



# Premature Ovarian Insufficiency and Early Menopause

## Tayside Sexual & Reproductive Health Service

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*This information leaflet is written for people assigned female at birth, independent of their gender identity.*

The menopause occurs in people aged between 45 and 55, at an average age of 51 years, but this age varies between different ethnic groups. The menopause occurs because there are no more eggs left to develop in the ovaries. This leads to a drop of oestrogen levels and is irreversible.

Premature ovarian insufficiency (POI), (premature menopause) is the early loss of ovarian function in patients before the age of 40 years. It affects about 1 in 100 people. Sometimes, the function of the ovaries may come back intermittently, causing the return of periods and ovulation, with the risk of getting pregnant.

Around 5 in 100 women enter the menopause between the ages of 40 and 44. This is called an early menopause.

The surgical menopause is caused by the surgical removal of both ovaries and is one of the reasons for premature and early menopause.

### **What are the signs and symptoms?**

Periods may become irregular, infrequent, more frequent or stop. Other symptoms may include:

- Hot flushes
- Night sweats
- Poor sleep
- Lack of concentration and memory, word finding problems and brain fog
- Low mood and irritability
- Anxiety
- Palpitations

- Decreased energy levels
- Vaginal dryness leading to painful sex
- Urinary symptoms like pain passing urine, increased urgency etc
- Lack of interest in sex

These symptoms might be severe and affect a person's quality of life.

Additionally, long-term effects of low oestrogen levels cause bone thinning (called osteopenia or osteoporosis, if more severe), which puts patients at risk of breaking a bone. Lack of oestrogen also increases the risk of having a stroke or heart attack.

## Diagnosis and tests

For most patients with POI or early menopause, no cause can be found. Only rarely the condition is due to genetic problems or associated with autoimmune diseases such as diabetes or thyroid disease. The condition may also be caused by the surgical removal of the ovaries or following chemotherapy or radiotherapy.

POI and the early menopause are diagnosed using a patient's medical history, age and symptoms, as well as information about their family and medical history. Patients often have fluctuating levels of the 'menopause hormone' FSH (follicle stimulating hormone). Therefore, a raised level confirms the diagnosis but a normal result does not exclude the condition.

Ideally, patients under 45 years with the above symptoms should be offered 2 blood tests for FSH at least 4 – 6 weeks apart to confirm the diagnosis. Some patients with severe symptoms start hormone replacement therapy (HRT) for a limited time, even if the FSH comes back normal or before a second blood sample taken, to see if it helps with their symptoms. This is called a "therapeutic trial".

Patients might also be offered a blood test to check for thyroid or adrenal gland problems which are associated with POI. Other tests might include checking their chromosomes (DNA) which contain their genetic information. A baseline x-ray of their hip and spine may also be requested (DEXA bone scan) to check their bone density. This would be considered, especially if there was a delay in the diagnosis, uncertainty when the POI started, or if there are other risk factors for brittle bone disease like smoking, low body weight or certain medication.

## Treating POI and early menopause

There have not been any studies evaluating the best treatment for POI and the early menopause for immediate symptom relief and the prevention of long-term health problems caused by oestrogen deficiency. However, it is **recommended that oestrogen replacement in the form of Hormone Replacement Therapy (HRT) is taken to at least the age of the natural menopause around the age of 51** to help with any menopausal symptoms. **HRT is recommended even for patients with POI or early menopause who suffer few or no menopausal symptoms**, to reduce their risk of osteoporosis, stroke and heart attack.

Both HRT and the combined hormonal contraception (combined pill, patch or ring) replace oestrogen.

HRT may be better for bone and cardiovascular health (blood pressure, heart etc) and has fewer contraindications than combined contraception as it contains body-identical oestrogen. On the other hand, HRT is not contraceptive.

In general, the benefits of HRT in patients who experience POI or early menopause outweigh greatly the risks, as it only replaces hormones other patients in the same age group would still naturally produce. There is no evidence that oestrogen replacement in the form of HRT increases the breast cancer risk to a level greater than found in normally menstruating people. Many of the studies about HRT risks conducted in the past have involved patients over the average age of the menopause and the risks cannot necessarily be applied to younger patients.

Rarely, hormonal treatments are not suitable, for example in patients with a history of breast cancer. Like any other patient with POI or early menopause, patients who can't have hormone treatment should be given information about bone and cardiovascular health which can be improved by smoking cessation, low or no alcohol intake, regular exercise, a healthy diet and normal weight. There is also a range of non-hormonal pharmaceutical treatments available which can help with menopausal symptoms. Cognitive Behavioural Therapy is also very useful alone or in addition to HRT to help with menopause symptoms.

All patients have a unique history and the right treatment should be tailored accordingly. Sometimes it takes a while to find the best HRT for them and different products, routes and dosages need to be tried out first.

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The specialist menopause clinic team is more than happy to give advice in this case.

## **Contraception and pregnancy**

Studies have shown that women with POI do sometimes ovulate. Approximately 5 – 10% of patients without a known cause for their POI will become pregnant after their diagnosis. Patients with POI who **do not wish to become pregnant should therefore continue with contraception.**

Patients with early menopause (aged 40 – 45) can usually stop using contraception two years after a second FSH blood result in the menopausal range ( $\geq 30$  IU/L) or two years after their last period as long as there is no other cause of the lack of periods like hormonal contraception, a hormone coil etc.

Patients who wish to discuss the possibility of pregnancy should request to be referred to a fertility specialist (Gynaecology Department). After a diagnosis of POI assisted conception (IVF) plus egg donation is normally needed.

## **Where can I get more information?**

POI and the early menopause can be a difficult diagnosis to come to terms with and some patients feel anxious or sad following the diagnosis. It is important to seek help if they feel like this.

Some patients find that a support group and talking to other patients with POI is helpful, (see The Daisy Network website on the next page). Others find talking with partners, friends or family or having counselling sessions can help.

*Please ask for a copy of our general leaflet 'The Menopause and HRT' which can compliment this one.*

*Our leaflet "Menopause and HRT" also includes information about transgender health and the menopause.*

## Useful websites

### **The Daisy Network:**

A patient run support group for patients with POI based in the UK  
[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

### **NHS Inform (Scotland):**

(Type menopause or early menopause in search function)  
[www.nhsinform.scot/](http://www.nhsinform.scot/)

### **Women's Health Concern:**

A patient branch of the British Menopause Society  
[www.womens-health-concern.org/help-and-advice/ fact sheets/](http://www.womens-health-concern.org/help-and-advice/fact-sheets/)

### **Rock My Menopause:**

A patient branch of the Primary Care Women's Health Forum  
<https://rockmymenopause.com/>

### **Royal Osteoporosis Society**

Factsheets about calcium-rich diet, healthy living etc  
<https://theros.org.uk>

## **Tayside Sexual Health & Reproductive Health Service Clinics**

### **Dundee**

Tayside Sexual & Reproductive Health Service  
Ninewells Hospital, South Block, Level 7, Dundee

### **Perth**

Drumhar Health Centre, South Methven Street, Perth

**Central telephone line:** 01382 42 55 42

**Website:** [www.sexualhealthtayside.org](http://www.sexualhealthtayside.org)

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Share your story – help make our service better



<https://www.careopinion.org.uk/tellyourstory?nacs=T101H-sex-health>

You can find more information about this here:

[https://www.nhstayside.scot.nhs.uk/GoingToHospital/GiveUsFeedback/PROD\\_320144/index.htm](https://www.nhstayside.scot.nhs.uk/GoingToHospital/GiveUsFeedback/PROD_320144/index.htm)

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Speak to the nurse/health professional looking after you to arrange this