

**BREAST
CANCER
NOW**

LIVING WITH BREAST CANCER

Menopausal symptoms and breast cancer

SUPPORTING YOU NOW

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About this booklet

Having menopausal symptoms because of breast cancer treatment can come as a shock. It's understandable to have questions and want to know how to access the right support.

This booklet explains what the menopause is, how breast cancer treatment can cause menopausal symptoms, and what symptoms you might have. It also suggests ways to manage these symptoms and where to find support if you need it.

Talking about menopausal symptoms and knowing who to contact about your symptoms can be difficult, especially if you're no longer going to hospital regularly. But addressing any concerns you have is an important part of your treatment.

Before starting treatment, your treatment team should let you know if it's likely to cause menopausal symptoms and how these can be managed.

The booklet sometimes refers to women having treatment for breast cancer. Men having breast cancer treatments can also have many of these symptoms and may find our booklet **Breast cancer in men** useful.

What is the menopause?

The menopause is the time when a woman stops having periods.

The menopause is a natural event for all women and usually happens between the ages of 45 and 55 years, with 51 being the average age.

Periods usually become irregular in the months or years before the menopause. This may be called the perimenopause.

Menopausal symptoms

Some of the most common menopausal symptoms include:

- Hot flushes (also known as hot flashes)
- Night sweats
- Vaginal dryness or soreness
- Urinary tract infections (UTIs)
- Changes to how you experience orgasm
- Changes to sex drive
- Heart palpitations
- Mood changes
- Joint pain
- Skin and hair changes
- Weight gain, particularly around the waist
- Difficulty sleeping
- Memory and concentration problems
- Feeling anxious or irritable
- A crawling feeling under the skin or itchy skin

The changes in your body may be gradual, but often symptoms can start suddenly.

You can find out more about the different menopausal symptoms on pages 10 to 37.

Breast cancer treatment and menopausal symptoms

Many women have menopausal symptoms because of their breast cancer treatment.

Some treatments may cause an early menopause in women who have not already been through the menopause naturally (premenopausal women). This can lead to the symptoms described in this booklet.

Some treatments will not cause an early menopause but may cause the symptoms associated with it.

You may have already been through the menopause, but having breast cancer treatment can cause you to have symptoms again.

Hormone replacement therapy (HRT)

INFO

You may be on hormone replacement therapy (HRT) when you are diagnosed with breast cancer.

HRT is given to help with the symptoms of the menopause but is not usually recommended for women with breast cancer.

Find out more about HRT on page 18.

Hormone (endocrine) therapies

Some breast cancers use oestrogen in the body to help them to grow. These are known as oestrogen receptor positive or ER-positive breast cancers.

Hormone therapies block or stop the effect of oestrogen on breast cancer cells. Different hormone therapy drugs do this in different ways.

The hormone therapies tamoxifen, anastrozole, letrozole and exemestane can all cause menopausal symptoms. For more information see our booklet **Treating primary breast cancer** or our individual hormone therapy booklets.

Ovarian suppression

Ovarian suppression describes treatments that stop the ovaries from making oestrogen, either temporarily or permanently. Ovarian suppression may also be called ovarian function suppression or OFS.

Ovarian suppression is used:

- As part of treatment for breast cancer in premenopausal women
- To protect the ovaries during chemotherapy

Ovarian suppression can be carried out using:

- Hormone therapy drugs, such as goserelin, leuprorelin or triptorelin (usually monthly or 3 monthly injections)
- Surgery to remove the ovaries (oophorectomy)

The natural menopause is a gradual process. Ovarian suppression can bring on menopausal symptoms suddenly, and they may be more intense. You can read more information about ovarian suppression and breast cancer at **breastcancer.org**

Chemotherapy

If you have not yet reached the menopause, chemotherapy may cause your periods to stop or become irregular. This is because chemotherapy affects the ovaries, which produce oestrogen.

This may cause an earlier, more sudden menopause. Symptoms are often more intense than when the menopause happens naturally.

You may stop having periods during chemotherapy, although this may be temporary. In this case, menopausal symptoms will improve when your periods return. This might be several months or years after your treatment has finished.

Women aged around 40 and above are less likely to have their periods return after completing chemotherapy than women under 40. This means the menopausal symptoms may continue.

For more information see our **Chemotherapy for breast cancer** booklet.

Can I still get pregnant?

Even if you stop having periods and start having menopausal symptoms, you may still be fertile and could become pregnant.

You may also still be fertile if you're going through the menopause, as your ovaries might not have stopped working completely.

If you're not sure about your fertility or whether you have been through the menopause, talk to your treatment team or GP.

Your treatment team may suggest having blood tests to check if you're premenopausal or postmenopausal. However, this isn't suitable or accurate for everyone and will depend on what treatment you're having and where you are in your treatment.

