

Breast cancer treatment and menopausal symptoms

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Menopausal symptoms

Some breast cancer treatments can affect the way the ovaries work, resulting in women starting their menopause earlier than expected. Other treatments may cause a temporary menopause or side effects similar to menopausal symptoms.

This information is about menopausal symptoms that can occur because of breast cancer treatment. It gives suggestions on coping with these symptoms.

Before menopause the ovaries produce the hormones oestrogen and progesterone, which control a woman's monthly cycle (periods). Women naturally stop having regular periods usually between their mid-40s and mid-50s. The menopause happens when the ovaries stop producing the hormones oestrogen and progesterone.

This change in hormone levels can cause a number of symptoms, including:

- hot flushes and sweats
- vaginal dryness
- needing to pass urine more often
- a lower sex drive
- tiredness

- sleeplessness
- dry skin
- aches and pains
- mood swings
- loss of confidence and poor concentration.

Women may have just one of these symptoms or more, and they can vary from mild to more severe.

The menopause, and particularly an early menopause, may also cause other effects on the body. These include thinning of the bones (osteoporosis) and heart disease. These effects develop at different rates in different people. Their tendency to develop is, at least partly, passed on from your parents (genetically determined).

Breast cancer treatments and menopause

Chemotherapy may bring on an early menopause, especially in women who are closer to their natural menopause.

Breast cancer treatment often involves hormonal therapy to block the effects of oestrogen on breast cancer cells, or to reduce oestrogen levels. These hormonal treatments may cause menopausal symptoms or a temporary menopause.

Sometimes breast cancer treatment may involve a woman having her ovaries removed with surgery. Rarely, a woman may have radiotherapy to the ovaries to stop them working. These treatments cause permanent menopause.

Infertility

Infertility can be very difficult for women to deal with, especially if you wanted to have children or to add to your family. It can be particularly hard when you're already coping with cancer. We have more information about fertility in women – call us on **0808 808 00 00** or visit **be.macmillan.org.uk**

Some of the organisations we list on pages 9–10 support to women with fertility problems. Talking about your feelings with your partner (if you have one), family and friends, or your nurse or doctor may be helpful. If you feel you need more help you can talk to your doctor about a referral to a counsellor.

Managing menopausal symptoms

There are several approaches that may help to reduce menopausal symptoms. Choosing which are right for you will depend on your personal preferences, the possible risks and benefits of each approach, the type and severity of your symptoms, and what other treatments you are taking.

Your symptoms may include:

- hot flushes and sweats
- vaginal dryness
- passing urine more often
- difficulty sleeping
- psychological effects.

Hot flushes and sweats

This is the most common menopausal symptom. Although the exact cause is unknown, body temperature control seems to be affected by falling oestrogen levels. Hot flushes can vary from a mild feeling of warmth in the face to more severe symptoms such as drenching night sweats that affect the whole body.

Hot flushes generally last for about 4–5 minutes. During a hot flush you may feel sudden warmth in your face, neck and chest, and you may become flushed and perspire. Some women feel their heart beating faster (palpitations) during a flush.

If you have flushes at night, these may affect your sleep. Night sweats can disrupt your sleep pattern, especially if you need to change your night clothes and bedding.

It's difficult to completely stop hot flushes and sweats, but their frequency or intensity can often be reduced. Using a combination of some of the approaches below is often most successful at controlling or reducing flushes.

Be aware of triggers

Certain situations may bring on or trigger a hot flush. For example, getting too warm, drinking tea, coffee or alcohol, or eating spicy foods. Keeping a record of when you have flushes can help you find out what triggers them, so that you can try to avoid these triggers.

Even if you don't have obvious triggers, keeping a record can help to measure how much a treatment for hot flushes is helping.

Practical tips

There's lots of practical advice available to help women cope with hot flushes. Here are a few tips:

- Wear natural fabrics, such as cotton, and dress in layers, so you can remove clothes as needed.
- Use cotton sheets and have layers of bedding.
- Keep the room temperature cool or use a fan.
- Have cold drinks rather than hot ones
- Try some complementary therapies, such as controlled breathing, yoga, etc.

