Menopausal symptoms and breast cancer

Treatment and side effects
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Introduction

Some treatments for breast cancer cause menopausal symptoms. These can have a negative effect on everyday life – from not sleeping well due to hot flushes and night sweats, to a lack of confidence in general. Intimate relationships can also be affected.

This booklet has hints and tips for people experiencing menopausal symptoms because of breast cancer treatment. It also features quotes from people who experienced them and what they used to try to help.

Talking about menopausal symptoms can be difficult. Addressing any concerns you have is an important part of your treatment and recovery. At the end of this booklet is a prompt list to help you talk about your symptoms with a healthcare professional.

This booklet refers mainly to women but men having breast cancer treatments can also experience similar symptoms.
What is the menopause?

The menopause is a natural and inevitable event for all women. Menopause refers to a woman’s final menstrual period. The average age at which a natural menopause occurs in women in the UK is around 52 years, with symptoms usually lasting over a period of time from several months to a number of years.
Menopause and breast cancer treatment

Around 70% of women will have menopausal symptoms during and after treatment for breast cancer. Some treatments can cause an earlier menopause and/or significant menopausal symptoms.

Changes to hormone levels in the body and especially the loss of the female hormone oestrogen are the main cause of menopausal symptoms.

Oestrogen can play a part in stimulating some breast cancers to grow (known as oestrogen receptor or ER positive breast cancer). Therefore treatment is given to reduce oestrogen levels, or block its action, resulting in menopausal symptoms. These treatments are called hormone (endocrine) treatment and ovarian suppression or ablation (stopping the ovaries working temporarily or permanently).

The hormone therapies tamoxifen, anastrozole (Arimidex), letrozole (Femara) and exemestane (Aromasin) can all cause menopausal symptoms.

Ovarian suppression uses a drug such as goserelin to ‘switch off’ the production of oestrogen temporarily and ovarian ablation is achieved by either surgery to remove the ovaries or radiotherapy to stop them working permanently.

Chemotherapy treatment can cause menopausal symptoms in pre-menopausal women because their ovaries, which produce oestrogen, are affected by the treatment. For some this may cause an earlier, more sudden menopause. Symptoms are often more intense than when the menopause occurs naturally. However, periods can also stop temporarily during chemotherapy and menopausal symptoms may continue until regular periods return.
Early menopause and fertility

For some women, having an early menopause may mean coming to terms with the possibility of being infertile. This can be very difficult to cope with, especially if you’re considering starting a family or having more children. For more information on this, see our Fertility issues and breast cancer treatment booklet.

Menopausal symptoms

Some of the most common menopausal symptoms include:

- hot flushes
- night sweats
- vaginal dryness
- palpitations
- mood changes
- joint pain
- changes to skin and hair.

You may put on weight, particularly around the waist. You may also have difficulty sleeping. More rarely, some women experience a crawling sensation under the skin, usually on the chest. You may find that you become anxious and irritable or have problems with memory or concentration. The changes you notice in your body may be gradual but for some women symptoms such as hot flushes can start suddenly.

‘Remember that you have gone through a massive emotional and distressing experience and are coming/have come through it so be kind to yourself. Learn what works for you and what doesn’t and don’t be afraid to say so, even to those closest to you.’

Androulla
Going through the menopause, especially if it’s early or sudden, or having menopausal symptoms may affect your confidence and self-esteem and make you feel less feminine. You may feel as if you have quickly become old or that you have lost control over what’s happening in your life.

This booklet covers a range of ways to help you cope with menopausal symptoms, including complementary therapies and prescription drugs. If you decide to try something new, talk to your specialist or breast care nurse first. The effectiveness of some of them (particularly the non-prescription therapies) is not supported by scientific evidence, but women sometimes find them useful. However, it’s also important to consider the safety of non-prescription therapies if you have had breast cancer. Different treatments work for different women and it may be a case of trying a few options until you find something that suits you.

For some women, menopausal symptoms can be severe and have a significant impact on their quality of life. Your decision about what to try may depend on how severe your symptoms are and the potential side effects. You will find a menopausal symptoms prompt list on page 36. You can take this to your specialist, breast care nurse or GP (local doctor) to discuss the treatment options available to you. It’s also worth asking your breast care nurse or GP if there’s a specialist menopause clinic in your local area where you can get further advice and information about coping with menopausal symptoms.
Managing menopausal symptoms

This section talks about changes to your lifestyle, drugs and therapies that may help reduce menopausal symptoms and make them easier to manage.

