key points

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Premature menopause affects 1% of women under the age of 40, the usual age of the menopause is 51. Most women will present with irregular periods or no periods at all with or without climacteric symptoms. Around 10% of women present with primary amenorrhoea. A careful history and examination are required. It is important to ask specifically about previous chemotherapy or radiotherapy and to look for signs of androgen excess e.g. polycystic ovarian syndrome, adrenal problems e.g. galactorrhoea and thyroid goitres.

Once pregnancy has been excluded, a progestagen challenge test can be performed in primary care. Norethisterone 5 mg tds po for ten days or alternatively medroxyprogesterone acetate 10 mg daily for ten days is prescribed. A withdrawal bleed within a few days of stopping the norethisterone indicates the presence of oestrogen and bleeding more than a few drops is considered a positive withdrawal bleed. The absence of a bleed indicates low levels of oestrogen, putting the woman at risk of cardiovascular disease and osteoporosis. FSH levels above 30 IU/l are an indicator that the ovaries are failing and the menopause is approaching or has occurred. It should be remembered that FSH levels fluctuate during the month and from one month to the next, so a minimum of two measurements should be made at least four to six weeks apart.

The presence of a bleed should not exclude premature menopause as part of the differential diagnosis as there can be varying and unpredictable ovarian function remaining.

The progestagen challenge test should not be used alone, but in conjunction with FSH, LH and oestradiol. A positive withdrawal bleed in response to progestagens, the absence of galactorrhoea and a normal prolactin level together effectively rule out the presence of a significant pituitary tumour. The lack of a withdrawal bleed indicates that either preliminary oestrogen proliferation has not occurred or that there is an outflow tract obstruction. A course of oestrogen followed by progestagen will clarify this situation.

There is no treatment for premature menopause. Women desiring pregnancy should be referred to a fertility clinic and discussion of egg donation. Women not wishing to become pregnant should be prescribed HRT until the age of 50. The aim of HRT is to control symptoms of oestrogen deficiency and reduce the risks of osteoporosis and CVD. HRT does not have a contraceptive effect, for women requiring contraception, the combined oral contraceptive pill is an alternative to HRT. It should not be used as first-line management as it provides more steroid hormone than is needed for natural replacement.