

## Ovary Removal

Ovary removal has been linked to risk for dementia. Every year, more than 600,000 women have hysterectomies, mostly for noncancerous conditions such as fibroids, endometriosis, and uterine prolapse. About half have their ovaries removed at the same time - a procedure called oophorectomy - mainly to reduce their chances of getting ovarian cancer. Women at high risk for breast cancer may also undergo oophorectomy because it eliminates ovarian production of estrogen, the hormone that fuels the growth of most breast cancers.

In recent years, several studies have suggested that ovary removal is not a good idea, at least for women at average risk for both ovarian and breast cancer. For example, in one study, oophorectomy before age 65 was linked with an increased risk of heart disease, hip fractures, cognitive problems and premature death. Estrogen therapy (often recommended for women whose ovaries are removed before menopause) lowered these risks somewhat, but not as much as having hysterectomy alone. Two studies suggest that women who undergo oophorectomy before menopause are also at greater risk for dementia (3). Researchers reported on two retrospective studies involving more than 3,800 women living in a single county in Minnesota who had one or both of their ovaries removed before menopause for a non-cancer-related reason between 1950 and 1987. They were matched for age with women living in the same county whose ovaries were intact. Subjects were followed for 25 to 30 years. In one study, women who underwent oophorectomy had a nearly 50% increased risk of developing cognitive problems or dementia, compared with those who kept their ovaries. The younger a woman was at the time of surgery, the greater her impairment. In the second study, oophorectomy before menopause increased the risk of parkinsonism. In both studies, taking estrogen until age 50 following ovary removal erased the added risk.

For premenopausal women however, at high risk for ovarian or breast cancer, the benefit of oophorectomy - less estrogen to fuel cancer growth - outweighs the risk of later-life ills that have been linked to it, but women at average risk should generally keep their ovaries through the age of natural menopause and possibly longer(2, 4).

### References

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3. Erekson A A et al., Oophorectomy: the debate between ovarian conservation and elective oophorectomy., *Menopause: The Journal of The North American Menopause Society.*, 20, 1,110, 2013