Hot flushes and night sweats

Hot flushes are the most commonly reported menopausal symptom due to breast cancer treatment. The frequency of hot flushes can vary for each person, from a couple per day to a few every hour. They can range from a mild sensation of warming which just affects the face, to waves of heat throughout the body. Some women also experience drenching perspiration affecting the entire body. For most women, hot flushes will fade over time and become less severe, but some women can continue to experience them for months or even years.

Many women also get flushes at night, which can lead to disturbed sleep and waking in a cold, damp bed and needing to change the bed linen. This can be very disruptive, especially if you share a bed. Disturbed sleep due to hot flushes can result in forgetfulness, irritability and a lack of concentration the following day.

You may consider hot flushes to be a nuisance or uncomfortable or they may be having more of an impact on the way you feel about yourself. They can be a constant reminder of your diagnosis of breast cancer and may affect your confidence, self-esteem and wellbeing. This can have a knock-on effect on social life, working life and personal relationships.

‘I didn’t have hot flushes as such, but did (and still do) get hotter and hotter at random times as though my thermostat is broken.’

Eithne
Managing your hot flushes and night sweats

You might feel that you should put up with hot flushes because you have been treated for breast cancer, but they can be very distressing. You may think that you shouldn’t bother anyone about them, but it is worth speaking to your specialist team or GP as there may be treatments that can help.

If you attend a support group, talking to other women who are having hot flushes can give you the opportunity to share experiences and get tips on ways of coping with them. You may want to use the discussion Forum on the Breast Cancer Care website to get support and tips from other women who have experienced these side effects.

It may be useful to keep a diary of when you experience hot flushes. This can help you to identify any patterns to your hot flushes or if anything triggers them that you might be able to avoid. If you know when to expect hot flushes you can be better prepared for them.

Food can be one of the triggers and some women find that specific things, such as spicy foods, caffeine or alcohol, have this effect. Some women find that eating frequent small meals rather than larger ones is helpful. Cold drinks can also be useful, as they temporarily lower your body temperature and may reduce the number of hot flushes. Reducing your alcohol intake could also help.

If you’re overweight, losing weight may improve your symptoms. Taking regular exercise and stopping or cutting down on smoking may also help reduce the number of hot flushes you are having.

‘I have found it hardest to cope with the disturbed sleep I have experienced as a result of the hot flushes, especially as this impacts on how confident I feel at work.’

Alix
Non-hormonal prescription drugs for hot flushes

There are a number of prescription drugs that have been shown to help relieve hot flushes and some women find these helpful. However, some of these drugs have side effects so you may need to see if the benefits of taking them outweigh the drawbacks.

Many studies have shown the anti-depressant drug venlafaxine to be effective in reducing hot flushes for some women, although these benefits may wear off over time. Venlafaxine is prescribed in a lower dose to help with hot flushes than when prescribed for depression, and so is unlikely to have anti-depressant effects. Possible side effects include nausea (feeling sick), diarrhoea, sleepiness and dizziness.

Other anti-depressant drugs such as fluoxetine and paroxetine, are also sometimes prescribed to help reduce hot flushes. Some studies suggest that these drugs may interfere with the way tamoxifen works, making it less effective and therefore these drugs may not be recommended to women taking tamoxifen. However, more recent research suggests this may not be the case, so you may want to discuss this further with your breast care nurse or specialist.

Clonidine is a drug used to treat high blood pressure but can also be effective for some women in reducing both the frequency and the intensity of hot flushes. However, its effects may wear off over time. As with all drugs, clonidine can have side effects, including dry mouth, headaches, constipation and drowsiness.

Useful tips

- Keep a battery operated hand-held fan with you at all times.
- Wear layers so that you can remove clothing when a flush starts.
- Try a silk pillowcase, a cool pillow known as a ‘chillow’ or a cooling scarf to keep you cool.
- Always keep a bottle of water with you and avoid caffeine, alcohol and spicy foods.
- Try to wear loose-fitting, cotton clothing.
- Keep a water spray with you containing a fragrance of your choice.
- Take regular exercise.