Having an early menopause may mean coming to terms with the possibility of no longer being able to get pregnant. This can be very difficult to cope with, especially if you're considering having children.

If you're concerned about your fertility, it's important to talk to your treatment team before your treatment starts. They can talk to you about options such as fertility preservation.

For more information see our **Fertility, pregnancy and breast cancer** booklet.

Managing menopausal symptoms

Menopausal symptoms can have a big impact on your quality of life. Your treatment team should let you know how your treatment may impact your menopause or menopausal symptoms.

How you decide to manage them may depend on how severe your symptoms are and the likely side effects of any treatments.

This section covers prescribed drugs, complementary therapies and changes to your lifestyle that may help you reduce or manage your menopausal symptoms.

Menopausal symptoms checklist

INFO

There's a menopausal symptoms checklist on page 42. You can take this to your treatment team or GP to discuss the treatment options that may be suitable for you.

If you're struggling to manage your menopausal symptoms, you may be able to get information and support from a specialist menopause clinic. Ask your treatment team or GP about this.

We can also put you in touch with someone who understands using our Someone Like Me service. Find out more information about this on page 41.

Hot flushes and sweats

Hot flushes, sometimes called vasomotor symptoms (VMS) or hot flashes, are the most commonly reported menopausal symptom caused by breast cancer treatment. They can be caused by several treatments, including chemotherapy, hormone therapy or ovarian suppression.

How often hot flushes happen can vary for each person, from a couple a day to a few every hour.

They can range from a reddening of the skin or a mild warming of the face, to waves of heat throughout the body.

Some women have a drenching sweat affecting the whole body.

You may also have heart palpitations.

Hot flushes may fade over time and become less severe, but sometimes they can last for many years.

You may also get flushes at night, which are known as night sweats. These can lead to disturbed sleep and waking in a cold, damp bed and needing to change nightwear and bed linen.

This can be very disruptive, especially if you share a bed. Disturbed sleep because of hot flushes can mean feeling irritable, having difficulty concentrating and being forgetful.

Managing your hot flushes and sweats

Speak to your treatment team about managing your hot flushes. If you're no longer in contact with them, speak to your GP. Your GP may be able to advise you or may refer you back to your treatment team or to a specialist menopause clinic.

INFO

Talking to other women

Talking to other women who have similar symptoms can let you share experiences and get tips on different ways of coping.

You may want to use our discussion forum **breastcancer.org/forum** to get support and tips from other women who have had these side effects.

You can also join a Younger Women Together event, where topics such as menopause are discussed. You can find out more about the support services we offer on pages 40 and 41.

Keeping a diary

It may be useful to keep a diary of when you have hot flushes. This can help you see 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 better prepare for them.

Food and drink

Food or drink can trigger hot flushes, especially:

- Spicy foods
- Caffeine
- Alcohol

It may help to eat frequent small meals rather than larger ones.

Cold drinks can temporarily lower your body temperature and may reduce hot flushes.

Drinking less alcohol may also help reduce hot flushes.

Smoking

If you smoke, cutting down or trying to stop may reduce hot flushes. Cutting down on vaping with products that contain nicotine may also reduce hot flushes.

Talk to your treatment team or GP if you need support to stop smoking. They may be able to refer you to a stop smoking service.

Weight

Being overweight can increase the likelihood of hot flushes. Some studies have shown that maintaining a healthy weight may help reduce hot flushes.

Exercise

Evidence is mixed about exercise and hot flushes. However, regular physical activity is good for overall physical and emotional wellbeing as well as helping to maintain a healthy weight.

Tips for coping with hot flushes

INFO

- Keep a battery-operated or paper fan with you all the time
- Wear layers so you can remove clothing when a flush starts
- Wear loose-fitting clothing made from natural fibres such as cotton or silk
- Use a silk pillowcase, or a specially designed pillow that stays cool or a cooling scarf
- Always keep a bottle of water with you
- Avoid or reduce caffeine, alcohol and spicy foods
- Carry a water spray to use on your face or wrists to cool you down

Non-hormonal prescription drugs for hot flushes

Several prescription drugs have been shown to relieve hot flushes.

Like any drugs, these can have side effects. You may need to see if the benefits of taking them outweigh these side effects.

Some of these drugs may interact with other drugs you might be taking, so check this with your treatment team, GP or pharmacist.

You may need to try several different drugs before you find one that helps you.

Antidepressants

Studies have shown that some drugs used for depression and anxiety can also help reduce menopausal hot flushes. It usually takes a few days for these to start working.

Antidepressant drugs you may be prescribed include:

- Citalopram
- Escitalopram
- Fluoxetine
- Paroxetine
- Venlafaxine

When used for hot flushes, these drugs are prescribed at lower doses than they would be for depression.

Antidepressants can cause side effects, although for most people these will settle over time.

