COPING WITH PREMATURE OVARIAN FAILURE

PREMATURE OVARIAN FAILURE (POF) refers to a loss of ovarian function in women under the age of 40. POF, also known as Primary Ovarian Insufficiency, is marked by an elevation in follicle stimulating hormone (FSH) and low estrogen. The diagnosis of POF is typically suspected after four months in which no menstruation occurs, coupled with two FSH tests taken at least two weeks apart that show hormonal levels greater than 40 mIU/ML. A pregnancy test is often performed first to rule out the possibility that your periods have stopped because you are pregnant.

POF is not menopause. Women who have gone through menopause never menstruate again. Women with POF may occasionally get a period, and somewhere around 5-10% may even conceive naturally. Studies show that POF occurs in about 1 in 1,000 women between the ages of 15 and 29 and 1 in 100 women between the ages of 30 and 39. The average age of onset is typically 27, although sometimes young women will present with POF prior to menses beginning.

SYMPTOMS OF POF INCLUDE:

- Irregular or skipped periods
- Hot flashes
- Night sweats
- Vaginal dryness
- Irritability
- Inability to concentrate
- Decreased memory
- Migraine headaches
- Decreased sexual desire
- Infertility

There is no typical menstruation history associated with POF. Some women who are taking birth control pills may not even realize that they have had it for years. In other women, menstruation never resumes again after they have given birth. Some women simply start skipping periods without any apparent cause. As POF sometimes runs in families, your sister or your mother may also have this diagnosis or set of symptoms. An upsetting reality for many women, however, is the fact that the reason they themselves have manifested POF may forever remain unknown.
THE CAUSES FOR POF VARY, AND INCLUDE:

- Unknown (Idiopathic)
- Autoimmune disorders including Rheumatoid arthritis, Inflammatory bowel syndrome or Lupus
- Genetics/Chromosomal
- Chemotherapy or radiation treatment for cancer
- Galactosemia
- Thyroid dysfunction
- Polyglandular autoimmune endocrinopathy Types I and II
- Hypoparathyroidism
- Diabetes
- Pernicious Anemia
- Idiopathic thrombocytopenic purpura (ITP)
- Viral Infection

If you suspect that you have POF, it is vitally important that you see an infertility specialist such as a reproductive endocrinologist for evaluation. Specialists in this field are typically better versed in the symptoms and treatment for POF than other types of physicians.

When being seen by a specialist, you will be examined to determine if you have any of the physical characteristics typically associated with autoimmune disorders and with Turner’s syndrome. You can expect to have a pelvic exam as well as blood tests to check your FSH and estradiol levels. Some physicians will also order a serum AMH (antimullerian hormone) level or a pelvic ultrasound called an Antral Follicle Count. A blood test called a Karyotype (chromosome analysis) will be obtained as will as a Fragile X screen (sometimes referred to as the FMR-1 test) and screening for autoimmune disorders will also be performed. As bone density sometimes decreases in women with POF, an x-ray of the lumbar spine and hip may also be taken to determine if this is so and to check for Osteoporosis.

If it is determined by a specialist that POF is your diagnosis, your doctor will most likely talk to you about hormone replacement therapy (HRT). This is to ensure that you receive estrogen on a daily basis, regardless of whether or not you wish to become pregnant. Many women will continue with HRT until their early fifties, a time when natural menopause typically occurs.

Lifestyle changes will also prove important to women with this diagnosis. It is important to be aware that smoking limits the effectiveness of HRT; if you are a smoker you should try to stop immediately. If you are unable to stop smoking on your own, speak with your doctor. There are several very effective prescription treatments that can help smokers cut down or quit their smoking habit.

You will also be counseled to take calcium supplements in order to protect your bone health. Vitamin D supplements have been shown to increase the absorption of calcium in the body and should be taken in conjunction with the calcium. In addition, you may need to reduce the amount of protein you eat on a daily basis, as excessive protein in the diet can increase calcium loss.

Caffeine intake should also be curtailed. Caffeine in excess of one beverage per day has also been shown to increase calcium loss.

Exercise is important. Not only will it help you to reduce the stress you may be feeling, but just as importantly, will help to either maintain or increase bone density. Weight bearing and strength training exercise are effective vehicles for increasing bone as well as muscle mass and should become part of your daily life.
You may also wish to consider additional forms of stress reduction. There is no down side to pursuing yoga, or other mind body techniques that will enable you to cope with daily life more effectively. POF is a diagnosis that can cause much stress and anxiety, or even depression. Determine which coping mechanisms feel most comfortable for you and try to make them part of your lifestyle.

POF related infertility is one of the most devastating aspects of this disorder. Women are often blindsided by this diagnosis and feel that they were never given the opportunity to map out their plans for motherhood. While some women with POF will sporadically menstruate, and ovulate, for years, most women who conceive naturally will do so within two years of the diagnosis. Approximately 8% of women who are on HRT will go on to conceive a baby. Other women will find that donor egg or adoption feel like viable options for motherhood and will pursue these avenues.

The diagnosis of POF may come as a shock to you, and this is understandable. There is no celebrity poster child for POF, despite the fact that it is not a rare disorder. Women report feeling “Old before their time”. Others may unnecessarily blame themselves for past behaviors. It is important to remember that a support system can be a vital tool to help get you through this period. There are a number of support groups available both in person and on line for women with this diagnosis, and many women report feeling a sense of relief and connection by seeking out others who understand what they are going through.

So what’s next? First off, talk it through, with your support group, family, friends or partner. Create a life plan when you are ready, that makes sense to you. Remember who you are; that has not changed! The beautiful girl in the mirror who loves funny movies or kayaking is still very much in residence. While POF cannot be cured, it also does not have to define you. You are still you, and your dreams are still yours to realize.

END NOTES
2 Ibid.

BIBLIOGRAPHY
Witz, Craig. Internet Interview. 1 March 2011.