Visit www.breastcancercare.org.uk 15
Gabapentin is a drug usually used to treat chronic pain and epilepsy but it may also be helpful in reducing the severity of hot flushes. Gabapentin can have side effects, including fatigue, sleep disturbance and anxiety. However, slowly increasing the dosage over time may reduce the side effects.

Clinical trials of drug treatments for hot flushes are ongoing and knowing which drug is best for you to reduce the frequency of your hot flushes may mean you will have to try several before you find one that helps you.

**Hormone replacement therapy (HRT)**

Although HRT is an effective treatment for menopausal symptoms, the National Institute for Health and Care Excellence (NICE, an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health) does not recommend the use of HRT routinely in women following a diagnosis of breast cancer who are experiencing menopausal symptoms. This is because there’s uncertainty about whether HRT increases the risk of breast cancer coming back.

However, for a small number of women who experience severe menopausal symptoms that significantly affects their quality of life (and who haven’t responded to other treatments or complementary therapies), NICE recognises the use of HRT in these circumstances. Your specialist team will discuss the risks and benefits of HRT and whether it may be appropriate for you.

**Using complementary therapies**

Complementary therapies include a wide range of approaches that some women find helpful in relieving menopausal symptoms and improving a sense of wellbeing.

Compared to conventional drug treatments there is much less reliable evidence to show that complementary therapies work. It’s also important to consider the safety of some therapies if you have had breast cancer. You should always tell your breast care nurse or specialist about any complementary therapy or herbal supplement that you are considering using to ensure that it will not affect any medical treatment you are receiving.

Different therapies work for different women and, if you wish to use complementary therapies, it may be a case of trying a few options until you find something that suits you.
Some people with breast cancer have said they found the following complementary therapies useful.

Acupuncture involves inserting fine needles into the skin and underlying tissues at specific points. These needles shouldn’t be placed in your arm or surrounding area if you’ve had surgery to the lymph nodes (glands).

Aromatherapy uses essential oils, taken from flowers, seeds and bark, to stimulate the sense of smell, which is believed by aromatherapists to help wellbeing.

Herbal remedies (such as red clover or black cohosh) may be effective for some women in reducing hot flushes. However, opinion is divided on whether they are suitable and safe for use, or if they have any more effect than a placebo (something that contains no active ingredient, a fake treatment). They are classed as foodstuffs, which means they don’t come under the same regulations as other drugs. This means they don’t go through the same rigorous clinical trials before being put on the market and their side effects or interaction with other drugs or hormone treatments may not be as well known.

Homeopathy practitioners believe that ‘like should be treated with like’ and that ailments can be improved by giving tiny doses of a remedy that if taken in a larger amount would cause the same symptoms.

Hypnotherapy involves reaching a deep, natural state of relaxation. It aims to use the power of the mind to try to influence physical conditions and emotional issues.

Massage involves working on the body’s soft tissues, muscles, ligaments and tendons by using the hands to stretch and apply pressure. The rhythmic strokes used in massage can also help you feel relaxed.

‘I made a point of finding calm, peaceful things which I enjoyed, such as music, meditation, fresh air, flowers, massage, and sitting in the garden.’

Beryl
Reflexology involves stimulating the nerve endings in the feet, and sometimes the hands. It aims to help the body’s energy circulate effectively.

Soya products and plant oestrogens Phytoestrogens are plant oestrogens found in foods and soya products. In general they mimic the effect of oestrogen in the body. There has been a lot of research on the use of soy proteins and other phytoestrogens to relieve hot flushes, but the results are inconsistent regarding their safety and effectiveness. It’s currently uncertain what effect phytoestrogens may have on breast cells and whether this affects the risk of your cancer coming back when taken in greater amounts than in your normal diet. As with herbal remedies, phytoestrogens are classified as foodstuffs and so are not covered by drug regulations and clinical trials.

NICE does not recommend soy (isoflavones), red clover, black cohosh or vitamin E for the treatment of menopausal symptoms in women with breast cancer because the evidence on their effectiveness is limited and conflicting.

For further information see our Complementary therapies booklet and the organisations below.

**British Complementary Medicine Association (BCMA)**

PO Box 5122, Bournemouth BH8 0WG

Tel: 0845 345 5977 Email: office@bcma.co.uk

Website: www.bcma.co.uk

Produces a guide and a code of conduct for practitioners, and holds a register of practitioners.