Medicines

There are different medicines that your doctor can prescribe to help reduce the severity and frequency of your hot flushes and sweats:

Antidepressants Antidepressants such as venlafaxine, paroxetine and fluoxetine may reduce the frequency and severity of hot flushes by about 50% (half) in some women. It generally takes 1–4 weeks for antidepressants to reduce hot flushes. Side effects of antidepressants can include headaches, feeling sick, reduced appetite, a dry mouth and constipation.

Paroxetine and fluoxetine aren't recommended for women taking tamoxifen, as they may interfere with its effectiveness. However, venlafaxine doesn't interact with tamoxifen so can be taken with it.

Gabapentin (Neurontin®) This is an anti-epilepsy drug that has been shown to be effective at reducing hot flush severity and frequency. Possible side effects include feeling very tired, drowsiness and dizziness.

Clonidine (Catapres®, Dixarit®) Clonidine is a drug used to treat high blood pressure or migraines and can help reduce hot flushes and sweats in some women. It can take four weeks to work. Side effects can include constipation, a dry mouth and drowsiness.

Hormone replacement treatment (HRT) Hormone replacement therapy replaces the hormones no longer being produced by the ovaries and can relieve symptoms such as hot flushes.

However, HRT isn't recommended after breast cancer treatment because it contains oestrogen, which may increase the risk of the cancer coming back. Breast cancer guidelines do not recommend non-oestrogen types of HRT, such as Tibolone (Livial®) or low dose progestogens (megestrol acetate, norethisterone and medroxyprogesterone acetate) either.

Rarely, if a woman's symptoms are severe and nothing else helps, HRT may be prescribed. This is only done after careful discussion with your cancer specialist to make sure you understand the possible risks as well as the benefits.

Vaginal dryness

Having a low level of oestrogen can cause vaginal dryness and itching, and make having sex uncomfortable or painful. Some creams can be helpful when applied directly to the vagina (topical treatment).

Your doctor can tell you which product is most suitable for you. Your treatment should be regularly reviewed by your doctor, and you should tell them about any new symptoms. Some creams may damage condoms and diaphragms, so you may need to use another form of contraception to avoid pregnancy.

Non-hormonal creams

Replens MD® is a non-hormonal cream that you apply 2–3 times a week. The cream binds to the vaginal wall and helps rehydrate cells. It boosts blood flow in the vagina. Hyalofemme® is a newer cream that can be applied daily.

Water-based lubricants such as Senselle®, KY-Jelly®, Astroglide® and Sylk® can help reduce discomfort from vaginal dryness during sex.

Hormone-based treatments

Some treatments contain a small amount of oestrogen. The long-term risks of using products containing oestrogen after breast cancer are unknown. However, some breast specialists think very little of the oestrogen is absorbed and may prescribe some of these treatments for short periods of time.

Vagifem® is a tablet that you insert into the vagina (a pessary). You normally use it daily for two weeks, and then reduce the dosage to twice a week. Vagifem can increase the amount of oestrogen circulating in the body so isn't usually recommended for women who are taking aromatase inhibitors. Your breast specialist or breast care nurse can give you further advice and information about this.

Ovestin® and Ortho-Gynest® can reduce dryness and itching for a short time. They're available as creams and pessaries. They contain a small amount of oestrogen.

Estring® is a vaginal ring that's worn for three months. It slowly releases a small amount of oestrogen and may help reduce dryness.

Lower sex drive

A lower sex drive is a symptom of the menopause. HRT is usually the most effective treatment for this but isn't usually recommended in women who've had breast cancer. A lower sex drive can also happen as a result of coping with the cancer and its treatments.

Other menopausal symptoms such as hot flushes and vaginal dryness can also reduce your interest in sex. Treating these may help to improve your sex life. Talk to your doctor or specialist nurse if you are having sexual problems as there may be treatments that can help, or they may be able to refer you to a sex therapist or counsellor. Our booklet on cancer and sexuality has more information – call us or visit be.macmillan.org.uk to order a copy.

Passing urine more often

You may pass urine more often, have some urine leakage or be more prone to urinary tract infections.

It's important to drink enough fluid each day (at least 2–3 pints/1.5 litres) to keep your bladder healthy. If you don't drink enough, your urine will become concentrated and irritate the bladder. You'll also be more likely to develop urinary tract infections.

If you have problems with urine leakage, doing regular pelvic floor exercises (Kegel exercises) can help. These exercises strengthen the muscles that hold urine in the bladder. Your nurse or doctor can explain how to do these exercises, or you can order an instruction leaflet from the Bladder and Bowel Foundation.

