The Endometriosis Network Canada

Menopause: A guide for people with endometriosis

Overview

The purpose of this resource is to provide information about what you may experience as you approach menopause and after menopause if you are living with endometriosis. We will also discuss how symptoms of endometriosis are usually treated in postmenopausal people, and special health concerns for people with endometriosis who are postmenopausal.

What are perimenopause, menopause and postmenopause?

Menopause occurs when there are no longer eggs being produced by the ovaries, which leads to the end of having periods for many people. Technically, menopause is diagnosed after a year of not having periods, but there are many circumstances under which a person is considered menopausal even before a year of not having periods.

STAGES OF MENOPAUSE

1 Perimenopause	2 Menopause	3 Postmenopause
• Can have irregular periods • Can have menopausal symptoms • Can still become pregnant	• 12 months without a period • Ovaries stop producing eggs	• Over 1 year since the last period • This stage is for the rest of life

There are 3 ways people can enter menopause

1 Natural menopause

Changes in the production of hormones like estrogen and progesterone as you age will lead to your menstrual cycle stopping and you will no longer have periods. When you haven't had a period for 12 months, you have reached menopause. For most people this happens between the ages of 45 and 55; the average age of natural menopause in Canada is 51. If you have endometriosis, you may reach menopause earlier, especially if you have had surgery on the ovaries.

2 Surgical menopause

This occurs if you have surgery that removes both ovaries. Right after surgery, you will be in menopause and will not make estrogen or progesterone or have any more periods. If your uterus is removed but you still have working ovaries, you are not in menopause even though you will not get a period.

3 Medication-induced menopause

Some medications for endometriosis change your hormone levels so that it is as if your body is in menopause while you are taking the medication. You will stop getting periods and feel menopausal. For most people, after you stop taking this type of medication, you will start having periods again and will no longer be in menopause. These medications are called gonadotropin-releasing hormone (GnRH) agonists and antagonists and include Lupron, Zoladex, and Orilissa in higher doses.

> **Perimenopause** is the time frame leading up to natural menopause where egg production is declining and is not predictable. During this time, hormone levels related to your periods will go up and down, and your periods may not come regularly. For most people, this happens between the ages of 40 and 50. After you have reached menopause, you are in menopause, or postmenopausal.

What can I expect during perimenopause, menopause, and postmenopause?

During perimenopause, you may experience:

- Periods that come more frequently or less frequently than what is typical for you.
- Periods that are heavier or lighter than your usual flow.
- More noticeable or bothersome PMS symptoms.

People with endometriosis have the same chances of having these symptoms as people without endometriosis. Treatments depend on your symptoms and medical history. The use of treatments for symptoms of menopause is based on whether you have symptoms that are bothering you, not on the results of any hormone tests.

Both in perimenopause and postmenopause, you may experience:

Vasomotor symptoms

These are commonly known as hot flashes and night sweats. Having vasomotor symptoms means that you have episodes of feeling extremely hot. You may sweat a lot and your face may get flushed. You may also feel like your heart is beating fast, and you may feel dizzy and even anxious. This can be followed by a period of feeling cold and clammy. 4 out of 5 people will experience these symptoms during perimenopause and postmenopause. Some people have mild symptoms, while others may get intense symptoms that disrupt daily activities and sleeping.

Difficulty sleeping

You may have trouble falling asleep, wake up often during the night, or wake up too early.

Mood changes

You may experience mood swings, irritability, depression, or anxiety.

Lower sex drive

You may notice a lower sex drive, and some individuals experience a decline in sexual desire during perimenopause and postmenopause.

Weight gain

You may gain weight, which is mostly due to aging, but hormonal changes can cause a bothersome distribution of fat around the belly. Research shows that the average amount of weight gained in menopause is about 5 pounds.

Cognitive difficulties

You may have more trouble concentrating or notice problems with your memory.

Genitourinary symptoms of menopause

This refers to symptoms that affect the vagina, vulva, and bladder. You may have dryness and irritation of the vulva and vagina, painful sex, painful urination, and bladder infections that keep coming back.

Common treatments for perimenopause and postmenopause include

Menopause hormone therapy

Hormone therapy for menopause comes in various forms: pills that you swallow by mouth; patches or gels that you put onto your skin; or creams, pills or rings that you put in your vagina.

Lifestyle changes

Possible lifestyle changes include using lubricants or vaginal moisturizers for vaginal dryness/irritation and wearing layers or carrying around a fan for vasomotor symptoms.

Non-hormonal medications

There are non-hormonal medications that were specifically developed to treat menopause symptoms. These are primarily used for people who have a reason they cannot take hormones. There are currently no non-hormonal treatments which are approved by Health Canada for the treatment of menopause symptoms, though this might change soon.

Antidepressant medications

Some medications that are typically used to treat depression or anxiety can also be used to treat vasomotor symptoms in menopause.

Many people use supplements for the symptoms of menopause. Current research has not yet demonstrated that any supplements are safe and effective for treating the symptoms of menopause. Supplements do not have to undergo the same kind of strict testing that medications do. If you would like to try a supplement to help manage your menopause symptoms, it's a good idea to discuss this with your healthcare provider.

Intersecting factors like race and socioeconomic status play a role in the experience of menopause. For example, Black people may enter menopause earlier, have more intense symptoms, and are less likely to be offered medication for their symptoms.

Are there any tests that can tell me whether I am in menopause?