**Institute for Complementary and Natural Medicine**

Can-Mezzanine, 32-36 Loman Street, London SE1 0EH

Tel: 020 7922 7980 Email: info@icnm.org.uk

Website: www.i-c-m.org.uk

Provides information, training and a register of professional practitioners.
Stress and anxiety

Some women become aware of their heartbeat racing (palpitations) or develop a sense of anxiety. Being anxious can sometimes make your menopausal symptoms worse. Concentrating may become difficult. Sometimes anxiety can become so overwhelming it leads to panic attacks, causing further fear and worry. Knowing what to expect and being prepared can help you feel more in control and reduce your anxiety.

Managing stress and anxiety

If you are experiencing stress and anxiety you may want to talk to someone about how you are feeling. This could be your breast care nurse or GP and they can advise you on possible ways of helping with this and signpost you to more specialist psychological help if needed.

Talk to people about how you are feeling, Support and understanding from others may help you manage your symptoms. It can also be useful to put some time aside for yourself.

‘I have tried not to be too hard on myself. I remind myself that anxiety and forgetfulness can be normal during menopause and will pass.’

Ines
‘The Breast Cancer Care website discussion Forum has been a godsend. Whatever worry I have had I can “talk” about it on there, and people who know exactly where I am coming from respond and support me, and I can do the same for others – which, in turn helps me to realise how far I have come. We have also had a great laugh with a shared sense of humour.’

Chris

Many women find relaxation helpful in reducing stress and tension, and it can also make their menopausal symptoms less severe. You may want to try visualisation (focusing your imagination to create images) or one of the other different types of meditation to relax the mind and body.

‘I have had to learn my limits; I always consider what I have to do each day and plan my day so that I can achieve my goals. Take each day as it comes.’

Madeleine
There are various techniques and talking therapies specifically designed to help you cope at a difficult time. These can help you feel more in control of your life.

- **Distraction**: involves learning to focus on the things around you so you can shut out negative thoughts.

- **Relaxation**, **visualisation** and **meditation** to reduce stress and tension, relax the mind and body and help improve wellbeing.

- **Yoga**.

- **Counselling**: one-to-one counselling takes place in a private and confidential setting. You will be able to explore feelings such as anger, anxiety and grief which can be related to your cancer diagnosis, making them easier to understand and cope with.

- **Cognitive behavioural therapy (CBT)**: can help you to change patterns of thinking and behaviour that may be stopping you from moving forward. It focuses on problems and difficulties you are having in the ‘here and now.’ Instead of exploring causes of your distress or symptoms in the past, it looks for ways to improve your state of mind in the present.

If you think you might benefit from these techniques, your breast care nurse or GP will be able to advise how to access them locally. We’ve also listed some organisations below which may be able to help.

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**Anxiety UK**

Zion Community Resource Centre, 339 Stretford Road, Hulme, Manchester, M15 4ZY

Tel: 08444 775 774 (open Monday to Friday 9.30–5.30)
Admin/office line: 0161 226 7727 Email: info@anxietyuk.org.uk
Website: www.anxietyuk.org.uk

Anxiety UK is a national organisation for those affected by anxiety disorders, run by people affected by anxiety disorders supported by a high-profile medical advisory panel. Anxiety UK works to relieve and support those living with anxiety disorders by providing information, support and understanding via an extensive range of services.
British Association for Counselling and Psychotherapy (BACP)

BACP House, 15 St John’s Business Park, Lutterworth, Leicestershire LE17 4HB
Tel: 0870 443 5252 Email: bacp@bacp.co.uk
Website: www.bacp.co.uk

BACP aims to promote counselling and psychotherapy and raise standards. Produces a directory of counsellors and psychotherapists, also available online, and will send a list of counsellors and psychotherapists in your area.

Mind

15–19 Broadway, London E15 4BQ
Tel: 020 8519 2122 MindinfoLine: 0845 766 0163
Email: contact@mind.org.uk Website: www.mind.org.uk

Mind is an organisation for people who are concerned about their mental and emotional health. Its services include a confidential helpline, drop-in centres, counselling and a range of publications offering coping strategies for life.