Possible side effects include:

- Feeling sick (nausea)
- Diarrhoea
- Sleepiness
- Loss of sex drive (libido)
- Difficulty having an orgasm
- Dizziness

Antidepressants and hormone therapies

If you're taking an aromatase inhibitor (letrozole, exemestane or anastrozole), you can take any type of antidepressant.

Some studies suggest fluoxetine and paroxetine may interfere with the way tamoxifen works. If you're taking tamoxifen, your treatment team may recommend avoiding these drugs.

Anticonvulsants

Gabapentin and pregabalin are drugs usually used to treat chronic pain and epilepsy, but they may also help reduce hot flashes.

They can have side effects including:

- Fatigue
- Sleep disturbance
- Anxiety

Taking them at night and slowly increasing the dosage over time may reduce the side effects.

Oxybutynin (anticholinergic drug)

Oxybutynin is a drug usually used to treat an overactive bladder, but it can also help reduce hot flashes.

Side effects can include:

- Dry eyes
- Dry mouth
- Tummy pain

These are usually mild.

Clonidine

Clonidine is a drug often used to treat high blood pressure, but it can also be used to reduce hot flushes. It may be effective for some women but can take a few weeks to work.

Clonidine is used less often to treat hot flushes because of its side effects, which include:

- Light-headedness
- Dry mouth
- Headaches
- Constipation
- Sleep disturbance
- Drowsiness

Neurokinin receptor (NKR) antagonist drugs

These non-hormonal drugs can help manage hot flushes and night sweats by targeting receptors in the brain that control temperature.

Fezolinetant (Vezoah) is approved for use in the NHS. However, it is not approved for use in people who have had breast cancer. There are ongoing trials to see if it can be used for people who have had breast cancer. You can ask your treatment team if fezolinetant is suitable for you.

Elinzanetant (Lynkuet) is not currently available in the NHS. However, trials have shown that elinzanetant is an effective treatment for hot flushes caused by hormone therapy for breast cancer.

Although the recent studies have shown these drugs to be well tolerated, side effects included headaches, dizziness, fatigue and diarrhoea.

Hormone replacement therapy (HRT)

If you're taking HRT when you're diagnosed with breast cancer, your treatment team will advise you to stop taking it.

Although HRT is an effective treatment for menopausal symptoms, it's not usually recommended for women who have had a diagnosis of breast cancer. This is because there's uncertainty about whether HRT increases the risk of breast cancer coming back.

However, your treatment team will discuss whether HRT would be suitable for you if:

- You have severe menopausal symptoms that seriously affect your quality of life
- Your symptoms haven't responded to other treatments

They will also discuss the risks and benefits of HRT. This discussion may depend on the features of your breast cancer and your individual situation.

Cognitive behavioural therapy (CBT) for menopausal symptoms

Studies have shown a type of therapy called cognitive behavioural therapy (CBT) may help manage menopausal symptoms, including hot flushes and night sweats. It can also help with low mood and sleeplessness.

CBT can help you develop practical ways and coping strategies to manage symptoms of menopause.

CBT can be offered in group or individual sessions either face-to-face or online. Studies have shown that people who followed self-help CBT also had an improvement in their menopausal symptoms.

You can talk to your treatment team to find out if there are menopause-specific CBT courses in your local area.

The organisation Women's Health Concern has information on CBT for menopausal symptoms. See page 36 for more information about CBT.

Complementary therapies

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

You can find more information about complementary therapies on our website [breastcancer.org](https://www.breastcancer.org)

Are complementary therapies safe and effective?

INFO

Compared to conventional drug treatments, there's much less robust and reliable evidence to show that complementary therapies are effective.

Most complementary therapies are safe for people with breast cancer. However, if you're considering complementary therapies, speak to your treatment team first.

Your treatment team may advise you to avoid certain complementary therapies if there's a chance they may interact with your breast cancer treatment.

Hypnotherapy

Hypnotherapy uses various techniques to guide you into a deep state of relaxation, known as hypnosis.

During hypnosis you'll remain conscious, in control and aware of your surroundings. Some people believe being in a state of hypnosis makes your mind more open to accept new ways of thinking, acting and feeling.

There's some evidence that hypnotherapy may help to reduce hot flushes.

Acupuncture

Acupuncture involves inserting very fine needles into the skin at various points on the body. Having acupuncture should not be painful but can be uncomfortable. The points where the needles are inserted may vary depending on your individual situation.

If you have had surgery to the lymph nodes under the arm, ask your therapist to avoid these areas.

There's conflicting evidence about the benefits of acupuncture for menopausal hot flushes and more research is needed. However, many women find it helpful.

Herbal remedies

Herbal medicines use plants to help with a range of health conditions.

There's often conflicting evidence about the safety or effectiveness of herbal products for menopausal symptoms, and some may affect how certain breast cancer treatments work.

