

Understanding premature & early menopause

Most women reach menopause between 45-55 years of age. Some women will reach menopause at up to 60 years of age, especially if there is a family history of late menopause.

However, other women may reach menopause earlier than expected. This is called premature or early menopause.

This fact sheet explains what early and premature menopause is, and the types of symptoms women may experience. Information is also provided on how women can be supported through these experiences by their partners.

What is premature & early menopause?

Premature menopause is when a woman's final menstrual period occurs before she is 40 years of age.

Early menopause is when a woman's final menstrual period occurs between the age of 40 and 45 years.

Up to 8% of women have had their final period by the time they are 45.

What causes premature or early menopause?

Early or premature menopause can happen because of:

Primary ovarian insufficiency (POI)

This is when periods stop spontaneously, either prematurely or early, because the ovaries stop working normally and stop releasing eggs. POI affects up to 1% of women, though in 60% of cases, a cause cannot be found.

POI is not the same as menopause at the expected age because there is a small chance that ovarian function may spontaneously resume, whereas this does not happen after expected menopause. Spontaneous pregnancy may occur,

especially after the diagnosis has been made, in up to 10% of women.

Induced menopause

Chemotherapy and radiotherapy treatments can cause the ovaries to stop working, which means periods stop. This is usually described as 'induced menopause'.

Surgical menopause

Surgical removal of the ovaries leads to menopause. Surgery can be with or without hysterectomy (removal of the uterus).

In both surgical and induced menopause, because menopause occurs more quickly than a natural menopause, symptoms may be more intense than those of menopause at the expected age.

Other causes

Other causes of early or premature menopause include:

- genetic abnormalities, such as Turner syndrome or Fragile X syndrome
- autoimmune disorders, such as Addison's disease, thyroid disease, type 1 diabetes or Crohn's disease
- metabolic disorders, such as galactosaemia and aromatase deficiency (though rarely)
- infection (mumps can cause oophritis, an infection of the ovaries).

Risk factors

The following may also put women at increased risk of premature and early menopause:

- periods that start at 11 years old or earlier
- family history – the risk increases by up to 12 times
- smoking
- epilepsy
- previous surgery on the ovaries, eg, for endometriosis.

How is primary ovarian insufficiency (POI) diagnosed?

If you have irregular periods, or they have stopped for more than three months, see your doctor. They will need to do a physical exam and investigate the cause of your symptoms.

The criteria for a diagnosis of POI are:

- at least three months without a period
- two blood tests confirming the levels of follicle-stimulating hormone (FSH) are more than 40IU/l. These tests need to be performed at least one month apart.

Clinical management & treatment

Clinical support is recommended to not only treat your symptoms, but to reduce your risk of early onset cardiovascular disease and osteoporosis.

Treatment with hormone therapy or 'the Pill' (combined oestrogen and progesterone oral contraceptive pill), is recommended to reduce severe symptoms and long-term health risks associated with early menopause, such as osteoporosis. However, other management options may be recommended for moderate to severe symptoms, or if there are other reasons you cannot take MHT or the Pill (eg, if you have had breast or endometrial cancer). Talk to your doctor to work out the right choice for you.

Mood & emotions

Reaching menopause younger than expected can be upsetting, particularly if you had hoped to start or add to your family. The hormonal changes can also affect your mental health. This combination can trigger depression, anxiety, loss of libido and worries that you may feel less attractive, youthful or feminine.

Find a supportive doctor to help you adjust to your diagnosis. They will help to counsel you, prescribe the right treatments and refer you to relevant specialists if necessary, such

as an endocrinologist (hormone specialist) or gynaecologist with expertise in early or premature menopause. Seeing a psychologist or psychiatrist for emotional support can also help.

Supporting a partner through premature & early menopause

If your partner is going through premature or early menopause due to health issues or unexplained POI, your emotional and practical support can make an enormous and positive difference to her wellbeing.

What you can do

- Read about menopause so you understand its symptoms, both physical and emotional.
- Be patient and understanding. If your partner is experiencing lower libido or mood swings, don't take it personally. Remember these symptoms are also not pleasant for her.
- Try to help more with tasks that need doing, especially if menopausal sleep issues or hot flushes are leaving your partner fatigued.
- Listen. Rather than tell your partner how to manage her symptoms or feelings, ask how she is feeling and what you can do to help.
- Make empathetic statements such as "that must be really difficult for you".
- Avoid making jokes or flip comments about her hormonal fluctuations or symptoms.
- Offer to join her at doctor's appointments, to discuss what treatments may help.
- Support her health by making nutritious meals and becoming her exercise buddy.
- Prioritise time together to maintain intimacy, communication and connection. It will make your partner feel cared for and supported.

For more information, see our booklet 'Understanding premature and early menopause', or go to jeanhailes.org.au/health-a-z/menopause.

Jean Hailes for Women's Health takes a broad and inclusive approach to the topic of women's health. This fact sheet generally uses the terms 'women and girls'. These terms are intended to include women with diverse sexualities, intersex women, and women with a transgender experience.

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This fact sheet is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your medical practitioner.

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