United Kingdom Council for Psychotherapy (UKCP)

2nd floor, Edward House, 2 Wakely Street, London EC1V 7LT
Tel: 020 7014 9955 Email: info@psychotherapy.org.uk
Website: www.psychotherapy.org.uk

UKCP is a regulatory and standard-setting body for psychotherapists and can provide you with a list of UKCP accredited psychotherapists in your area.
Mood changes and breast cancer

It is natural to feel anxious about your diagnosis and treatment. Recognising that you are anxious is an important step as sometimes feelings of anxiety can be linked to lowered mood and depression. The loss of control over everything that is happening to you may also have an impact on how you are feeling.

Reduced levels of oestrogen can affect brain function, which can result in lack of concentration and irritability. You may find that you are short-tempered and experiencing extreme mood changes, from feeling positive and happy one day to miserable and low the next. This can be unexpected and without reason. These feelings tend to improve over time but for some women they can be overwhelming.

Depression is a common condition and often describes a broad range of feelings, from being low in spirits to having no will to live. Some people become depressed because of the impact of breast cancer and this can happen at any stage during diagnosis and treatment or after treatment has finished. Depression can be a normal response to trauma and a way of coping, however, as time goes on you may find that you gain energy and your mood lightens.
How to recognise depression?

If you find negative thoughts are interfering with your life and they don’t go away within a few weeks and keep coming back, it may indicate that you are depressed. For example:

- loss of enjoyment and interest in everyday things and experiences
- loss of interest in your appearance
- persistent thoughts such as ‘I can’t be bothered’ or ‘What’s the point?’
- withdrawing from others (not going out or socialising)
- feeling more tearful and irritable than usual
- difficulty concentrating
- difficulty sleeping or wanting to sleep all the time
- loss of appetite or over-eating
- feeling very low in mood or even suicidal.

You don’t have to ignore these feelings and struggle on. Realising that there is a problem and getting help is the most important thing you can do.

Help when you are feeling low

Talking about your feelings and your symptoms can help and you might find it useful to discuss these with other women who have gone through a similar experience.

You can also talk to your specialist team or GP about how you are feeling and they can advise you if more specialist psychological help would be beneficial. The techniques, talking therapies and organisations outlined above can also be useful. While many people do not like the idea of taking tablets, antidepressant drugs may be recommended if you are depressed.
Intimacy, sex and breast cancer

Being diagnosed with breast cancer will almost certainly affect how you feel about sex and intimacy. People with breast cancer may lose interest in sex and intimacy for many reasons. It may be a result of the diagnosis itself, treatment or side effects or concerns with body image. How you think and feel about your body may have changed since you were diagnosed with breast cancer. Body image and self-esteem play an important part in how we feel about our sexuality.

Menopausal symptoms such as hot flushes and night sweats as well as a decreased sex drive (libido) can affect new and existing relationships and your sex life.

If you are experiencing any problems, it may help to talk to your breast care nurse, GP or practice nurse, as there are ways of helping you cope with these issues.

Vaginal dryness

Vaginal dryness is a very common menopausal symptom in women who have had treatment for breast cancer and can be very distressing. Low oestrogen levels can result in vaginal dryness and/or irritation, which can also make sex and intimacy painful.

Pain or discomfort can also reduce sexual feelings and desire. You may find it difficult talking about this with your partner or a close friend, let alone someone involved in your treatment. Vaginal dryness may not be a side effect mentioned by your treatment team. If you are experiencing problems it’s worth discussing this with your breast care nurse or GP.

There are a number of treatments that can help with vaginal dryness including vaginal moisturisers and lubricants. These can be prescribed by a doctor, bought in a chemist or ordered online.

‘Vaginal dryness is a daily problem, not just to do with sex life.’

Eithne
‘All my body’s sexual responses have evaporated, leaving my body as good as dead. My vulva and vagina are so dry that just walking can cause soreness. We use Sylk when we make love but I so miss the knowledge that my body is responding to my husband.’

Elizabeth

Non-hormonal treatments for vaginal dryness

Vaginal moisturisers such as ReplensMD and HyaloFemme can help give relief from dryness and discomfort regardless of sexual activity. They can be used every few days but need to be used regularly over time for best effect.

