



Menopause Society

'A qualitative exploration of living with a complex menopause following a breast cancer diagnosis'.

Aisling Mulcahy RGN, Bsc, H.Dip Oncology, RNP, Msc Advanced Practice

Clinical Nurse Specialist Menopause, Complex Menopause Clinic, Nenagh Hospital, ULHG.







BMS British Menopause Society

Introduction

The purpose of the qualitative study was to explore women's experience of living with a complex menopause (CM) following a breast cancer (BC) diagnosis. The specific objectives include describing the impact of a complex menopause on personal relationships, overall quality of life and describing the impact of a complex menopause on physical functioning. This proposed study aligns with the Women's Health Action Plan 2022-2023 slogan, Listen, Invest and Deliver. Women's voices matter but further research is required to support this initiative.¹

Lived Lived Time Relationships Complex Menopause Information Friends & & Education Complementary Lived Lived Therapy Space Body Genitourourinary Intimacy Hot Flushes **Emotional** Body Image

A descriptive qualitative approach was used

incorporating Van Manen's four lifeworld.⁶ The

population of women attending a regional complex

menopause clinic (CMC) for assessment over an 8-

month period was identified (n = 123) and twenty

women were randomly selected from this list and

invited by postal letter to participate in the study.

Twelve women consented to participate. In order to

generate an in-depth exploration of living with a

CM following a BC diagnosis, audio-recorded

semi-structured telephone interviews were used.

Analysis was informed using systematic text

Methods and Analysis

condensation.⁷

Discussion

- BCS shared their physical, sexual, social, psychological and spiritual experiences of a CM while voicing their need for information and education.
- The National Institute for Health and Care and Excellence (NICE) remains pragmatic in its guidelines, recommending lifestyle and non-hormonal alternatives for first line treatment of menopausal symptoms following a diagnosis of BC however recognising the role of HRT if symptoms are intractable.8
- A Nurse Navigator, was reported as an important element of the cancer care journey to coordinate care, promote patient satisfaction and to help BCS navigate their menopausal symptoms.⁹
- BCS felt their sexual health concerns related to menopause were not addressed by their HCP, thereby support, education and communication should be optimised to help relieve these issues.¹⁰
- More consideration is required to address women's social experiences of menopause after BC within their social roles as mothers, colleagues and friends.¹¹
- By HCP providing interventions to manage the physical symptoms of menopause, they may improve the psychological experience.¹² Women were not looking to return to 'normal' but were striving to embrace a new, altered identity.¹³

Background

In Ireland, BC is the most common invasive cancer with 3422 women diagnosed annually between 2018 and 2021. There were 45,467 female breast cancer survivors (BCS) nationally at the end of 2021.2 Menopause caused by medical treatments for breast cancer, can be more severe, lasts longer and exacerbate existing symptoms.^{3,4} As the number of BCS continue to grow, 60-100% will experience menopausal symptoms. The level to which women experience menopausal symptoms following a breast cancer diagnosis differs in severity and are complex to treat. The prescribing of HRT for this group of women has been reported as high risk as the concern is that hormone replacement therapy (HRT) may stimulate oestrogen cancer cells and cause a recurrence of the disease.⁵ No definition of 'a complex menopause' was found in a review of the literature. Moreover, although many studies considered menopausal symptoms in relation to BC, no known qualitative study in Europe has been undertaken since 2014 and no qualitative Irish study has explored women's experience of menopause after a BC diagnosis. This study, therefore, aimed to address this knowledge gap.