Speak to your doctor if you develop symptoms of a urinary tract infection. Symptoms include cloudy or smelly urine, and pain or discomfort when passing urine.

Difficulty sleeping

You may have difficulty sleeping because of hot flushes, sweats or anxiety. The following suggestions may help you to relax and sleep well:

- A warm drink, brushing your teeth or reading in bed for a while can let your brain know that it's time to sleep.
- Sleep for the right amount of time without oversleeping – too much time in bed can affect the quality of your sleep. Also, wake up and go to bed at the same time each day.
- Get out of bed if you can't sleep, and try reading, or listening to some soothing music. Wait until you feel tired again, and then go back to bed.
- Breathing exercises and relaxation techniques, or listening to relaxation CDs, tapes or podcasts, can help reduce anxiety and sleeplessness. Your GP can prescribe sleeping tablets for a short period of time – these may help you re-establish a sleep pattern.

Psychological effects

The psychological effects of menopausal symptoms can be hard to cope with when you already have to deal with cancer.

These effects can include mood swings, a lack of confidence, and a loss of concentration and memory. At times you may feel very emotional or anxious.

Many women find it helpful to talk through their feelings with family and friends, or their doctor or nurse. A number of organisations provide support to women going through the menopause. Some women may find counselling helpful. Your doctor or nurse can give you more advice.

Reducing other complications

An early menopause can increase your risk of bone thinning (osteoporosis) and heart disease. There are ways of reducing these risks.

Osteoporosis

Oestrogen helps maintain bone calcium levels and bone density, so the risk of osteoporosis increases after the menopause. Regular weight-bearing exercises such as walking, dancing, hiking and gentle weight-lifting will help maintain bone density. Swimming isn't as helpful, because your bones aren't supporting your weight while you swim. If you already have osteoporosis, avoid exercises that put strain on your bones, such as jogging. A physiotherapist or your breast care nurse can give you further advice about exercise after breast cancer. You may find our information on physical activity and bone health useful – call us or visit be.macmillan.org.uk to order free information.

It's important to make sure that you get enough calcium and vitamin D in your diet. Dairy products are the best source of calcium, but if you prefer not to eat them you can get calcium from eggs, green leafy vegetables, nuts, and whole fish such as whitebait, sardines and pilchards.

Vitamin D helps the body use calcium effectively.

A well-balanced diet will normally give you all the calcium and vitamin D you need, but calcium and vitamin D supplements may also be helpful. Your specialist can advise you on this.

Smoking and drinking alcohol can reduce your calcium levels. Stick to sensible drinking guidelines, and if you smoke, the healthiest option is to give up.

If other people in your family have had osteoporosis, you may want to talk to your cancer specialist about drugs called bisphosphonates, which can help prevent osteoporosis.

Tamoxifen, a hormonal drug commonly used to treat breast cancer, may help to protect the bones in postmenopausal women. A drug called raloxifene (Evista®) can also help prevent osteoporosis.

However, aromatase inhibitors such as anastrozole, which are also commonly used to treat breast cancer, can increase the risk of osteoporosis.

National guidelines recommend women have their bone health (density) checked by having a special bone scan called a DEXA scan before treatment with an aromatase inhibitor. Depending on the results, you may be prescribed bone-strengthening drugs (called bisphosphonates) to minimise the risk of problems. Your bone health can be monitored during and after treatment.

The National Osteoporosis Society can give you more information about prevention of osteoporosis and helpful treatments.

Heart disease

The risk of heart disease in women increases after the menopause, so you need to follow the well-established advice on reducing your risks:

- If you smoke, stopping smoking is the healthiest decision you can make. You may find our information on giving up smoking useful - call us or visit be.macmillan.org.uk to order it.
- Eat less animal fat (especially red meat), choose low-fat dairy products and eat more fresh fruit and vegetables.
- Take regular exercise.

If there's heart disease in your family, you may wish to talk to your cancer specialist or GP about using medicines to try to prevent it.

Complementary therapies

There are a variety of complementary therapies that may help you to control hot flushes. Some of these have been researched, but for others the evidence is only anecdotal (based on personal accounts rather than facts).

Some of these therapies may be available on the NHS; your GP can give you further details. If you would like to find a complementary therapist, make sure that they are properly qualified and registered. The British Complementary Medical Association has lists of registered therapists throughout the UK.