Vaginal lubricants tend to be shorter acting than moisturisers and are either water- or oil-based. These include Yes, Astroglide, Pasante TLC, Sylk and Pre-Seed. Lubricants are intended to help prevent friction and pain during sex and intimacy, but can also be used at other times to relieve dryness and discomfort.

Alternatively, some women find that spermicidal gel or even natural yogurt can help make intercourse more comfortable. Intercourse itself helps to stimulate the blood flow to the vagina and will help maintain its suppleness and elasticity. Practicing pelvic floor exercises can also help to increase blood flow to this area and help you learn to relax these muscles during sex and intimacy to minimise pain. Knowing how to relax these muscles can also help reduce pain during pelvic examinations (like a smear test). (See page 34 about how to get information about pelvic floor exercises).
Hormone-based treatments for vaginal dryness

The most commonly used treatment for vaginal dryness is HRT but, as mentioned on page 16, HRT is not usually recommended for women after a diagnosis of breast cancer. However, some specialists will consider prescribing hormone treatments that are applied directly to the vagina for a short time. These include oestrogen pessaries, tablets, cream or a ring.

When vaginal oestrogens are used, minimal amounts of oestrogen are thought to be absorbed into the body. Vaginal oestrogen may be more safely prescribed for women taking tamoxifen. This is because the tamoxifen is thought to counteract any oestrogen entering the bloodstream. If you are taking an aromatase inhibitor, vaginal oestrogen is not usually recommended, but you may be able to switch to tamoxifen.

You can talk to your specialist team about using these types of hormone treatments.

Vaginal dryness and irritation can also be caused by infection, so it is best to visit your GP if you are experiencing problems so they can rule this out. You can find more information on vaginal dryness, decreased sex drive and relationships in our booklet Your body, intimacy and sex.

‘I have found the effects of hormone therapy tough to deal with in terms of sexual relationships. I had my first new relationship following cancer last year and had to explain early on about the effects of this. The main issue was vaginal dryness.’

Susan
Bladder problems

Some women experience bladder problems such as incontinence, passing urine more frequently and developing urinary tract infections during the menopause. If you have a burning pain when passing urine or find you are passing small amounts of urine frequently it is worth checking with your GP to see if you have a bladder infection. Pelvic floor exercises may help to improve your bladder control.

Putting on weight

Weight gain, especially around the waist, is common during both cancer treatment and menopause. Maintaining a healthy weight is important for long-term health. There are many ways to avoid gaining weight and to lose the extra weight you may have put on. Your GP or practice nurse will be able to give you more information on achieving a healthy weight if needed or they can refer you to a dietitian for further advice if necessary.

Breast Cancer Care has produced a DVD, Eat well, keep active after breast cancer to help people get back into activity and eat healthily after breast cancer treatment.

‘I’m aware that I put on weight more easily since the menopause. I manage this by trying to eat healthy meals, and fruit between meals rather than fattening snacks like biscuits.’

Alix

‘I have found walking to be very helpful.’

Chris
‘Since my health has improved, whenever I feel my mood dropping I exercise and this seems to help me enormously. As I exercise, I listen to upbeat dance music as this helps improve my mood too.’

Ines

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**Joint pain and risk of osteoporosis**

Joint pain or aching joints are common menopausal symptoms and also a side effect of some breast cancer treatments. If you’re experiencing joint pain, tell your GP, specialist team or breast care nurse who may be able to suggest things to help relieve it.

Lower oestrogen levels may harm your bones and cause osteoporosis. During and after the menopause, bones become less strong and the body is less able to repair any damaged or weakened areas. This can result in pain and as the bones become fragile they can break (fracture) with little or no force.

If you’re concerned about the possibility of osteoporosis, you may want to talk to your specialist team about it. If appropriate, there are scans which can check bone strength (density) and treatments that can help maintain it. You’ll find more information on osteoporosis in our factsheet Osteoporosis and breast cancer treatment.

‘Joint pain makes it hard to play with my young children.’

Lauren
Fatigue and tiredness

Cancer-related fatigue is something that many people experience at some point during or after their treatment. Feeling fatigued or constantly tired is another common symptom of menopause and can be a side effect of treatments for breast cancer. It can last for weeks, months and even longer for some women. These feelings may also be related to sleep disruption from hot flushes and night sweats.