There is no blood test that can predict menopause. During perimenopause, hormone tests are not usually helpful because hormone levels change throughout the menstrual cycle. If you have not had a period in 12 months, you will know that you are in menopause. Treatment of symptoms related to perimenopause or menopause is based on the presence of the symptoms, not on the results of blood tests.

Will my endometriosis go away after menopause?

For the majority of people, endometriosis pain and symptoms will decrease or go away after menopause. But about 4 out of 100 people with endometriosis have their symptoms come back or continue after menopause. This can even occur years after you have stopped having periods.

Research shows that having endometriosis symptoms during menopause is more likely if your endometriosis was not completely removed surgically, or if you are taking hormone therapy—medication that is used after menopause to help reduce symptoms like hot flashes. This does not mean that you cannot use hormone therapy if you have symptoms related to menopause that are bothering you. You should discuss the benefits and risks of hormone therapy for your individual situation with your doctor.

Can I be diagnosed with endometriosis if I am postmenopausal?

> Yes, you can be diagnosed with endometriosis after menopause!

Most people who are diagnosed with endometriosis after menopause probably had endometriosis before menopause as well. There isn't enough research to know whether people can newly develop endometriosis after menopause.

What are the symptoms of endometriosis during perimenopause?

During perimenopause, you will still be getting periods, although they may come more often, less often, or irregularly. People with endometriosis may find perimenopause especially challenging. The hormonal fluctuations (ups and downs) can create unpredictable flares of endometriosis symptoms—times when your symptoms are worse than usual. Having periods more frequently can also be difficult when you have endometriosis.

It is important for people with endometriosis and their doctors to understand that endometriosis can affect people after menopause. It is also important to note that certain hormone therapy combinations may cause a return of endometriosis symptoms.

What are the symptoms of endometriosis during menopause?

After menopause and postmenopause, you will not get periods, and you should not have any vaginal bleeding. Symptoms of endometriosis during menopause include:

- Pelvic pain or abdominal pain.
- Bleeding. Once you have not had a period for 12 months and have reached menopause, you should not have any bleeding from your vagina. Bleeding after menopause can occur for different reasons, including endometriosis. Any vaginal bleeding after menopause should be discussed with a doctor. If you have endometriosis affecting your bowel or bladder, you may have blood in your stool or urine. If you have endometriosis affecting your lungs, you may cough up blood.

It is important to talk to your doctor if you have these symptoms.

How is endometriosis treated in people who are postmenopausal?

Surgery is the main treatment for endometriosis in people who are postmenopausal if they have symptoms. You can find out more about surgery for endometriosis here.

If you are taking hormone therapy for menopausal symptoms, your doctor may suggest stopping the hormone therapy to see if your symptoms improve.

Endometriosis medications like Lupron, Zoladex, Orilissa, and Visanne are not typically used to manage the symptoms of endometriosis after menopause.

> After being in perimenopause for several looong years, I was somewhat relieved and eager to begin hormone therapy to finally help manage my overwhelming symptoms. Even though I researched and knew there was some risk, I went for it. You can imagine my surprise when I returned to that 15-year-old, once again having painful periods, cramping and heavy flow!!! When my OB-GYN told me it was endometriosis flaring up, I couldn't believe it.... then it all came rushing back. I had never been properly diagnosed and it all made sense. At last, I realized my condition and while somewhat embarrassed at the age of 50 and not sure how I never knew before then - I began my journey of learning and understanding more about this often misunderstood, misdiagnosed and debilitating condition.
>
> Kim
> age 52

Are there any special health concerns for postmenopausal people with endometriosis?

Research has shown that people with endometriosis have a higher chance of having certain health problems after menopause. Having endometriosis can increase your chances of:

Heart disease

People with endometriosis have a slightly increased risk of having a heart attack, stroke, and other diseases affecting the heart. Going through menopause before age 45 due to surgery or medications also increases the risk for heart disease, although the use of hormone therapy reduces this risk. There are many other aspects of your health and lifestyle that also affect your risk of heart disease.

Heart disease is very common: many people with and without endometriosis will develop heart disease. About 1 in 12 Canadian adults have diagnosed heart disease. People with endometriosis have a 1.5 times higher risk of having heart disease than those without endometriosis, and a 1.2 times higher risk of having a stroke.

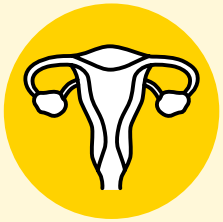
1.5x
higher risk of heart disease

1.2x
higher risk of stroke

Cancer

There is a slightly increased risk of certain rare types of ovarian cancer and uterine cancer in people with endometriosis. As these cancers are rare, most people with endometriosis will never develop ovarian cancer or uterine cancer. The lifetime risk of ovarian cancer in Canada in people assigned female at birth is 1 in 75. For people with endometriosis, the risk is 1 in 52. The lifetime risk of uterine cancer in Canada in people assigned female at birth is 1 in 36. For people with endometriosis, the risk is 1 in 22.

1 in 52
risk of ovarian cancer



1 in 22
risk of uterine cancer

Your doctor can help you understand your chances of experiencing each of these conditions based on your health history, lifestyle, genetics, and other factors.

Osteoporosis

Osteoporosis is a disease that affects your bones, making them more likely to break. If you have taken certain medications for endometriosis or had surgery to remove your ovaries before menopause, you have a higher chance of developing osteoporosis. Hormone therapy can be used to prevent osteoporosis in these circumstances. Everyone at risk for osteoporosis should take vitamin D daily, get 3 to 4 servings of calcium from their diet every day, and perform weight bearing exercises like walking.

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