Check with your treatment team, GP or pharmacist before using any herbal medicines.

Black cohosh, red clover and vitamin E



Black cohosh, red clover and vitamin E are not recommended after a diagnosis of breast cancer.

You can read more about black cohosh on our website.

You can find information about herbal supplements on the Memorial Sloan Kettering Cancer Center website mskcc.org

Phytoestrogens

Phytoestrogens are plant compounds found in some foods, particularly soy, for example soya milk and tofu. Foods like chickpeas and linseeds also contain phytoestrogens.

There has been a lot of research into the use of soy and other phytoestrogens to relieve hot flushes.

A diet containing naturally occurring phytoestrogens is safe for people who have had breast cancer. However, taking supplements containing soy (isoflavone) is not recommended because the evidence on their effectiveness and safety is limited and conflicting.

You can find more information about phytoestrogens in our booklet **Diet and breast cancer**.

Magnets

There's no evidence that magnets can reduce menopausal symptoms. If you have, or have had, breast cancer, you should not be offered magnets to reduce your menopausal symptoms.

Vaginal and bladder symptoms

Genitourinary syndrome of menopause (GSM) refers to vaginal and bladder symptoms you may have because of the menopause.

Vaginal dryness

Vaginal dryness is a common and often very distressing symptom in women who have had treatment for breast cancer.

Some treatments affect the level of oestrogen in your body. Reducing the levels of oestrogen or blocking its action can cause vaginal changes.

Symptoms of vaginal dryness can include:

- Itching or irritation
- Burning
- Pain
- Bleeding
- Urinary tract infections (UTIs)

Because oestrogen helps maintain the vagina's moisture and elasticity, a lack of it can cause the vagina to become dry and less supple. This may impact everyday activities and quality of life. It may also make physical activity difficult and having penetrative sex or intimacy painful.

The symptoms of vaginal dryness can get worse if they're not treated, so it's important to speak to your GP or treatment team.

Vaginal moisturisers and lubricants can help with vaginal dryness. You may be able to get these on prescription from your GP or treatment team, or you can buy them from a pharmacy.

You may not find a product that suits you straight away so it's worth trying different products.

If you still have vaginal dryness and cannot find a product that suits you, you may want to talk to your GP or treatment team. There may be other options available, such as being referred to a specialist menopause clinic.

Ruling out other causes

INFO

Vaginal dryness and irritation can also be caused by infection.

It's best to see your GP so they can rule this out.

Non-hormonal treatments for vaginal dryness

Vaginal moisturisers

Vaginal moisturisers can help relieve dryness and discomfort.

You can use them at least twice a week, but you need to use them regularly over time for the best effect.

You usually apply moisturisers with a pessary (a small, soluble block that dissolves in the vagina) or tampon-style applicator.

Some vaginal moisturisers contain ingredients that can cause irritation. Always do a skin test on the inner and outer lips of your vagina before using any products.

Vaginal lubricants

Vaginal lubricants can help prevent friction and pain during sex and intimacy. However, you can also use them more generally to relieve dryness and discomfort.

You can use lubricants and moisturisers alongside each other.

Vaginal lubricants tend to be shorter acting than moisturisers. They are either water-, silicone- or oil-based. You'll need to avoid oil-based lubricants if you use condoms made from latex, as this can cause the condom to break. Silicone-based lubricants are not recommended for use with sex toys as it may cause them to break down.

Lubricants are available as a pessary or a tube of liquid or gel.

Some products are available on prescription.

Some vaginal lubricants contain ingredients that can cause irritation. Always do a skin test on the inner and outer lips of your vagina before using any products.

Trying different options

INFO

Each manufacturer will have different options, so it's worth looking at how the product works, what it contains and any user reviews. Some products will be organic, vegan or paraben free, which may be important to you.

Often, manufacturers will provide free samples to try. Your breast care nurse may also be able to give you free samples. This can allow you to test different products until you find one that works for you.

Other tips

Becoming aroused and having sex can help stimulate blood flow to the vagina. However, it's important not to keep having sex if it's painful. Masturbation or using a flat, pebble-shaped vibrator on the outside of the vulva can also help with blood flow.

Doing pelvic floor exercises can help to increase blood flow to this area and help you learn how to relax these muscles during sex and intimacy. Knowing how to relax these muscles can also help reduce pain during pelvic examinations, for example when you have a smear test.

You could also try using a vaginal dilator. A vaginal dilator gently stretches the vagina to open it more, increasing the suppleness of the vagina.

Dilators are available in sets of different sizes. If you have been given dilators on the NHS, these may be plastic. However, you may prefer to use silicone dilators. You can start by using a narrow dilator with a lubricant to make it more comfortable. Or you may wish to use a slim vibrator or dildo instead.

Avoid using fragranced soaps, panty liners or lotions as these can dry the vaginal tissue. Some washing powders and conditioners may also irritate the vaginal area.

