

Need to cool off?



1 in 4 women going through menopause experience hot flashes

Hot flashes and night sweats: where are we now in managing these debilitating symptoms of the menopause?



International Menopause Society

promoting education and research on all aspects of adult women's health

www.imsociety.org

What is menopause?

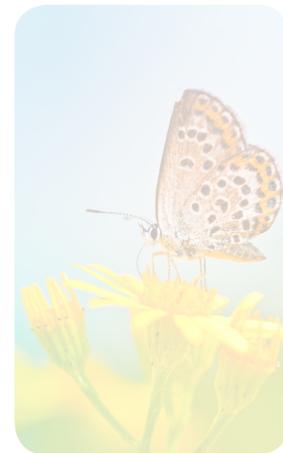
Menopause is not a disease but a natural transition in a woman's life that results from a decrease in the ovarian production of sex hormones – estrogen, progesterone and testosterone, and these hormonal changes have diverse consequences for women's health. ^[1.] The menopause is sometimes called **“the change of life”** as it marks the end of a woman's reproductive life and the word **“menopause”** refers to the last or final menstrual period a woman experiences. Most women become menopausal naturally between the ages of 45 and 55 years, with the average age of onset at around 50 years. ^[1.]

Symptoms of menopause

The most common symptom reported by menopausal women is hot flashes and night sweats. Other symptoms include bodily aches and pains, dry skin, vaginal dryness, loss of libido, urinary frequency, and sleeping difficulties. Some women may have unwanted hair growth, thinning of scalp and pubic hair, and skin changes. Hormonal changes can also contribute to mood changes, anxiety, irritability, forgetfulness, and trouble concentrating or making decisions. Low levels of estrogen are associated with lower levels of serotonin, a chemical that regulates mood, emotions and sleep.

Not everyone finds the symptoms bothersome but about 60% of women will have mild symptoms for around 5 - 8 years. 20% of women will have no symptoms at all while another 20% will be severely affected, with symptoms continuing into their 60s or later. ^[2.]

However, most menopause treatment options are geared up to treating hot flashes and night sweats as a key symptom.

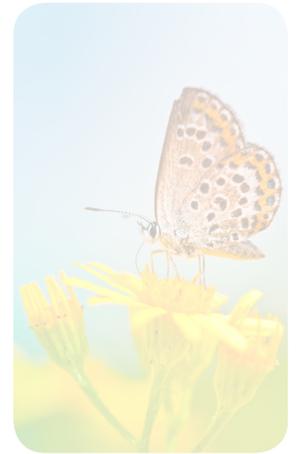


What are hot flushes and night sweats? (vasomotor symptoms)

There is a great variance in the amount of women who report hot flushes and night sweats as part for their menopausal symptoms. A hot flush is a sensation of heat involving the whole body and may be associated with redness and sweating. Night sweats are episodes of profuse sweating at night, either alone or just after a hot flush. These symptoms range in severity from minor irritation to a major disruption in quality of life.

What causes hot flushes and night sweats?

- **Estrogen withdrawal.** The cause of hot flushes is not completely understood but is related to a drop in estrogen. It is thought to involve destabilisation of the part of the brain (the hypothalamus) which regulates body temperature. Hot flushes may occur because the woman's threshold for sweating has been lowered. Centrally acting neurotransmitters including noradrenaline and serotonin are believed to be involved.
- **Other conditions.** Not all hot flushes are due to menopause. Other associated conditions include thyroid disease, diabetes, hyperhidrosis (a condition of excessive sweating which affects 1% of people), anxiety and panic disorders, obesity, hormonally active tumours, chronic infections and neurological disorders.
- **Medications.** Some medicines can cause hot flushes or make them worse. These include anti-estrogens: tamoxifen, toremifene, raloxifene and clomiphene, and the gonadotrophin-releasing hormone analogues: goserelin, leuprorelin and nafarelin. Some men who undergo treatments for prostate cancer experience hot flushes.



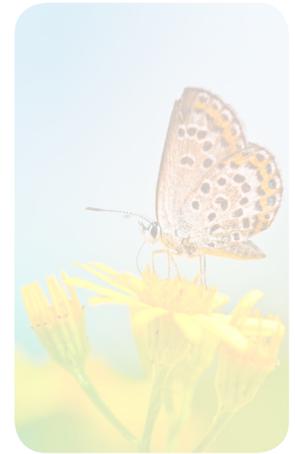
Treatment options

There is a great variance in the amount of women who report hot flashes and night sweats as part for their menopausal symptoms. A meta-analysis of randomized controlled-trials indicated that estrogen reduces the frequency of hot flashes by 80% by approximately 2.5 - 3 hot flashes per day, which indicates that HRT is the most effective treatment for hot flashes and night sweats.

