonal medications available for the treatment of hot flashes. Their goal is not to eliminate hot flashes altogether but to diminish their intensity and frequency. Vitamin E 800IU daily, Vitamin B6 200mg daily or Peridin-C 2 tablets 3 times a day, are over the counter agents that may be of help.

There has been some research with the use of the medications; venlafaxine (effexor) an anti-depressant, bellergal and clonidine, for treatment of hot flashes, these would need to be prescribed by your physician.

The medical community is only beginning to study the properties of soy. It works in a variety of ways. In some organs it acts like an estrogen and in others it blocks estrogen. It

also has many effects other than hormonal ones. Overall the data on soy are good, and it's probably safe for women with breast cancer, but the final answers aren't in yet. Moderation is the key, one serving of soy a day (40 grams) is probably OK.

Black cohosh has been used but because of some of its estrogen-like properties it's use in patients with breast cancer is controversial.

It is important to talk to your physician before you take any medications or supplements, to be sure there is no contraindication of any of these treatments in your individual situation.

What are emotional changes?

Menopause may cause emotional changes such as:

- Energy loss
- Lack of motivation
- Irritability
- Aggressiveness
- Difficulty concentrating
- Anxiety
- Headaches
- Insomnia
- Depression
- Nervous exhaustion
- Mood changes
- Tension

Emotional changes are more difficult to associate with menopause because they commonly occur in other situations. In addition, cancer and its treatment can contribute to emotional changes.

Other possible causes of emotional changes include your work or home environment, life events, aging, psychiatric disorders (anxiety and depression) and some medications. These other possible causes make it difficult to attribute emotional changes exclusively to low hormone levels as a result of menopause.

How can emotional changes be managed?

Management of emotional changes is difficult since there may be many different influencing factors. Hormone (estrogen) replacement therapy has had variable results in

controlling emotional changes. Ask your physician if hormone replacement therapy is the right treatment for you.

Sometimes, just knowing emotional changes are normal may make them easier to cope with. Other ways to manage emotional changes include support groups and counseling. Occasionally, medications such as antidepressants may be recommended.

What are some vaginal changes I might experience during menopause?

Low estrogen levels during menopause can cause vaginal dryness, which may result in painful sexual intercourse or decreased sex drive.

Sometimes menopause can cause thinning of the vaginal lining, resulting in vaginal "shrinkage." This is usually a late effect of menopause, but it can happen at any time. Ask your physician if estrogen cream or a vaginal dilator is the appropriate treatment for you.

What can I do to treat vaginal dryness?

Vaginal dryness can be treated with water-soluble lubricants such as Astroglide or K-Y Jelly. Do not use non-water soluble lubricants such as Vaseline because they can weaken latex (the material used to make condoms). Non-water soluble lubricants can also provide a medium for bacterial growth, particularly in a person whose immune system has been weakened by chemotherapy.

What can I do to treat decreased sex drive?

Menopause should not necessarily affect a woman's ability to enjoy sex. Some studies suggest that decreased sex drive (libido) is most often related to painful intercourse caused by vaginal dryness. Therefore, treating vaginal dryness may be helpful.

It is important to note that active cancer therapy or the diagnosis of cancer can also affect your sex drive.

Treating a decreased sex drive may be accomplished with hormone replacement therapy and/or counselors*. Ask your physician if hormone replacement therapy is the right treatment for you.

- Counselors are available to help work through problems with sexuality related to cancer therapy.

What can be done about weight gain?

The best remedies for weight gain are watching your diet and increasing your physical activity. If you would like more information about how to maintain proper eating habits, you may wish to seek the advice of a registered dietician.

Will my voice change during menopause?

Probably not. Most women do not experience a voice change during menopause.

Other Changes Associated with Menopause:

Other changes, which may be associated with menopause, include increase in facial hair growth, osteoporosis and heart disease.

What can be done about increased facial hair?

Many women do not experience any additional facial hair growth. If facial hair growth becomes a problem for you, waxing or other hair removers (called depilatories) may be options.

Be sure to consult with your physician and beautician to make sure the hair remover you choose will not harm your skin.

What is osteoporosis?

Osteoporosis is a decrease in bone mass resulting in thinner, more porous bone. Osteoporosis can lead to a higher risk of fractures or broken bones. Although osteoporosis is not a symptom of menopause, low estrogen levels during menopause have been associated with a reduction in bone mass. Not all women will experience osteoporosis - it is a condition that is also related to aging and heredity.

What can be done to prevent or manage osteoporosis?

Nutrition (especially calcium intake), increased physical activity and hormones (estrogen) are three factors that improve bone health. It is important to limit caffeine, tobacco, alcohol and carbonated beverages since these substances may reduce bone mass.

Hormone (estrogen) replacement therapy increases bone mass but must be prescribed by your physician. Tamoxifen, a drug used to treat estrogen-sensitive tumors, has been

helpful in reducing osteoporosis. Raloxifene may also be used to treat osteoporosis. Other drugs you can ask your physician about include calcitonin and etidronate.

How is heart disease associated with menopause?

Heart disease becomes more of a risk for women after menopause because of the reduced level of estrogen. It was once believed that estrogen (through hormone replacement therapy) reduced the risk of heart disease. However, recent studies suggest that estrogen (through hormone replacement therapy) may have no effect on the risk of heart disease in women. Of course, exercise and not smoking will also reduce your risk of heart disease.

Tamoxifen, a drug used to treat breast cancers, has also shown some benefit in reducing the risk of heart disease. If your cholesterol is high, a low-cholesterol diet will help reduce your risk of heart disease or medication may be required.

If you have a personal or family history of heart disease, you should inform your physician.

When to Contact Your Doctor or Health Care Provider:

You should always keep your health care provider informed about how you are feeling.

Note: We strongly encourage you to talk with your health care professional about your specific medical condition and treatments. The information contained in this website is meant to be helpful and educational, but is not a substitute for medical advice.

Source: <http://www.chemocare.com/chemotherapy/side-effects/menopause-chemotherapy.aspx>