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Living with medically induced menopause

For people in the inherited cancer community, medically induced menopause rarely happens on its own. It may sit alongside inherited cancer risk, cancer treatment, risk-reducing surgery, recovery, fertility decisions, and the emotional weight that can come with them.

Everyone experiences medically induced menopause differently. Drawing on Kel and Jess' lived experiences, this resource explores what medically induced menopause can feel like once it begins, and what may help along the way.

Topics covered in this resource

You can read this resource from beginning to end, or jump to the section that feels most useful right now:

About Kel and Jess

Kel had genetic testing after her younger sister was diagnosed with triple negative breast cancer and found out she has a *BRCA1* pathogenic variant (gene change). She later chose to **have surgery to reduce the risk of ovarian cancer** and experienced **surgical menopause** soon afterwards.

Jess was diagnosed with hormone-positive breast cancer at 27. She has a strong family history of breast and ovarian cancer, though no known pathogenic variant has been identified. After chemotherapy, surgeries and radiotherapy, she began long-term hormone therapy to reduce the chance of breast cancer recurrence. This placed her into **medically induced menopause**.

Medically induced menopause may need dedicated conversations

Both Kel and Jess knew medically induced menopause was a possibility. Even so, neither felt fully prepared for what it would actually feel like.

For Kel, menopause was part of the plan for risk-reducing surgery. But most of her attention was focused on inherited cancer risk, surgery and recovery. *"I knew menopause was going to come. I knew that was a result, but I still wasn't really prepared for it."*

For Jess, information about medically induced menopause came while she was also taking in a breast cancer diagnosis, fertility preservation, chemotherapy, surgery and long-term treatment.

"There's a lot of information that's given to you when you're diagnosed and when you start on treatment, and your brain has only got so much capacity to absorb everything."

For both Kel and Jess, understanding medically induced menopause was not only about knowing it could happen. It was also about understanding what it might mean in daily life, including symptoms, sleep, emotional wellbeing, sexual health, fertility, work and recovery.

This is why medically induced menopause may need dedicated conversations before, during and after treatment or surgery. You may not take everything in at once, and new questions may come up over time. Understanding what it means for you can be an ongoing process.

What may help

If medically induced menopause may be part of your treatment or surgery plan, you could ask your healthcare team:

- What follow-up care or ongoing support may be available?
- What changes might I experience in the short and longer term?
- What support is available if symptoms affect my daily life?
- Who can I contact if I need help after treatment or surgery?
- Is Menopausal Hormone Therapy (MHT) an option for me, and when should we talk about it?

You may want to write down questions before appointments or ask a support person to come with you.

Symptoms can start quickly and affect everyday life

For some people, medically induced menopause begins suddenly. This can take you by surprise, especially when the body is already recovering from treatment or surgery.

For Kel, symptoms appeared within days of surgery. *"I thought that [medically induced menopause] was going to be more of a slow, drawn-out sort of situation, but it wasn't for me."*

Jess describes a similar experience after starting hormone therapy. Symptoms such as hot flushes, insomnia, fatigue, brain fog and word-finding difficulties became part of daily life.

Some symptoms may be visible. Others may not be. Sleep changes, brain fog, fatigue and changes in confidence can affect work, relationships and daily life, even when other people cannot see what is happening.

For some people, medically induced menopause may be temporary. For others, it may be permanent. Either way, the effects may last longer than expected.

Jess reflected, *"It's temporary, but for me this treatment is likely to be around 10 years in total. I'm about two and a half, three years in."* For Jess, "temporary" still means learning how to live with symptoms and support her body over time.

What may help

If symptoms are affecting daily life, it is reasonable to ask for support.

It may help to keep a note of:

- Symptoms you are noticing
- How often they occur
- What makes them better or worse
- How they affect sleep, work, relationships or daily life

This information can help conversations with your healthcare team.

Adjusting to a new normal

Living with medically induced menopause can mean recognising that your body may need different things, or may not manage at the same pace as before. For Kel and Jess, part of living with it was learning to adjust their expectations, rather than expecting everything to feel the same straight away.

After her surgeries, Kel returned to work expecting to feel like herself again. Instead, she realised that recovery was not only physical.

"I had this expectation that I'd be the same, and I wasn't. I didn't feel internally the same. I think I rushed. I tried to do too much too quickly, and I could feel the heaviness in my headspace. I knew I needed to step back and give myself time."

Jess noticed her own changes as she returned to work, socialising and dating. Even though her medically induced menopause may be temporary, it was still affecting her life now.

"As I got back to normal life, work and socialising, there were little reminders, bit by bit. Okay, this has changed for me. I'm not necessarily going to feel and live the way I thought I would from my late 20s into my 30s."