Fatigue is different from normal tiredness – it’s more extreme and unpredictable and doesn’t go away with rest or sleep. This may mean that you are unable to do everyday tasks and can lead to feeling frustrated and as though things are beyond your control. Research has found that gentle, regular exercise such as walking can help improve your feelings of fatigue, even if at first it feels impossible.

‘I would say to anyone experiencing fatigue and tiredness not to push yourself too hard and not to feel guilty if you can’t do as much as you used to.’

Ines
Changes to skin and hair

The menopause causes changes in the production of collagen, a protein found in the skin. Oestrogen is important for collagen production. It helps to keep the skin moist and elastic (stretchy). Low levels of oestrogen lead to the skin becoming dryer, thinner and less elastic.

Lack of oestrogen can also be linked with hair becoming thinner and dry.

These changes can have an effect on how you feel about yourself. Eating a healthy diet, drinking lots of water, wearing high protection sunscreen in the sun, avoiding very hot showers/baths and scented soap and applying body lotion can all help keep the skin moist. Regularly applying conditioner and using an oil treatment on your hair may also help.

Effects on memory

Changes to your sleep pattern, tiredness and anxiety can cause you to become forgetful and stop you feeling mentally sharp. This can be difficult to cope with when you are trying to get back to normal but it usually improves over time.

‘I’ve experienced tiredness, and feel as though I’m not quite as sharp and on the ball as I was pre-treatment. I’m not sure if this is due to the menopause, the toll of chemo, or disturbed sleep due to hot flushes at night. I try and get to bed early, and sleep in when I can without feeling guilty.’

Elizabeth
Looking ahead

Further support

Treatment for breast cancer causes changes in you and how you feel. It may take some time for you to adjust to these changes and your menopausal symptoms will hopefully improve over time. Any menopausal symptoms that you are having are in addition to the experience of cancer itself, the treatment and its side effects. Hot flushes may be the one thing that are stopping you gaining some normality and can be a constant reminder of your breast cancer experience. If you find you are unable to cope or you keep feeling down, try talking with your GP or breast care nurse. They may be able to refer you to a qualified counsellor or therapist who can help.

You may also be referred to a specialist menopause clinic if there is one in your local area, where you can get further advice and information about coping with menopausal symptoms.

For more information see our publications:

- Fertility issues and breast cancer treatment BCC28
- Complementary therapies BCC55
- Your body, intimacy and sex BCC110
- Osteoporosis and breast cancer treatment BCC75
- Eat well, keep active after breast cancer BCC147

To order, or download, visit www.breastcancercare.org.uk/publications
Other organisations

Penny Brohn Cancer Care (formerly Bristol Cancer Help Centre)
Chapel Pill Lane, Pill, Bristol BS20 0HH
Helpline: 0845 123 2310
Email: helpline@pennybrohn.org
Website: www.pennybrohncancercare.org

Offers residential and non-residential courses (led by doctors and therapists) for people with cancer and their supporters offering counselling, relaxation, meditation, art and music therapy, healing and advice on nutrition. Helpline offers emotional support, and information on finding complementary therapists and support in your area.

The Daisy Network
PO Box 183, Rossendale BB4 6WZ
Recorded helpline: 0845 122 8616
Email: daisy@daisynetwork.org.uk
Website: www.daisynetwork.org.uk

Support group for women who experience a premature menopause.

Websites

www.menopausematters.co.uk
Aims to provide easily accessible up-to-date information about the menopause, menopausal symptoms and treatment options, including HRT and alternative therapies.

www.personalcooling.co.uk
Offers information on personal cooling products such as Chillows or cooling scarves. Items can be purchased online or by phone on 0870 011 7174.

For further information on pelvic floor exercises, search ‘What are pelvic floor exercises’ at www.nhs.uk or see www.bladderandbowelfoundation.org/bowel/bowel-problems/pelvic-floor-exercises.asp
Menopause symptom prompt list

Below is a menopause symptoms prompt list, which you may find useful to record the symptoms you are experiencing. Many women are embarrassed and find it difficult talking about these changes. This prompt list may help you to start a discussion with your doctor or nurse to look at the treatment options available to best manage your symptoms.

