

Practical approaches to managing premature ovarian insufficiency

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Management

POI is a difficult diagnosis for women to accept, and a carefully planned and sensitive approach is required when informing the patient of the diagnosis.

A dedicated multidisciplinary clinic separate from the routine menopause clinic will provide time and the appropriate professionals to meet the needs of these emotionally traumatised patients.

An International database has been developed to collate important information on these patients <https://poiregistry.net>

Treatment – General principles

Specific areas of management include the provision of counselling and emotional support, diet and nutrition supplement advice, hormone replacement therapy, and reproductive health care, including contraception and fertility issues.

Hormone replacement therapy

Hormone replacement therapy (HRT) is recommended to control vasomotor symptoms, minimise risk of cardiovascular disease, osteoporosis, Alzheimers' and maintain sexual function.

HRT in POI is simply replacing ovarian hormones that should normally be produced at this age. It is of paramount importance that the patients understand this in view of recent media on HRT. The aim is to replace hormones as close to physiological levels as possible.

Hormone therapy should generally continue at least until the estimated age of natural menopause (on average 51years).

Optimising Fertility

50% of women with POI would not consider ovum donation. It is therefore important to explore options such as low dose body identical HRT and DHEA which might optimise any remaining ovarian reserve.

Conclusion

There is an urgent need (e.g. through an International Database) to develop evidence based guidelines and appropriate research programmes, if we are to optimise strategies for the preservation of fertility and good health in premature ovarian insufficiency.

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