**Managing menopausal symptoms after breast cancer**

**Patient information**

Some people will already be menopausal or perimenopausal when they have breast cancer. They might be using hormone replacement therapy (HRT) when the breast cancer is diagnosed. Some people will become menopausal because of chemotherapy treatment or surgery to remove their ovaries because they have a gene mutation like BRCA. Some people will experience menopausal symptoms because of anti-estrogen treatments for breast cancer. And other people will become naturally menopausal quite some time after their breast cancer treatment.

**What menopausal symptoms might I experience?**

For some people menopausal symptoms are very mild, but for other people, symptoms like flushes and sweats, mood problems, irritability and anxiety, difficulty with memory and concentration, poor sleep, aches and pains, vaginal dryness and urinary symptoms can very badly affect quality of life. Of course, the stress of having had breast cancer and effects of chemotherapy can contribute to symptoms like this too, so it can be difficult to know if menopause is the cause. And some anti-estrogen treatments for breast cancer can cause or worsen menopausal symptoms for some people.

**How long do menopausal symptoms last?**

Some menopausal symptoms like flushes and sweats will get better by themselves over a few years (often around 5-7 years), but some people need some help with them until they improve. Other menopausal symptoms may not improve or might get worse over time, so it is useful to think about self-help strategies as well as medical treatments for them.

**What treatments are suitable?**

After breast cancer, we currently recommend avoiding use of systemic (whole body) hormone replacement therapy (HRT) for menopausal symptoms if at all possible. This is because of concern that HRT could increase the risk of breast cancer coming back, or of another breast cancer developing. We recommend using self-help strategies and non-hormonal medicines in the first instance.

**Self-help strategies.** There are lots of things that people can do themselves that are very useful for keeping menopausal symptoms under control. Try avoiding hot drinks, caffeine, alcohol and spicy foods which can trigger flushes and sweats. Wear layers of thin clothing that you can remove when needed and have layers of thin bedding that you can adjust, rather than a single heavy layer, and use fans.

Mindfulness and cognitive behavioural therapy (CBT) techniques can really help you to stay calm when you feel a flush or sweat starting, or when you feel angry or irritable or stressed by your memory or concentration letting you down or being unable to sleep. The Women’s Health Concern fact sheet on Cognitive Behavioural Therapy for menopausal symptoms ([HERE](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.womens-health-concern.org%2Fwp-content%2Fuploads%2F2023%2F02%2F02-WHC-FACTSHEET-CBT-WOMEN-FEB-2023-A.pdf&data=05%7C01%7CSarah.Hardman%40nhslothian.scot.nhs.uk%7Ca37810f6c15a47deefcd08dbc751e6d1%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638322926848151044%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2FFGnT3l8hPUoYElM5vLQAWisve3RgJB2bCjyvJIJRm8%3D&reserved=0)), and the self-help book “Managing hot flushes and night sweats: a cognitive behavioural self-help guide to the menopause” by Myra Hunter and Melanie Smith may be helpful, alongside online resources and apps like Sleepstation, Clementine and Sleepio (there are lots of others) for mindfulness and sleep. Podcasts from the Menopause and Cancer organisation ([HERE](https://menopauseandcancer.org/)) offer useful advice and support.

Exercise and maintaining a healthy weight can help hugely with symptoms and with self-esteem as well as being important for a healthy body. After menopause (and after some breast cancer treatments) muscle strength is lost and bone density reduces. Exercise and a good diet containing plenty of calcium and vitamin D can help to maintain muscle and bone strength to maintain mobility and protect bones from osteoporosis. Exercise doesn’t have to be strenuous – walking and climbing stairs are what suit some people best; others might opt for yoga or pilates or swimming (or something completely different that makes them feel good). See the Women’s Health Concern factsheets on nutrition, exercise and weight gain in menopause [HERE](https://www.womens-health-concern.org/help-and-advice/factsheets/)

**Non-hormonal medical treatments.** We can offer various non-hormonal medical treatments menopausal symptoms after breast cancer. These are medicines that are not designed for menopausal symptoms, but which can help a lot. Some specific medicines designed for anxiety and depression are brilliant for the kind of mood changes that can happen in menopause but will also help with flushes and sweats. Other off-label medicines like this also help with flushes and sweats, with aches and pains and with sleep. If you think that you would like to try one of these, speak to your Breast Care Nurse or GP (if your GP isn’t certain, ask them to contact the Menopause Clinic for advice).

Sometimes people whose menopausal symptoms are made worse by hormonal treatments for breast cancer can try switching to a different treatment. Always speak to your Breast Cancer Specialist about making any changes to your treatment.

**What about herbal or “natural” treatments?** We can’t recommend any herbal treatments for menopause because we don’t know how they would affect breast cancer risk or whether they have other unwanted health effects (they aren’t tested like medicines are). Many herbal menopause treatments work by having a hormone-like effect, even if they are plant-based, or “natural”, so we would suggest avoiding these. We don’t, for example, recommend using red clover, phytoestrogens, progesterone creams or black cohosh.

**Localised estrogen treatment specifically for the vagina.** The vagina and the lower part of the urinary tract are very sensitive to low estrogen levels in the body. The vagina can become drier and less robust, making sex uncomfortable or painful. And some people will find that they need to pee more frequently, that there is stinging when they pee or that they get frequent urine infections.

A good lubricant like Yes® or Sylk® is recommended for intercourse, but in addition, a regular vaginal moisturiser like can make the vagina much more comfortable. Soap and shower gel can dry and irritate the external genital skin, therefore washing with an emollient like Hydromol® is helpful. This should be first line management for vaginal atrophic symptoms after breast cancer.

We recommend using a good lubricant like Yes or Sylk for intercourse, but in addition, a regular vaginal moisturiser like Yes®, Sylk® Replens®, or Hyalofemme® can make the vagina much more comfortable. It is a good idea to avoid washing the external genital skin with soap or shower gel as these can be very drying: use plain water or ask your doctor or nurse for an emollient cream to wash with. It is important to avoid washing inside the vagina.

If you are still struggling, or if you have urinary symptoms, many people can use low dose local vaginal estrogen tablets or cream after breast cancer. You put these directly into the vagina. Most of the vaginal estrogen is absorbed by the vagina and lower urinary tract, with only a very small amount circulating round the body. We think that this makes any effect on breast cancer risk very small (but it also means that vaginal estrogen does not help with menopausal symptoms in the rest of the body).

Vaginal estrogen might not be so suitable if you are using an anti-estrogen aromatase inhibitor treatment like letrozole, anastrazole or exemestane: speak to your Breast Care Nurse or Breast Care Specialist or ask your GP to contact them for advice if you are in this situation.

**What if my menopausal symptoms are severe and non-hormonal treatments have not helped?**

As a last resort, some people can consider using systemic (whole body) HRT after breast cancer. This will be a very individual decision made by a specialist breast cancer doctor or nurse in discussion with you. It will depend on lots of factors including the details of your breast cancer and its treatment, your age, any other medical problems, and the symptoms that you are having. Please speak to your Breast Care Nurse or ask your GP to contact the Breast Clinic for specialist advice.