It's a good idea to discuss the use of any complementary therapy with your doctor, as some therapies may interfere with your cancer treatment.

Breathing techniques

Doing breathing exercises may help. Two research trials have shown that using a slow controlled breathing technique called paced respiration can be an effective way to manage hot flushes. The results showed that the number of flushes was reduced on average by 50–60%.

To develop paced respiration, it's important to practise for 15 minutes twice a day. Find a quiet place where you can sit comfortably without being interrupted while you practise the following exercise:

- Keep your rib cage still and breathe in and out by using your stomach muscles (pushing out and pulling in your tummy muscles).
- Without moving your rib cage, breathe in for 5 seconds and then breathe out for 5 seconds.

Once you're confident in doing paced respiration, you can use it whenever you feel a flush coming on. You should continue with paced respiration until you feel the flush has passed.

There's also a yoga breathing technique, known as the 'cooling breath' or sheetali, that can help to reduce your body temperature. Contact the British Wheel of Yoga to find a registered yoga teacher.

Acupuncture

This involves putting sterile needles through the skin at specific points in the body. There is some evidence that acupuncture may help reduce the frequency and severity of hot flushes. If you've had surgery to the lymph nodes under your arm, it's important to avoid having needles inserted in the arm or chest on that side. This is because of the risk of arm swelling (lymphoedema).

Hypnosis

Hypnosis may be able to help reduce the length and severity of hot flushes, according to some evidence. It's unlikely to be available on the NHS. Contact the British Complementary Medicine Association to find a registered practitioner.

Homeopathy

This uses tiny amounts of substances that would normally produce the symptoms being treated. There's no scientific proof that this works, but some women find that it helps to improve their menopausal symptoms.

Plant oestrogens (phytoestrogens) can have a weak oestrogen-like effect and may help improve menopausal symptoms. However, there's concern that they may also increase the risk of breast cancer coming back (recurrence).

The two most commonly used plant oestrogens are black cohosh and red clover.

Black cohosh contains phytoestrogens and may help improve flushes, although the evidence is inconclusive. Side effects include sickness (nausea), vomiting, headaches and possible liver damage.

Red clover contains chemicals called isoflavones, which are a type of phytoestrogen. There is less evidence as to whether or not it can help reduce menopausal symptoms. It may increase the risk of bleeding and should not be used by women taking medication to thin their blood (anticoagulants).

Breast cancer treatment guidelines don't recommend that women who've had breast cancer take plant oestrogens to treat menopausal symptoms. If you're planning to take them it's important to talk this over with your cancer doctor or breast care nurse first.

Some women find evening primrose oil helpful for relieving menopausal symptoms, although it's expensive and there's no scientific evidence that it works.

There's no good evidence to suggest that Vitamin E helps reduce menopausal symptoms, and its use isn't recommended. Recent studies have found that taking Vitamin E supplements may slightly increase health risks for people in the general population and may be especially harmful for people who have heart disease.

Further resources

Useful organisations

Bladder and Bowel Foundation

The Bladder and Bowel Foundation provides information and support for all types of bladder problems. Produces a leaflet explaining how to do pelvic floor exercises, which can be downloaded from the website.

Breast Cancer Care

Breast Cancer Care provides information, practical assistance and emotional support for anyone affected by breast cancer. Specialist breast care nurses run the helpline. Offers a peer support service with a trained supporter who has experienced breast cancer.

The British Complementary Medicine Association (BCMA)

The BCMA is an umbrella organisation, which produces a code of conduct and register of complementary therapists. Phone numbers of practitioners are available on request.

British Wheel of Yoga

The BWY is the governing body of yoga in the UK. Can provide a list of yoga classes and teachers in your area.

The Daisy Network

The Daisy Network is a support group for women with premature menopause. Produces a regular newsletter. For more information send a large (A4) stamped, self-addressed envelope.

National Osteoporosis Society

The National Osteoporosis Society promotes the prevention and treatment of osteoporosis. Services include a national helpline answered by experienced nurses, publications and a network of support groups.

Fertility Friends

Fertility Friends is a web-based information and support community. Message boards allow you to ask a nurse and other relevant professionals questions, or to chat with other people affected by infertility.

References

The information about breast cancer and menopausal symptoms has been compiled using information from a number of reliable sources, including:

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