



Hot flashes in menopause

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Over 75 percent of women in the US experience hot flashes in peri- and post-menopause. Hot flashes, also called "vasomotor symptoms," are the most common complaint with menopause, which usually begins around age 50. (1)

In the late reproductive years, just before menopause hits, women start experiencing these inconvenient and sometimes embarrassing phenomena. At this early stage, most women don't seek treatment due to the milder nature of the hot flashes. However, through the menopause transition, they become more prevalent. (2) They occur mostly due to the declining level of estrogen. Any woman who has experienced them can duly explain the sudden sensation of centralized body heat that quickly spreads to the rest of the body. Associated symptoms include sweating followed by chills, heart palpitations or racing heart, and anxiety. Hot flashes can last a few minutes and vary in frequency from one a day to one an hour in severe cases. These vasomotor symptoms can be manifest as "night sweats" and adversely effect a woman's sleep. One study found that hot flashes can last up to ten years post menopause, and another found the median length to be 4.5 years after the final menstrual period. (3,4) Not only do these unpredictable events disrupt everyday life, but they also are associated with increased cardiovascular risk and bone loss (osteoporosis). (5,6) Certain risk factors do exist that make a woman more prone to hot flashes. These are:

- Obesity
- Smoking
- Sedentary lifestyle
- Ethnicity. Hot flashes are more common in African American woman than in Caucasians, and less in Chinese and Japanese women. (7)

In women with mild symptoms, often simple measures will help offset or reduce the amount and severity of hot flashes. These include lowering the room temperature, dressing in layers that are easily shed, and avoiding triggers such as spicy food and stressful situations. (8) Nonpharmacologic treatments include weight loss, psychological

therapy, and Vitamin E. For persons with moderate to severe menopausal symptoms, hormone replacement therapy is an option that be discussed with one's doctor. Black cohosh, an over-the-counter supplement, has been shown to help hot flashes in some small studies. (9) A small number of people may respond to mind-body therapies such as stress management, deep-breathing techniques, and relaxation. Weight loss has been shown in a small study to reduce hot flashes. (10) Acupuncture, evening primrose oil, and flaxseed oil have not been shown to be beneficial to substantially improve or reduce hot flashes. (11,12,13) Hormone replacement therapy, or HRT, is considered a short-



term treatment to menopausal hot flashes.

However, it is not suggested in those with history of breast cancer, cardiovascular disease, or blood clots. Women with an intact uterus need not only estrogen, but also progesterone, to prevent hyperplasia of the endometrium, or the inner layer of the uterus. Valid alternatives to hormones are the common anti-depressant/anti-anxiety medicines such as paroxetine (Paxil), escitalopram (Lexapro), and venlafaxine (Effexor). A person will typically notice improvement of menopausal symptoms within a few days of taking the medicine. (14) These and similar medicines are often an effective alternative in women with history of breast cancer who cannot take hormones. (15) Hormones and alternative medicines can usually be tapered off after a couple-year time period as hot flashes generally subside with time. It is generally not recommended to stay on hormone therapy more than five years. Women on the drug tamoxifen, which is a treatment for breast cancer, can experience severe hot flashes which can be debilitating. These women are usually best treated with the above-named anti-depressants. Women who are still menstruating but near menopause can often be treated with a low-dose oral contraceptive (birth control pill), to help diminish hot flashes. Some women are fortunate enough to not experience hot flashes associated with menopause, but for those who do, there are a variety of options for those who are moderate-severe. **Michele Brannan is a certified Physician Assistant of Internal Medicine and has been in practice in the River Bend area for over 10 years. The health information provided**

herein is not intended to replace the advice or discussion with a healthcare provider and is for educational purposes only. Before making any decisions regarding your health, speak with your healthcare provider. REFERENCES:

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