

Q+A from Young and Strong's Managing Menopause Webcast

Thursday, February 3, 2022

Will your ovaries still produce estrogen after stopping Lupron?

- Lupron temporarily puts you into a menopausal state, but it has no lasting effect on ovarian function. So, when ovarian suppression with Lupron is stopped, your ovarian function will depend on factors such as your age and if you had chemotherapy that affected ovarian function.

How do you determine if you are in menopause following chemotherapy? (i.e., how do you know you need ovarian suppression with Lupron or if you are menopausal because of the chemotherapy?)

- Bloodwork including estradiol (E2) and follicle stimulating hormone (FSH) levels can tell whether your ovaries are in the suppressed state either from chemotherapy (when you would see E2 below assay or “post-menopausal”, and FSH high, “post-menopausal”) or Lupron or another GnRH α (E2 below assay or “post-menopausal” and FSH low, “pre-menopausal” even though E2 is low because that is how Lupron works). It is important to also recognize that these can change even a year or more after completion of chemotherapy or while a woman is on Lupron. Ovaries can “wake up” or break through, so monitoring is often necessary.

With delayed premature menopause...perimenopause, how can I manage symptoms naturally?

- Management will depend on the type and severity of symptoms. Good approaches to start with include: for vaginal dryness or painful sex, use a vaginal moisturizer 3 times/week and a lubricant with sexual activity; for hot flashes, wear light clothing, open windows, use cooling packs (they make good ones that fit in your pillow at night); for sleep issues, try to have a regular sleep schedule and avoid stimulating activities in bed or shortly before bedtime.

If I complete treatment before I reach natural menopause, how will natural menopause go?

- For women who've had breast cancer and then go through natural menopause (not while on tamoxifen, aromatase inhibitors, or Lupron), it will be the same as it would be for any woman. You will probably have symptoms like hot flashes or sleep changes. Some women have mild symptoms, but in others it is more challenging. If symptoms are bothersome, your health care provider can help you with treatment options.

I'm considering having my ovaries removed. Would this be different than what I have been experiencing with medically induced menopause?

- Menopause due to surgery is more abrupt than natural menopause. Usually, women report they have symptoms for a shorter time after surgery than with natural menopause because hormone levels do not keep fluctuating.

I experience skin tingling as a symptom. Recently I have noticed that my skin feels like it is being pricked by needles and itchy when I sweat – and only when I sweat. Is this from menopause or possibly from the medications I am taking?

- Some women do have skin symptoms with menopause, although they can be caused by many things. In menopause, sensations like tingling or itching are from changes in collagen in skin that causes a decrease in flexibility. Moisturizers can help with this issue.

I'm having a hard time sleeping in general. What do you suggest I do to help with sleeping?

- Try to have a regular sleep schedule and avoid stimulating activities in bed or shortly before bedtime. [Here](#) is a good information sheet.
- You could also see Eric Zhou, our sleep guru in the Survivorship Program at DFCI. Please email youngandstrong@partners.org if you'd like to schedule an appointment.

Can I take Ashwagandha with Tamoxifen?

- When it comes to supplements or herbal products, we recommend that you speak with your doctor as the use of these products is highly dependent on each individual's needs. Ask your health care team about the safety and benefits of dietary supplements and herbal products, how they work in conjunction with traditional cancer treatment, and which ones may best fit your diagnosis, treatment schedule, and interests.

There was a recent study that said optimal time on AI is about 3 years and then women can switch to tamoxifen only. Any thoughts on this?

- We suggest discussing the specifics of this study with your doctor but switch strategies can be both better tolerated and as effective in some settings.

How long does it take, on average, for menopausal symptoms to resolve when they have been induced by chemotherapy?

- It does vary, but many women have symptoms for 1-3 years. Some do have them for longer.

Is there a standard length of time that it takes for regaining your libido post cancer?

- There is no standard time, but many factors such as stress, illness, recently giving birth, and poor sleep, can all affect your libido. The best approach is to manage any other sexual issues if you have them (e.g., painful sex) and then work with your partner to find things that spark your libido. Tamoxifen should not have an effect on libido.

Any recommendations on how to get my head and body to sync with my sex drive? Some days I want to resume sexual activity, but my body doesn't want to cooperate.

You may want to start by exploring with yourself. Bodies change over time and often after cancer treatment. Sometimes you will find that what works for you is different than before. If things are not improving, come see Dr. Falk and Dr. Bober in the Adult Survivorship Program.

What about if you just can't orgasm?

- Same answer as above.

Should I use the Bonafide Revaree suppository as a lubricant?

- It's used as a moisturizer, which is most effective when used several times per week. But before using expensive lubricants, try something from the drug store or coconut oil.

Is pelvic floor physical therapy generally covered by insurance?

- Yes, most insurances cover it.

Is a little bleeding after sex normal?

- If you have bleeding after sex, you should see a gynecologist.

Can you please talk about condoms? I have no period, so I am not ovulating. My doctor still wants me to use condoms. If I trust my partner in term of other diseases, do I really need a condom? Can I really get pregnant?

- It is important to see a doctor to determine if you can get pregnant and need contraception. If your doctor is telling you that you could still get pregnant, then it likely means that you may still have ovarian function and could get pregnant.

It's tough to be young and talk about this stuff. Do you have any supports for having conversations with partners around sex and intimacy?

- This topic area is something our workshops with Dr. Bober often focus on. Please email youngandstrong@partners.org to learn more about these workshops.

Weight gain, sleep issues, hot flashes, memory issues, vaginal health, libido, joint aches, bone loss, and hair loss all seem to be beyond my control. Should doctors be acknowledging and honoring side effects so that patients do not feel that these things are their fault?

- Absolutely, symptoms are not your fault and they are physical issues, not “in your mind” as we hear that some women have unfortunately been told over time. There are ways to manage symptoms. Sometimes this takes trying a few approaches and it's possible that not all symptoms will go away completely. Speak with your oncologist, primary care provider, or a clinician in the Adult Survivorship Program for help.