Hormone-based treatments for vaginal dryness

The most common treatment for vaginal dryness is vaginal oestrogens.

Vaginal oestrogens may be suitable if you have tried non-hormonal treatments and continue to have vaginal dryness.

Vaginal oestrogens can come as:

- Oestrogen pessaries
- Oestrogen tablets
- Oestrogen gel
- An oestrogen ring

When you use vaginal oestrogens, minimal amounts of oestrogen are thought to be absorbed into the body.

Vaginal oestrogens can be used alongside non-hormonal moisturisers and lubricants.

You can talk to your treatment team about the risks and benefits of using vaginal oestrogen in your individual case. Your team may also refer you to a menopause specialist or gynaecologist to discuss your options.

Vaginal oestrogen may be prescribed if you're taking tamoxifen, because tamoxifen is thought to counteract any oestrogen entering the bloodstream.

If you're taking an aromatase inhibitor (letrozole, anastrozole or exemestane), your treatment team will discuss if vaginal oestrogen is suitable for you.

Sex drive, arousal and menopausal symptoms

Menopausal symptoms such as hot flushes, night sweats, vaginal dryness and loss of sexual desire can affect intimacy and sex.

You may also feel less sensation during arousal. This may mean:

- You may not orgasm
- It may take longer to orgasm
- The intensity of your orgasm may be reduced

It may feel difficult or embarrassing talking about sex and intimacy. But it can help to discuss it with your treatment team or GP as they may be able to help.

For more information see our **Your body, intimacy and sex** booklet.

Bladder problems

Bladder problems can include peeing more often, developing a urinary tract infection (UTI) and sometimes incontinence.

If you have a burning pain when peeing, or you're passing small amounts of urine often, it's worth checking with your GP to see if you have a UTI.

Pelvic floor exercises may help to improve your bladder control. You can find these on the NHS website ([nhs.uk](https://www.nhs.uk)).

Your treatment team may be able to refer you to a specialist pelvic floor physiotherapist.

Joint and muscle pain

Joint and muscle pain is a common menopausal symptom. It's also a side effect of some breast cancer treatments, most commonly hormone therapies known as aromatase inhibitors.

Other treatments such as chemotherapy or targeted therapies can also cause joint aches and pains.

The pain can be mild and temporary for some people and more long term and severe for others.

You may feel pain in your hands, wrists and knees, but it can affect other joints too, such as your hips and shoulders.

You might have stiffness in your joints, which can be worse first thing in the morning.

There are things you can try to help relieve your symptoms, including:

- Pain relief such as paracetamol or ibuprofen
- Strength exercises such as using resistance bands, lifting weights or squats
- Flexibility exercises such as yoga or Pilates
- Using heat or ice packs on the affected areas
- Paying attention to your posture, as good posture can reduce strain on your joints and muscles
- Taking regular breaks from sitting for a long time, for example if you work at a desk
- Trying to reduce stress and getting a good night's sleep where possible

- Techniques like mindfulness and breathing exercises – ask your treatment team about any classes or groups in your local area or cancer support centre
- Trying a transcutaneous electrical nerve stimulation (TENS) machine, which uses a mild electrical current to relieve pain – check with your treatment team or GP first before trying one
- Weight loss

If joint or muscle pain becomes unmanageable and affects your daily activities, tell your treatment team or GP. They may suggest ways to manage your symptoms or refer you to a physiotherapist.

You can find out more about joint and muscle pain and physical activity and breast cancer on our website **breastcancernow.org**

If you're taking an aromatase inhibitor, your treatment team may suggest changing to a different hormone therapy to see if that suits you better.

Weight gain

Menopause, and treatments for breast cancer, can cause weight gain, particularly around the tummy area.

Your treatment team or GP can give you more information on achieving a healthy weight. They can also refer you to a dietitian for further advice if necessary.

You can read more about weight changes in our booklet

Diet and breast cancer.

Risk of osteoporosis

Going through the menopause, either naturally or due to breast cancer treatments, increases the risk of developing osteoporosis (a condition where your bones lose their strength and are more likely to break).

If you're worried about osteoporosis, talk to your treatment team or GP. You can find out more about breast cancer and osteoporosis and looking after your bones on our website **breastcancer.org**

You can read more about osteoporosis on the Royal Osteoporosis Society website theros.org.uk

Extreme tiredness (cancer-related fatigue)

Fatigue is extreme tiredness or exhaustion that doesn't go away with rest or sleep.

It's a common symptom of the menopause and can also be a side effect of treatments for breast cancer.

If you think you have fatigue, tell your GP or treatment team. They can assess you and offer advice on how to manage your energy levels.

Find out more about managing fatigue on our website **breastcancer.org**

Difficulty sleeping

Menopausal symptoms such as hot flushes, night sweats, joint pains and anxiety can make sleeping more difficult.

