

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

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Premature Ovarian Insufficiency

A patient's guide



Premature Ovarian Insufficiency (POI)

POI is a condition in which the ovaries stop functioning before the age of 40. It can be referred to as premature ovarian failure or premature menopause and can lead to disruption in your periods and give you symptoms such as hot flushes.

The menstrual cycle is controlled by chemicals known as hormones which interact and lead to the development and release of an egg from one of the ovaries.

The ovaries themselves produce the hormones oestrogen and progesterone, which respond to other hormones made in the pituitary gland in the brain, such as Follicle Stimulating Hormone (FSH) and Luteinising Hormone (LH). In premature ovarian insufficiency, egg development and release slow or even stop, which then reduces the normal levels of oestrogen hence. Low hormone levels means that you will start to have symptoms.

Symptoms:

- Mood swings
- Hot flushes
- Erratic periods
- No periods
- Night sweats
- Palpitations
- Feeling very tired
- Night sweats
- Poor concentration
- Lack of interest in sex
- Vaginal dryness and painful intercourse

Support

The diagnosis of POI can be an upsetting and difficult diagnosis to deal with and many women have feelings of anxiety and sadness. It is important to seek help if you feel that you are unable to cope. We have included links to groups that can provide further information about POI as well as having support networks.

- **The Daisy Network – A patient run support group based in UK w: www.daisynetwork.org.uk**
- **British Infertility Counselling Association – List of counsellors w: www.bica.net**

How will POI affect my fertility?

- In POI the ovary does not release an egg, which means that ovulation does not take place.
- However, there is a chance of occasional ovulation in women that have no cause for the POI (idiopathic), and there is a 5-10% chance of pregnancy. Unfortunately, there is no way to predict whether this is going to happen.
- If you would like to conceive, please inform your medical team you see in clinic and you can be referred to a fertility specialist.
- In vitro fertilisation (IVF) with an egg donor is often recommended.

Do I still need to take contraception if I do not want to fall pregnant?

As mentioned previously, there is a small risk of falling pregnant and this should be discussed with your team and suitable contraceptive options can be discussed.

Causes:

POI is rare and affects

- 1 in 100 women under 40
- 1 in 1000 women under 30
- 1 in 10000 under 20

The following may be associated with POI

- In 90% of women no cause can be found
- Genetic conditions such as Turners Syndrome
- Chemotherapy and radiotherapy
- Ovarian surgery
- Some women with POI will also have autoimmune disease, for example thyroid disease
- Rarely – viral infections such as Mumps or TB
- Lifestyle factors such as smoking

Diagnosis of POI

- To diagnose POI the FSH needs to be measured. If you have periods, the FSH will need to be checked day 1-4 of your cycle.
- If periods have stopped the FSH can be checked on any day.
- To confirm the diagnosis the test will need to be done 4-6 weeks after the first test.

FSH is used to diagnose POI because it is raised when the ovary does not produce enough oestrogen.

Other Tests:

- Pelvic ultrasound to look at your womb and ovaries.
- Other blood tests may need to be done to check for diabetes and thyroid problems.
- Sometimes a genetic test may be done to check for chromosomal/genetic abnormality.
- DEXA Scan: this scan is a scan of the bones and POI can lead to osteoporosis (brittle bones) due to low oestrogen.

The Effect of POI on Long Term Health

- Osteoporosis: the low levels of oestrogen can lead to the bones becoming weaker and put you at risk of fractures.
- Cardiovascular disease: oestrogen can protect against heart disease and strokes in women before the age of 50 but low levels in POI can increase the risk hence replacing oestrogen is important.

What treatments are available?

- Oestrogen replacement is recommended to prevent the risks above.
- It can be given as a pill, patch or implant and the route and option will be discussed with your medical team.
- In many women the combined birth control pill is an acceptable choice.
- If your womb has not been removed, you will need progesterone to be given alongside the oestrogen to prevent the lining of the womb to thicken and develop into cancer.
- Low dose hormone replacement therapy will not increase your risk of breast cancer.