



Primary Ovarian Insufficiency (POI)

What is primary ovarian insufficiency (POI) and how common is it?

Patients with POI have ovaries that do not produce the hormone estrogen (ovarian insufficiency) despite hormonal messages from the brain telling them to do so. This means your ovaries are not maturing eggs/oocytes normally, and are not producing ovarian hormones (like estrogen and progesterone) in normal amounts. The ovaries have stopped functioning before the usual age of menopause (change of life when periods stop). It is uncommon to have POI in adolescence (less than 0.3% of patients). Up to 20-30% of patients with POI will have family members who also have POI. POI can occur for a variety of reasons including differences in chromosomes/genetics, autoimmune diseases, following treatments for other health conditions, like chemotherapy or radiation, or can occur without a known reason.

What are the symptoms of POI?

Patients with POI usually have periods that are irregular or stop completely. They may have menopausal symptoms such as hot flashes, night sweats or vaginal dryness. Some patients with POI experience problems getting pregnant. However, patients with POI who do not wish to become pregnant should continue to use contraception since pregnancy can occur, very unpredictably, from the remaining eggs in the ovaries if ovulation occurs.

How does your provider diagnose POI?

POI is diagnosed through blood tests in patients who describe a lack of periods or irregular periods. Genetic testing will usually be done and this includes checking your chromosomes. If genetic testing determines that you have a genetic condition, other tests may be needed to check on other parts of the body. Since there is an association of POI with some autoimmune diseases, your doctor will screen for these as well. In people with POI, there is a higher risk for bone loss and a study called a DEXA scan is done to monitor bone health.

Is POI permanent?

POI is usually permanent, but may not occur all at once, as often the ovaries go through “ups and downs” in hormone function. Up to 25% of patients with this diagnosis release eggs from the ovaries (ovulate) and up to 5-10% of patients with this diagnosis can conceive without fertility treatments. If you receive a diagnosis of POI, your healthcare provider will talk to you about options for pregnancy and/or fertility preservation, which is an option for some patients with POI. You may want to meet with a fertility specialist called a Reproductive Endocrinologist as well.

How do you treat POI?

Patients with POI require hormonal treatment with estrogen and progesterone as well as calcium and Vitamin D supplements. Any underlying autoimmune disease should also be treated. Your healthcare provider can connect you to a resource to provide psychological support to help you cope and adapt to this diagnosis. Your provider may refer you to genetic counseling based on the cause of your POI to discuss risk of POI or other health conditions in your other family members.