SEXUAL PHYSICAL SOCIAL **PSYCHOLOGICAL**

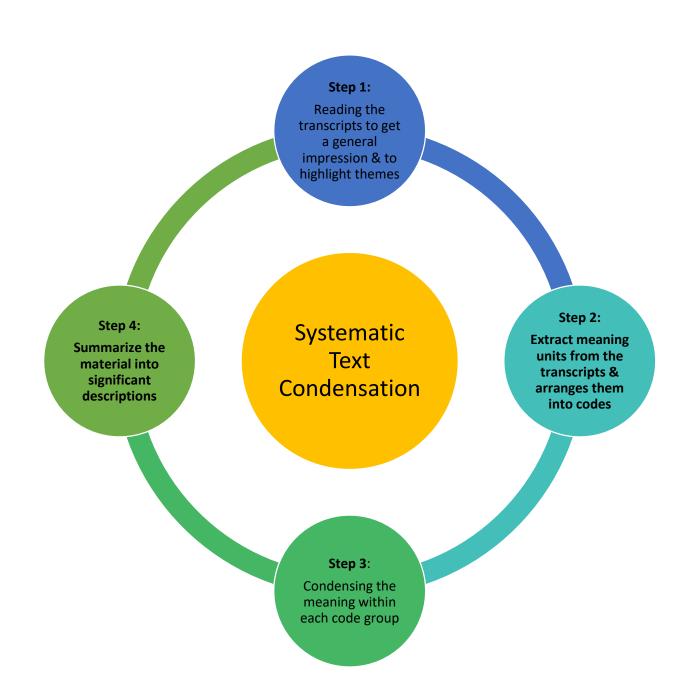
SPIRITUAL

INFORMATION & EDUCATION

Conclusion

- A complex menopause negatively impacts the mind, body and personal relationships of BCS which requires professional support and education to manage.
- A nurse navigator role could be considered to encourage a holistic approach to support women through their breast cancer journey, to promote positive outcomes for women living beyond breast cancer

COMPLEX MENOPAUSE CLINIC, ULHG



menopause.



Acknowledgements: My sincere thanks and appreciation to the participants in this study who gave their time and shared their stories with me. Thank you to my academic supervisor, Dr Maura Dowling, University of Galway for her unwavering support and advice. I would like to acknowledge my clinical leads, Dr Cathy Casey and Dr Brian Kennedy for sharing their professional expertise with me in the area of References

1.Department of Health (2023) Women's Health Action Plan 2022-2023, available https://www.gov.ie/en/publication/232af-womens-health-action-plan-20222023 [assessed 20 Nov 2023].

2. National Cancer Registry (2023) Essential information on cancer in Ireland, available https://www.ncri.ie/sites/ncri/files/factsheets/Dashboardv3.3 C50.pdf [assessed 20 Nov 2023] 3. Marino, J.L., Saunders, C.M., Emery, L.I., Green, H., Doherty, D.A. and Hickey, M. (2014) 'Nature and severity of menopausal symptoms and their impact on quality of life and sexual function in cancer survivors compared with women without a cancer history', Menopause, 21(3), 267-274.

4.Szabo, R., Marino, J. and Hickey, M. (2019) 'Managing menopausal symptoms after cancer', Climacteric, 22(6), 572-578. 5.Donohoe, F., O'Meara, Y., Roberts, A., Comerford, L., Kelly, C.M., Walshe, J.M., Lundy, D., Hickey, M. and Brennan, D.J. (2023) 'Using menopausal hormone therapy after a cancer diagnosis in Ireland', Irish Journal of Medical Science (1971-), 192(1), 45-55.

6.Rich, S., Graham, M., Taket, A. and Shelley, J. (2013) 'Navigating the terrain of lived experience: The value of lifeworld existentials for reflective analysis', International Journal of Qualitative

Methods, 12(1), 498-510. 7. Malterud, K. (2012) 'Systematic text condensation: a strategy for qualitative analysis', Scandinavian journal of public health, 40(8), 795-805

8. Marsden, J., Morden, J., A'Hern, R. and Bliss, J. (2017) 'Hormone replacement therapy (HRT) is effective in relieving oestrogen deficiency symptoms (ODS) and improves quality of life in breast cancer patients: The UK randomised HRT trial experience', Maturitas, 100, 132.

9. Waite, K. (2019) 'Oncology Nurse Navigators' Rapid Improvement Event: Improving Processes and Identifying Metrics', The Journal of the academy of oncology nurse & patient navigators', 10. 10.Kim, J. and Lee, K. (2023a) 'Lived experiences of breast cancer in patients under age 40: A phenomenological study', European Journal of Oncology Nursing, 102336.

11. Parton, C., Ussher, J.M. and Perz, J. (2017) 'Experiencing menopause in the context of cancer: Women's constructions of gendered subjectivities', Psychology & Health, 32(9), 1109-1126. 12.Li, X., Wei, T., Zhang, Y., Ren, H. and Liu, X. (2024) 'Health-promoting behaviours and psychological distress in breast cancer with endocrine therapy: Mediating roles of menopausal symptoms and social support', *Post Reproductive Health*, 20533691241232055.

13. Rees, S. (2017) 'Am I really gonna go sixty years without getting cancer again?' Uncertainty and liminality in young women's accounts of living with a history of breast cancer', Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine, 21(3), 241-258, available: http://dx.doi.org/10.1177/1363459316677628rences