☐ Hot flushes

☐ Night sweats

☐ Insomnia/disrupted sleep

☐ Weight gain (especially round the waist)

☐ Headaches

☐ Changes in texture of skin and hair

☐ Muscle and joint pain

☐ Lower libido (desire for sex)

☐ Vaginal dryness, infection and/or pain on intercourse

☐ Urinary changes/infections

☐ Lack of concentration/memory

☐ Fatigue/low energy levels

☐ Mood swings and irritability

☐ Feeling depressed

☐ Loss of self esteem

☐ Anxiety/panic attacks

☐ Feeling tearful
Notes
Helping you face breast cancer

Treatments for breast cancer can be complex and if you’re wondering where to turn for support in making treatment decisions or coping with side effects, we can help with practical and emotional support.

Ask us

Our free Helpline is answered by specialist nurses and trained staff with personal experience of breast cancer. They understand your issues and can answer questions. Or you can Ask the Nurse by email on our website.

Free Helpline 0808 800 6000 (Text Relay 18001): Monday–Friday 9am–5pm, Saturday 10am–2pm
www.breastcancercare.org.uk/ATN

Talk to someone who understands

Our Someone Like Me service puts you in contact by phone or email with someone else who’s had breast cancer and who’s been trained to help.

Online, you can chat to other people going through breast cancer on our professionally moderated discussion Forum or join a free, weekly Live Chat session.

In your area

We provide a variety services in person across the UK, including:

HeadStrong prepares you for the possibility of losing your hair because of cancer treatment. In a private meeting, trained volunteers talk with you about how to look after your scalp before, during and after treatment. They’ll also share ideas on how to make the most of scarves, hats and other headwear.

Moving Forward Information Sessions and longer courses on adjusting to life after treatment. Both have expert speakers and offer the chance to talk to other people in the same situation as you.

Find out about all our services for people affected by breast cancer at www.breastcancercare.org.uk/services or phone the Helpline. We can help you decide which of our services are right for you.
We’re here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

Donate by post

Please accept my donation of £10/£20/my own choice of £

I enclose a cheque/PO/CAF voucher made payable to Breast Cancer Care

Donate online

You can give using a debit or credit card at www.breastcancercare.org.uk/donate-to-us

My details

Name ___________________________________________________________

Address _______________________________________________________

______________________________________________________________  Postcode _____________

Email address ___________________________________________________

We might occasionally want to send you more information about our services and activities

☐ Please tick if you’re happy to receive email from us
☐ Please tick if you don’t want to receive post from us

We won’t pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRKZ-ARZY-YCKG, 5–13 Great Suffolk Street, London SE1 0NS
About this booklet

Menopausal symptoms and breast cancer was written by Breast Cancer Care’s clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.

For a full list of the sources we used to research it:

Phone 0845 092 0808
Email publications@breastcancercare.org.uk

You can order or download more copies from www.breastcancercare.org.uk/publications

For a large print, Braille, DAISY format or audio CD version:

Phone 0845 092 0808
Email publications@breastcancercare.org.uk
Breast Cancer Care is the only UK-wide charity providing specialist support and tailored information for anyone affected by breast cancer. Our clinical expertise and emotional support network help thousands of people find a way to live with, through and beyond breast cancer.

Visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk) or call our free Helpline on 0808 800 6000 (Text Relay 18001).

**Central Office**
Breast Cancer Care  
5–13 Great Suffolk Street  
London SE1 0NS  
Phone: 0845 092 0800  
Email: info@breastcancercare.org.uk

**Centres**

<table>
<thead>
<tr>
<th>Region</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Central Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>London and South East of England</td>
<td>0845 077 1895</td>
<td><a href="mailto:src@breastcancercare.org.uk">src@breastcancercare.org.uk</a></td>
</tr>
<tr>
<td>Wales, South West and Central England</td>
<td>0845 077 1894</td>
<td><a href="mailto:cym@breastcancercare.org.uk">cym@breastcancercare.org.uk</a></td>
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<tr>
<td>East Midlands and the North of England</td>
<td>0845 077 1893</td>
<td><a href="mailto:nrc@breastcancercare.org.uk">nrc@breastcancercare.org.uk</a></td>
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<tr>
<td>Scotland and Northern Ireland</td>
<td>0845 077 1892</td>
<td><a href="mailto:sco@breastcancercare.org.uk">sco@breastcancercare.org.uk</a></td>
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