Your sleep may be affected in different ways. You may have difficulty falling asleep, wake often throughout the night, have restless legs or have poor quality sleep.

Things you can do that may help improve your sleep include:

- Avoid or limit alcohol
- Avoid drinks containing caffeine
- Avoid eating too close to bedtime
- Have a regular bedtime routine
- Avoid using screens or watching TV too close to your bedtime
- Do some regular physical activity during the day
- Avoid daytime napping
- Make your bedroom environment cool, dark and quiet

Techniques such as mindfulness or menopause-specific cognitive behavioural therapy (CBT) have been shown to be effective at improving menopausal sleep disturbance.

Some people find cognitive behavioural therapy for insomnia (CBT-I) helpful, such as the Calm and Sleepio apps. Sleepio is only available on the NHS in certain areas.

If you have trouble sleeping, speak to your treatment team or GP who may offer strategies to support you.

Some people find over-the-counter sleep aid remedies useful. Your GP or a pharmacist can tell you what might be suitable for you.

There's more information on how to improve sleep on the NHS website [nhs.uk](https://www.nhs.uk)

You can also find information on trouble sleeping on our website **[breastcancernow.org](https://www.breastcancernow.org)**

Changes to skin and hair

Oestrogen is important for producing collagen, which helps to keep the skin moist and elastic.

Lower levels of oestrogen can lead to the skin becoming drier, less plump and less firm. It can also cause the skin to be more prone to damage from the sun.

Some people have spots or acne because of the menopause.

A lower level of oestrogen can also cause hair to thin and become drier.

The following skincare tips may help:

- Eat a healthy balanced diet
- Keep hydrated by drinking water
- Wear high protection sunscreen
- Avoid very hot showers or baths
- Avoid scented body products if your skin is dry, sensitive or prone to rashes
- Apply body lotion regularly to help keep the skin moisturised

Are collagen supplements safe?

INFO

People often ask about the safety of taking collagen supplements. There's limited research looking at collagen levels and breast cancer, but it's not clear if this means collagen supplements should be avoided. You can speak to your treatment team for advice on collagen supplements.

Effects on memory and concentration

You may find it difficult to concentrate or feel more forgetful. This is called cognitive impairment, but you may hear it called “brain fog”.

The menopause causes lower levels of oestrogen, which can affect memory and concentration. You may have:

- Short-term memory loss
- Difficulty concentrating or thinking clearly
- Difficulty doing more than one thing at a time
- Reduced energy levels, such as feeling tired (fatigue) or lacking in energy

You may also:

- Be unable to put thoughts into action
- Be less organised than usual
- Have trouble finding the right words or finishing sentences

Talk to your treatment team or GP if you have these symptoms. They can assess you and provide support to help manage your symptoms.

Tiredness, anxiety and sleep disturbance can also cause you to become forgetful and stop you feeling mentally “sharp”.

Having good sleep, eating a healthy balanced diet, keeping hydrated and regular physical activity can all help with symptoms of brain fog.

You can find out more about cognitive impairment on our website **[breastcancer.org](https://www.breastcancer.org)**

Stress, anxiety and mood changes

Mood changes such as anxiety and depression are common symptoms of the menopause. It's also normal to feel anxious or stressed after a diagnosis of breast cancer.

Stress and anxiety can make you feel nervous, worried and tense. These feelings can range from being a bit uneasy to a continuing sense of dread. You may sometimes feel panicky and frightened. Sometimes anxiety can become so overwhelming it leads to panic attacks, causing further fear and worry.

Recognising that you're anxious is an important step, as sometimes feelings of anxiety can be linked to low mood and depression.

You may feel a loss of control over everything that's happening to you, and this can also affect how you're feeling.

You might have difficulty concentrating and feel irritable. You may be short-tempered and have extreme mood changes, from feeling positive and happy one day to sad and low the next. These feelings usually improve over time but they can be overwhelming.

How to recognise depression

Depression 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.

If negative thoughts are interfering with your life, don't go away within a few weeks or keep coming back, it may indicate that you are depressed.

Signs of depression can include:

- 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 suicidal

Help when you’re feeling low

Talking about how you’re feeling can help. You might find it useful to talk to women who have had a similar experience through our online forum or Someone Like Me service (see page 41).

You can also talk through your feelings with your treatment team or GP. They can refer you to more specialist psychological support or talking therapies.

You may also want to try some of the techniques on the following page.

Relaxation techniques

Some people find relaxation techniques such as visualisation, distraction, mindfulness and yoga help to reduce stress and anxiety.

Visualisation focuses your imagination to create images.

Distraction uses techniques to focus the mind on the things around you, so you can shut out negative thoughts.

Mindfulness involves focusing on what's happening now – on yourself, your thoughts and what's going on around you – and can help to stop your mind from wandering.

