

Premature Ovarian Failure (POF)

Q...I am 29 years old and started suffering severe menopausal symptoms at age 27, 4 months after the birth of my son. I spent two frustrating years traveling between my OB/Gyn and a family physician to determine how to solve this problem. Finally, my doctor referred me to a reproductive endocrinologist. I was diagnosed with Premature Ovarian Failure (POF) after evaluation of my FSH (Follicle Stimulating Hormone) blood levels. What can you tell me more about POF and with this condition, can I ever get pregnant again? Also, who can I turn to for emotional support and what can I do to treat these symptoms?

Premature Ovarian Failure (POF) is a loss of ovarian function in women under 40, when monthly periods stop and estrogen is low which causes menopausal symptoms. The causes of POF can vary, but may include autoimmune conditions, surgery, diseases or genetics. When we use the term 'POF,' the failure can be permanent, temporary or periodic, and it also refers to residual ovarian function.

On cycle day 2, 3 or 4 of a period, we can assess a woman's 'ovarian reserve' of eggs by measuring a blood test for Estrogen and FSH (Follicle Stimulating Hormone) plus an Ultrasound (US) of the ovaries. "Ovarian Reserve" is based on the fact that the Pituitary gland in the brain, by making FSH (Follicle Stimulating Hormone), controls the ovarian hormone production (Estrogen/Progesterone) and the development of the eggs including ovulation (release) by a mechanism of 'negative feedback'.

If the woman's Pituitary gland 'senses' on day 2,3 or 4 that there are not many egg sacs (follicles) present that month, it responds by over-producing higher levels of FSH hormone that month in order to stimulate the 'stubborn' ovaries to try to make eggs that month and produce Estrogen. High levels of FSH (over 15) are a bad sign indicating that she may have fewer eggs left and the quality may be less.

Another method we use is an US to measure the number of follicles we count in each ovary on day 2,3 or 4. (Antral Follicle Count). Just like FSH levels, this follicle count varies with a woman's age. We always want to see at least 5 or more tiny follicles per ovary...the more the better.

Some women with POF may intermittently produce estrogen and even ovulate spontaneously or with the help of potent fertility drugs. The best thing to do is to discuss various options with your reproductive endocrinologist, including donor egg.

Some of the physical and emotional changes due to low estrogen may include irregular periods or no periods, hot flashes, irritability, sleep disruption, decreases sex drive, depression and drying of the vagina. Due to the lack of estrogen at a relatively early age, women with POF are at increased risk for osteoporosis and heart disease. There

has been recent controversy about the relationship of hormone replacement therapy (HRT) and heart disease and strokes. Several studies have shown that HRT in normally postmenopausal women (menopause starting at age 50+) may increase their risk of heart attacks and strokes. However, data may not apply to younger women with POF. Presently, many doctors who specialize in POF (reproductive endocrinologists) are recommending that young women with POF continue with their HRT.

The Premature Ovarian Failure Support Group (POFSG) started in Washington DC in 1995 and has expanded its resources of material and information. I recommend you visit their website at <http://www.pofsupport.org>. POFSG is a tremendous resource that will give the knowledge to help you deal with POF and make sound decisions.

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Published Pioneer Press Newspapers Sept 04; revised Apr 09

