
The National Centre for Adolescent & Adult Females with Congenital Abnormalities of the Genital Tract

MRKH and the menopause

Information for patients

Introduction

The menopause literally means the stopping of periods (meno=menstruation, pause=stop). It is a normal and natural event. The average age of the menopause is 51, but the menopause is actually the end of the ovaries functioning. Hence, the end of periods is only one sign that it has occurred.

The menopause occurs because the ovaries no longer produce eggs and therefore no longer produce the hormone oestrogen. Oestrogen is produced from a developing follicle in the ovary which contains the egg each month. In a woman who has a uterus, the oestrogen induces growth of the endometrium, the lining of the uterus. This growth stops after the menopause, so bleeds stop. Apart from periods stopping, the menopause is the same for women with or without a uterus.

The symptoms of the menopause are very variable - some women have none and others may find them quite severe. Hot flushes, night sweats and vaginal dryness are the most common. Night sweats may interrupt sleep and tiredness, and mood swings may also occur. Low libido (sex drive) may also sometimes be noticed.

The ovaries do not suddenly fail – there can be a gradual lowering of the amount of oestrogen produced in the months or years leading up to the menopause. This is known as the peri-menopause. During this time, some women may be sensitive to the reduced amounts of circulating hormones and start to notice the symptoms described above.

Frequently asked questions

How will our menopause differ from a woman with a 'normal' uterus, ovaries and vagina?

The only difference is that there will not be the sign that the periods have stopped.

How will we know when we have actually stopped ovulating - is it important to know for any medical reasons?

Some women may be aware of menopausal symptoms – hot flushes, night sweats etc. Women who are aware of ovulation in their bodies (i.e. because of monthly pain) will notice that this stops. Many women will not be aware of the change but this doesn't matter at all.

Is there any evidence that women with MRKH go through menopause earlier than women in general?

No, there is no evidence to support this.

How will we know we are peri-menopausal?

You may not know. Some women may be sensitive to lower oestrogen levels and be aware of symptoms such as hot flushes during this time.

Should we do anything once the symptoms start – e.g. herbal remedies, changes to diet, visit to GP about possible Hormone Replacement Therapy (HRT)?

All women at all times in their life should ensure they eat a healthy, well-balanced diet, drink plenty of water and take regular exercise. After the menopause, weight-bearing exercise and adequate calcium in the diet is helpful for bone strength. Calcium supplements can be taken especially if your diet is low in dairy products.

The advice regarding HRT is the same as for all women. This is not routinely given and should only be considered for women with very severe symptoms that they are unable to cope with. If HRT is to be considered, this needs careful discussion regarding the advantages and risks associated with treatment. A woman who does not have a uterus that takes HRT only needs to take oestrogen. She does not need to take progesterone as well, as this is only necessary to protect the lining of the uterus. Some women have side effects from the progesterone part and the risks of breast cancer are reduced in oestrogen alone treatments, so this is an advantage.

If we have stopped ovulating, should we be on HRT - and is this especially important if we stop ovulating earlier than the average age for the general population?

The advice regarding HRT for menopausal women over 50 is as in the question above. For women who become menopausal under the age of 50, HRT may be considered, but again this requires a careful discussion for each individual woman to consider the advantages and disadvantages in her particular case.

If we have symptoms and decide to visit our GP, what information should we tell them about our condition to hopefully prevent him/her ceasing all input as soon as he/she finds out we don't have periods?

Hopefully this will not occur. In terms of HRT, MRKH women are the same as women who have had a hysterectomy (removal of the womb by surgery), so GPs should be familiar with treating women with HRT who do not have a uterus. A simple explanation to the GP that you do not have a uterus should be enough. If you encounter difficulties, you are always welcome to contact the national centre for help or advice.

What tests should the GP order if he/she wants to find out whether we are close to stopping ovulating?

- FSH - Follicle Stimulating Hormone
- LH – Luteinizing Hormone
- Oestradiol

It does not matter which day of the cycle they are taken in women with MRKH.

Some women have experienced GPs saying the only test available is the FSH test, which needs to be done on day two of the menstrual cycle, and most of us don't know when that is, what should we do?

A random sample on any day will be suitable. If it is difficult to interpret, a second sample can be performed. If a woman is menopausal, the results are usually clear on any day – remember once a woman is menopausal there is no cycle and no day two.

Some women experience vaginal dryness - how should vaginal dryness be treated, and would the treatment be different if the woman had dilated or had surgery?

Vaginal dryness is a result of lack of oestrogen on the skin. It is the same for women with a uterus, following dilators and following surgery. After surgery, if there is scarring, the skin may be more sensitive to the dryness.

All the usual remedies may be applicable to a woman with MRKH, including lubricating jelly during intercourse, local oestrogen treatment to the vagina or Hormone Replacement Therapy (HRT).

Who do I contact for more help or information?

Please don't hesitate to contact the MRKH helpline:

- 020 3313 5363

We are available Monday to Friday, between 09.00 and 17.00. If we are unable to answer, please leave a message on the answer phone and someone will call you back.

How do I make a comment about my treatment?

We aim to provide the best possible service and staff will be happy to answer any questions you may have. If you were pleased with your care and want to write to let us know we would appreciate your time in doing so. However, if your experience of our services does not meet your expectations and you would like to speak to someone other than staff caring for you, please contact the patient advice and liaison service (PALS) on 020 3313 3322 for Charing Cross, Hammersmith, and Queen Charlotte's and Chelsea Hospitals or 020 3312 7777 for St Mary's and Western Eye Hospitals. You can also email PALS at pals@imperial.nhs.uk. The PALS team will listen to your concerns, suggestions or queries and are often able to solve problems on behalf of patients.

Alternatively, you may wish to express your concerns in writing to:

The chief executive
Imperial College Healthcare NHS Trust
Trust Headquarters
The Bays, South Wharf Road
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on 020 3312 5592.

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