Yoga uses exercise, breathing and sometimes meditation. Some styles are vigorous and leave you feeling energised, while others focus on relaxation.

Talking therapies

You may find counselling or cognitive behavioural therapy (CBT) can help you cope better with symptoms of the menopause.

Counselling involves talking to a counsellor in a private and confidential setting. You'll 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're 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. There's evidence that CBT can help with mood and sleep disturbances.

If you think you might benefit from these therapies, your treatment team or GP may be able to refer you. You can also download apps to practise CBT yourself. We've listed some organisations for anxiety and depression in the "Useful organisations" section on page 46.

You can find out more information on [nhs.uk/every-mind-matters](https://www.nhs.uk/every-mind-matters)

Medication for anxiety and depression

Antidepressant drugs may be recommended if you have anxiety or depression.

Your treatment team or GP may suggest other therapies first and will discuss if antidepressants will be suitable for your individual situation.

Other less common symptoms

Other less common symptoms of the menopause may include:

- Headaches or migraines
- Pins and needles in hands or feet
- Restless legs
- Dizziness (vertigo)
- Feeling faint or dizzy
- Nail changes such as nails feeling dry and brittle
- Eye changes
- Dry mouth
- Feeling cold or cold flushes

Speak to your GP or treatment team if you have any of these symptoms and they're affecting your daily living.

Work and menopausal symptoms

You may be worried about the effect of your menopausal symptoms on your employment.

It can be difficult for your employer to know how to support you and understand any side effects you may have from treatment.

If you have breast cancer, your employer has to make reasonable adjustments to help you continue to work or return to work. Your employment rights are protected under the Equality Act 2010.

Talking to your manager or human resources department (if you have one) could help them to be more supportive and to make reasonable adjustments for you.

Practical tips that may help you at work include:

- Consider a phased return if you stopped working during your treatment for breast cancer
- Have a fan nearby or carry a hand-held one
- Have access to cold drinking water
- Wear lightweight, breathable clothing
- Take regular breaks to help with your energy levels and concentration
- If possible, consider changing your working hours if you're having disturbed sleep (this could be temporary)
- Set up alerts and reminders on your phone if you have difficulty remembering things

Your colleagues might not understand the impact your breast cancer diagnosis and treatments can have on your daily life. You could speak to colleagues or give them some information to read. This may help you feel more supported by your colleagues at work.

Macmillan Cancer Support (macmillan.org.uk) has information on work and cancer.

Working with Cancer (workingwithcancer.co.uk) also provides information and coaching for people affected by cancer.

Finding support

Treatment for breast cancer can cause changes to how you feel. It may take some time for you to adjust to these changes and your menopausal symptoms will hopefully improve over time.

If you find you're unable to cope, talk to your treatment team or GP. They may be able to refer you to a specialist menopause clinic where you can get further advice and support about managing your menopausal symptoms. They may also be able to refer you to a counsellor or therapist who can help with emotional support.

Moving Forward

Our Moving Forward services and information are here for anyone who has had a diagnosis of primary breast cancer, helping you adjust to life after treatment. Menopausal symptoms are one of the common topics covered.

You can order a copy of our Moving Forward booklet or sign up to a Moving Forward course on our website

breastcancer.org

Younger Women Together

Our Younger Women Together courses are here for anyone aged 18 to 45 who has had a diagnosis of cancer. Menopausal symptoms are one of the common topics covered.

For more information and to sign up for an online or face-to-face course, visit **breastcancer.org**

Someone Like Me

You may find it helpful to share your feelings with someone else who has been affected by these issues. Someone Like Me can put you in touch with someone who has had a similar experience. Find out more at **[breastcancernow.org](https://www.breastcancernow.org)** or call **0800 138 6551**.

Breast Cancer Now forum

You can also talk to other people affected by breast cancer and menopausal symptoms on our online discussion forum **[breastcancernow.org/forum](https://www.breastcancernow.org/forum)**

Menopausal symptoms checklist

You may find this checklist useful for recording your symptoms. It can be difficult or embarrassing to talk about these changes. This checklist, and the menopause diary mentioned earlier, may help you start a discussion with your treatment team or GP about options to manage your symptoms.

