CONDITIONS & TREATMENTS:
PREFMATURE MENOPAUSE/PREMATURE OVARIAN FAILURE

Premature menopause, also known as premature ovarian failure (POF), occurs when ovarian function ceases in women under the age of 40 years. Women may have infrequent periods or stop having periods altogether, or experience symptoms of menopause such as hot flashes, irritability and vaginal dryness due to low estrogen levels. In some women, the only symptom may be an inability to conceive. Blood tests may reveal elevated levels of follicle stimulating hormone (FSH), a hormone released from the brain to stimulate the ovaries, and low estrogen levels. In some cases, POF may be intermittent, however, it is not possible to predict when, and in which women, intermittent recovery will occur.

In the majority of women with POF, the cause remains unknown. Some causes for POF or early menopause include autoimmune disorders and genetic abnormalities. Radiation and chemotherapy for treatment of cancer often causes premature menopause that is not always reversible. About 4 percent of women with early menopause have a family history of POF. Women experiencing early menopause have a very slim chance of conceiving with their own eggs. Due to low estrogen levels, women with POF also are at risk for bone loss and osteoporosis.

Women with POF due to an autoimmune cause are also at risk of developing other endocrine problems, such as hypothyroidism (under-active thyroid), diabetes and adrenal failure. They may also be at an increased risk for lupus and arthritis. Testing to exclude a chromosomal abnormality as a cause for POF should be performed in some women, particularly those with symptoms of menopause under 30 years of age.

Hormonal supplements can be used to treat the symptoms associated with premature menopause and for long-term benefits such as prevention of osteoporosis, heart disease, sleep disorders, depression, sexual dysfunction and dementia. In younger women who do not smoke and who are not at increased risk for blood clots, combined oral contraceptives (birth control pills) are often the treatment of choice to affect hormone replacement therapy. There are several other hormone formulations available for those who cannot, or prefer not to, take the birth control pill.

For women who desire conception, the likelihood of becoming pregnant and delivering a baby using assisted reproductive technology and donor eggs is approximately 50 percent. Egg freezing techniques are experimental at the present time, but may be an option in the future for those undergoing chemotherapy and radiation treatments, or for those with a family history of POF.