

Premature Menopause - An Underdiagnosed Issue

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A pan India survey, conducted by Bangalore-based institute for Social & Economic change [ISEC], highlighted that the percentage of young menopausal women was the highest in Andhra Pradesh at 31.4%. Bihar-21.7% & Karnataka-20.2% were no better-Kerla-11.6% was tad better while west bangal-12.8% & Rajasthan-13.1% was just a rung lower.

The finding of the ISEC survey also highlight that on an avg. nearly 4% of Indian women are already menopausal between the ages of 29-34 yrs, one of the lowest thresholds for menopause in the world.

The natural age for menopausal onset is between 45-55 yrs with a mean age of 51yrs, world wide.

This survey has confirmed our worst fears that women's health is simply not a priority in our country.

The changing dynamics of the Indian family, the increased stress upon women to be financially independent & the whittling down of the familial support structure have all put tremendous physical, emotional & mental strain on our women. These pressures couples with lack of proper nutrition & education about health play havoc with female hormones, resulting in a skinned menstrual pattern & giving rise to a premature menopause or premature ovarian failure.

Q. What is premature menopause or premature ovarian failure [POF]..?

Premature ovarian failure is the loss of ovarian function in women under the age of 40 women with POF do not ovulate (release of egg) each month. This loss of function can be due to a less than normal amt. of follicles or a dysfunction in the ovaries.

A woman can be affected by POF at any age or time in her life. It can happen before or after she has had children or she is still planning for her family. No matter what season of life, it is overwhelming & many times there are several questions that are left unanswered.

Before we began to understand ovarian failure we need to understand OVULATION.

A woman is born with about 2 million ovarian follicles. As she gets older & reaches puberty. She will only have about 3-4 lakhs follicles left. The body does not make anymore. These follicles are very important because they mature to be eggs that will be released during ovulation. Though there are so many follicles, not every follicle becomes a mature egg.

When a girl's menstrual cycle begins, her estradiol (estrogen) levels are low. Her hypothalamus (which is in charge of maintaining hormone levels) sends out a message to her pituitary gland, which then sends out a follicle stimulating hormone(FSH).-this FSH triggers a few of your follicles to develop into mature eggs. Remember only one follicle will be the lucky one to become a mature egg.

As the follicles mature they send out another hormone, Estrogen. Estrogen sends a message to the hypothalamus to stop producing FSH. If the follicles do not mature & produce estrogen to stop the production of FSH, FSH will continue to produce & rise to high levels. This is why women with POF are checked for high levels of FSH.

Once the levels of estrogen are high enough, the hypothalamus & pituitary gland know that there is a mature egg. A leutinizing hormone (LH) is then released; this is referred to as LH surge. Within 24-36 hrs of the LH surge the mature egg is released & ready for fertilization.

If fertilization does not occur, then the egg dissolves & a few days later the hormone levels decreases & uterine lining begins to shed. This is called menstruation (menstrual period) & brings us back to day 1 of the cycle. The journey then begins all over again. And this repeats till the age of 50-51 in most women every month.

Q.Is there a difference between premature ovarian failure (POF) & menopause?

Menopause mainly occurs on avg. around age 51 premature ovarian failure can occur at any age before 40, usually on avg. around age 27. When a women experiences menopause, she no longer has follicles to produce into eggs & therefore no longer gets her menstrual period.

On the other hand, a woman with premature ovarian failure, or premature menopause, may still have follicles, but there may be a depletion or dysfunction of these. Therefore, she can still get her period, however, most of the time her period is irregular. Irregular period are one of the sings for POF. However there may be other explanation for an irregular period.

Symptoms for premature ovarian failure (POF)

- Irregular periods
- Hot flashes
- Night sweats
- Decrease in sexual drive
- Irritability
- Painful sex
- Thinning & drying of vagina
- Thyroid dysfunction
- Weight gain
- Increased appetite
- Hair loss.

Some women may continue to have normal periods & show no symptoms. Diagnosis may only be discovered when the FSH levels are measured & come back with elevated levels.

What cause premature ovarian failure (POF)?

Unfortunately, for most women the cause is unknown. There are, however, some causes that may be identified which include

- Autoimmune disorder
- Genetics
- The end of a treatment for cancer with radiation or chemotherapy.
- Hysterectomy with both ovaries removed.
- Thyroid dysfunction
- Turner syndrome
- Viral infection

-Inadequate gonadotropin secretion or action

-Eating disorders.

Diagnosis

-Pregnancy test

-Thyroid dysfunction test

-Measurement of estradiol level

However, the most important test used to diagnose premature menopause is a blood test that measures follicle-stimulating hormone (FSH). This test has to be performed twice with 1 month interval.

How is premature menopause treated?

There is no treatment to reverse premature menopause. Hormone replacement therapy (HRT) can prevent the common symptoms of menopause & lower the long term risk of osteoporosis.

Estrogen, which is found to relieve the unpleasant symptoms of menopause, including the hot flashes & vaginal dryness is especially important for women who go through premature menopause. The long term health risks of menopause (osteoporosis & increased risk of heart disease) are even more likely to occur after premature menopause.

However, women who have certain medical conditions (like liver diseases, uterine cancer, or breast cancer) may not be candidates for estrogen.

If a women still has her uterus after premature menopause, she will also need to take progesterone along with the estrogen. If her uterus has been removed estrogen alone will be enough.

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