- Hot flushes
- Night sweats
- Insomnia/disrupted sleep
- Weight gain
- Headaches
- Skin and hair changes
- Itchy skin
- Muscle and joint pain
- Lower desire for sex
- Vaginal dryness, infection or pain during intercourse
- Urinary changes/infections
- Difficulty sleeping
- Lack of concentration/memory
- Fatigue/low energy levels
- Mood swings and irritability
- Feeling depressed
- Loss of self-esteem
- Anxiety/panic attacks
- Feeling tearful

Useful organisations

Menopause and menopausal symptoms

The Daisy Network

- daisynetwork.org
- Support group for women with premature ovarian insufficiency (premature menopause)

Maggie's

- maggies.org
- Offers support for those affected by menopause and cancer

Menopause and Cancer

- menopauseandcancer.org
- Support for those affected by menopause and cancer, including podcasts and menopause workshops

Menopause Matters

- menopausematters.co.uk
- Information about the menopause, menopausal symptoms and treatment options, including HRT and alternative therapies

Pelvic floor exercises

For further information on pelvic floor exercises, see the NHS website at [nhs.uk](https://www.nhs.uk)

Penny Brohn UK

- pennybrohn.org.uk
- Health and wellbeing support for people with cancer and their supporters, including counselling, relaxation and advice on nutrition

Women's Health Concern (WHC)

- womens-health-concern.org
- Provides advice through a confidential email service and downloadable factsheets on women's health including the menopause and menopausal symptoms

Working with Cancer

- workingwithcancer.co.uk
- Provides support and coaching for people affected by cancer

Sex and intimacy

Ann Summers

- annsummers.com
- Information on sex and intimacy, and is a reputable retailer for pleasure products

Jo Divine

- jodivine.com
- Information on sex and breast cancer, and is a reputable retailer for pleasure products

OUTpatients

- outpatients.org.uk
- LGBTIQ+ cancer charity aiming to help patients, survivors, partners and caregivers feel welcome and supported in cancer services

RELATE

- relate.org.uk
- Relationship counselling for individuals and couples, informal workshops, information and guidance and support by phone, email or Live Chat

Sex with Cancer

- sexwithcancer.com
- Has an answer bank of questions relating to sex and cancer, and partners with a reputable retailer of pleasure products

The College of Sexual and Relationship Therapists (COSRT)

- cosrt.org
- Practical information to help you deal with sexual and relationship issues, and a directory of local therapists

The Cancer, Sex and Intimacy project

- [@sex_cancer_intimacy](https://www.instagram.com/sex_cancer_intimacy) on Instagram
- Information and advice for people whose sex lives are affected by cancer

Anxiety and depression

Anxiety UK

- anxietyuk.org.uk
- Works to relieve and support those living with anxiety disorders by providing information, support and understanding through an extensive range of services

British Association for Counselling and Psychotherapy (BACP)

- bacp.co.uk
- Produces a directory of counsellors and psychotherapists, also available online, and will send a list of counsellors and psychotherapists in your area

Mind

- mind.org.uk
- For people concerned about their mental and emotional health, includes a confidential helpline, drop-in centres, counselling and a range of publications

UK Council for Psychotherapy (UKCP)

- psychotherapy.org.uk
- Can provide a list of UKCP accredited psychotherapists in your area

Complementary therapies

British Complementary Medicine Association (BCMA)

- bcma.co.uk
- Produces a guide and a code of conduct for complementary therapists, and holds a register of practitioners

Osteoporosis

Royal Osteoporosis Society

- theros.org.uk
- Dedicated to improving the prevention, diagnosis and treatment of osteoporosis



We're the UK's leading breast cancer charity. And we're combining the power of science and support to change breast cancer.

Life-saving science

Uncovering how breast cancer develops and spreads. New and better treatments that can find and destroy cancer cells. And one day, cures that can stop it in its tracks entirely.

Life-changing support

Expert information on everything from signs and symptoms to chemotherapy. Help so you can live well. Meeting people who are going through the same thing – people who just get it.

Change-making campaigns

Making sure everyone knows the importance of checking their breasts and chests, and the signs to look out for. Pushing for better diagnosis and care. Making sure everyone can get the drugs they need.

We don't get any government or NHS funding for our information or support. We rely on our supporters to make change happen.

So if you've found this information helpful and you'd like to support us, go to: **breastcancernow.org/give**

About this information

Menopausal symptoms and breast cancer was written by Breast Cancer Now'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:
Email health-info@breastcancer.org



You can order or download more copies from:
breastcancer.org/publications



We welcome your feedback on this publication:
health-info@breastcancer.org



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Email health-info@breastcancer.org

Medical disclaimer

We make every effort to ensure that our health information is accurate and up to date, but it doesn't replace the information and support from professionals in your healthcare team. So far as is permitted by law, Breast Cancer Now doesn't accept liability in relation to the use of any information contained in this publication, or third-party information included or referred to in it.

**BREAST
CANCER
NOW**

Whatever breast cancer brings, we're here.

Information on everything from symptoms to treatment and beyond. Support to help you live well. Meet people going through the same thing – people who just get it.

We're here with life-changing information and support now. Whatever you're going through. However you need it.

Call **0808 800 6000** to talk to one of our nurses.

Visit **breastcancernow.org** now for breast cancer information you can trust.

Breast Cancer Now

6th Floor
The White Chapel Building
10 Whitechapel High Street
London E1 8QS

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