For Jess, one important shift was recognising that hormone therapy is treatment. *"This is actually treatment. It's not just a tablet. It's a treatment that does cause genuine side effects, and it's okay to acknowledge that."*

For both Kel and Jess, adjusting meant noticing what had changed, being gentler with themselves, and taking things one step at a time.

What may help

It may help to check in with yourself:

- What feels different now?
- What expectations am I putting on myself?
- What support would make this week feel more manageable?

Some people find it helpful to adjust routines, reduce pressure where possible, or seek support for fatigue, sleep, work, emotional wellbeing or daily functioning.

Talking about sex, intimacy and fertility

Some impacts of medically induced menopause are rarely discussed openly. This can include sex, intimacy, dating, fertility, body confidence and relationships.

For Kel, one of the biggest surprises was how little people talked about intimacy, “No one really stopped and said, just so you know, sexually this might feel different.”

For Jess, dating while medically menopausal in her early 30s brought a different set of challenges, “When you’re dating and the person standing in front of you is not expecting you to say that you’re menopausal when you’re 30, it feels like something you’ve got to dance around.”

Fertility questions may also arise. For some people, decisions need to be made before treatment begins. For others, questions may continue for years afterwards. These experiences are deeply personal, but they are also common. They deserve space in conversations about care and support.

What may help

You can speak with your healthcare team about:

- vaginal dryness or pain during sex
- changes in libido
- fertility options
- dating and relationships
- body confidence
- pelvic health
- emotional wellbeing

There may be treatments and supports that can help with these changes. Depending on what you are experiencing, support may be available through sexual health clinicians, pelvic health physiotherapists, psychologists, counsellors, fertility specialists and other healthcare professionals.

Finding people who understand can make a difference

Both Kel and Jess describe the value of finding information and people who understood what they were experiencing.

For Kel, living rurally meant much of her searching happened online. Finding Australian information from ICA helped because it reflected the health system she was actually using.

"I was so happy because up until then I wasn't able to find somewhere in Australia that really applied to my situation. I looked through every tab. I tried to find every story I could. I wanted to know everything."

For Jess, peer support gave her a place where she could be understood without having to explain everything.

"To even just find that space where you didn't feel like you were burdening other people was really powerful. You could just say things as they were, and people got it straight away."

Support does not have to look the same for everyone. For some people it may be a support group. For others it may be a healthcare professional, a trusted friend, a story, or one conversation with someone who has had a similar experience.

What may help

Sometimes it helps to find one place where you can ask questions, hear other experiences, or feel understood.

This could be:

- Lived experience stories that feel relevant to your experience
- A patient organisation like Inherited Cancers Australia
- An online support group, or a peer support program from ICA
- Your GP or care team if you are connected to one
- A counsellor or psychologist

Where to find support from here

Looking back, Kel wishes there had been more conversation about life after risk-reducing surgery, including menopause, sex and relationships.

"Really talk about the after, not just the surgery. Really talk about menopause and what it's going to mean."

Support can start with the part that feels most relevant today.

Read more about medically induced menopause

ICA partnered with Jean Hailes for Women's Health to develop dedicated **medically induced menopause resources**.

These include information and questions you can ask your healthcare team about treatment-induced menopause or surgically induced menopause, including what symptoms may happen and what you might want to ask before or after treatment or surgery.

Find inherited cancer-specific support

Inherited Cancers Australia offers:

- **Lived experience stories**
- **Online support groups**
- **Peer support program**
- **Inherited Cancer Support Service**

These supports can help you find clearer guidance for your own situation, hear from others with similar experiences, and connect with people who may understand parts of what you are going through.

Speak with your GP or treating team

Your GP, specialist, nurse or genetic counsellor can help you understand what medically induced menopause may mean for your specific care.

If you live rurally, regionally or remotely, you may also want to ask what support can be arranged closer to home or by telehealth.

You might ask about:

- Who to contact if symptoms affect daily life
- What symptoms to track
- What support is available for sleep, mood, fatigue or brain fog
- What support is available for sex, intimacy, fertility or pelvic health
- What can be managed locally or by telehealth

Ask about long-term follow-up

If you are on long-term hormone suppression or ovarian suppression, it may be worth asking about a follow-up care plan and what may need to be checked, supported or actively prevented over time.

You might ask your GP or treating team about:

- Bone health and osteoporosis prevention
- Whether a bone density scan is relevant for you
- Heart health
- Sleep, mood and fatigue
- Sexual health, vaginal symptoms or pelvic health
- Exercise, nutrition and other supports

If you need more specialised support

Some people may benefit from seeing a clinician or service with expertise in menopause, surgically or treatment-induced menopause, particularly if symptoms are persistent, difficult to manage, or affecting daily life.

You can ask your GP or treating team whether a referral would be helpful, including whether telehealth is available.

Resources that may help you find support include:

- Australian Government: Find a Doctor
- Australasian Menopause Society: Find a Practitioner
- Healthdirect: Find a Complex Menopause Service