Hormone Replacement Therapy (HRT)

Hormone therapy is known to decrease hot flashes by up to 80% to 90%. There are four main types of HRT:

1. Women who have not had a hysterectomy are advised to take combined hormone (replacement) therapy (HRT) which contains estrogen plus progestogen. This is because progestogen protects against the development of cancer of the endometrium (lining of the uterus).
2. Women who do not have a uterus because they have had a hysterectomy should be prescribed HRT which contains estrogen only.
3. Young women who have had both of their ovaries and uterus removed may have estrogen alone or may consider additional testosterone therapy. If the ovaries and uterus were removed because of endometriosis, both estrogen and progestogen may sometimes be prescribed to avoid reactivating the endometriosis.
4. Women who experience vaginal dryness, itchiness or painful intercourse may benefit from vaginal estrogen treatment.



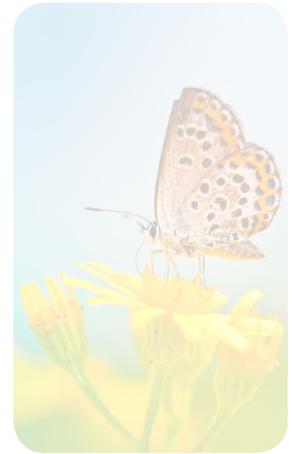
The benefits of HRT

- By reducing menopausal symptoms, estrogen and HRT can improve concentration and quality of life.
- Estrogen and combined HRT reduces the risk of post-menopausal bone fracture, including hip fracture. Estrogen increases bone density.
- Estrogen and combined HRT may improve mild depression symptoms; however moderate to severe depression will require other therapies apart from hormones.
- HRT reduces the risk of bowel cancer.

Side effects of HRT

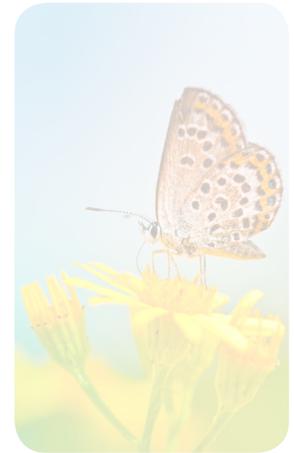
Common side effects due to the estrogen component, which are usually temporary, include breast enlargement, tenderness and nausea. Side effects usually related to the progestin component include fluid retention and headache.

- Irregular bleeding or heavy withdrawal bleeding may result from an imbalance in doses of the estrogen and the progestogens and needs to be investigated by a doctor.
- Some women associate estrogen and HRT with weight gain; studies show that estrogen and HRT do not cause weight gain. Women going through the menopause have a tendency to gain weight due to their body's metabolic changes and more sedentary lifestyle.
- Side effects may be reduced or eliminated if the dose is tailored individually.



The risks of HRT

- All drug therapies have potential side effects; every medication needs to be used for a health benefit.
- It is recommended that HRT taken to relieve symptoms should be short-term and HRT should not be used exclusively for long-term preventative therapy.
- The Women's Health Initiative (WHI) study conducted in the United States found that breast cancer risk increased for women on combined HRT after five years of use, when the menopause occurs at the normal mean age of 50 years. This increased risk cannot necessarily be applied to other combination therapies, to younger women, or to women who had had an early menopause.
- Presently there are no follow-up studies published on the effect of estrogen alone on breast cancer risk beyond seven years. THE WHI study indicates that the risk of breast cancer does not increase in women who have taken estrogen alone for up to six and a half years.
- Other types of studies (community studies) have shown that breast cancer risk may increase after 15 years of use.
- The WHI trial also found a small increase in stroke.
- The use of oral estrogen and HRT is associated with increased risk of blood clots, particularly as women age.



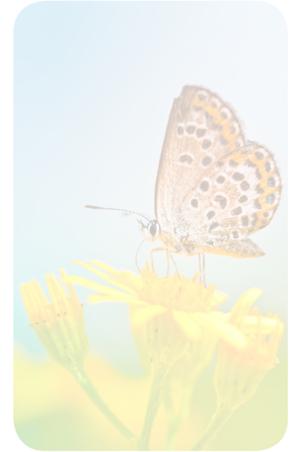
The risks of HRT

- In older women, the use of HRT is associated with increased risk of gallbladder inflammation (cholecystitis), and the formation of gall stones.
- Women who experience menopause at a younger age (under 40 years) have an increased risk of coronary heart disease ^[2.] and of osteoporotic fractures at earlier ages. ^[3.] They also have a lower risk of breast cancer and the current recommendation is to use HRT at least until the age that a woman would usually experience menopause (51 years).
- Some women may need to take HRT for longer if symptoms persist, and they should seek their doctor's advice to weigh up the risk and benefits of this treatment.

There are non-hormonal medications approved for the treatment of hot flushes, such as clonidine. Other medications that have shown some beneficial effect include antidepressants, an antihistamine cetirizine (Zyrtec), and some anticonvulsants, such as gabapentin and pregabalin, although further studies are awaited to confirm their efficacy.

What can a woman do to help herself?

Being informed about what may happen during the menopause transition is a very good starting point. Women are encouraged to pay attention to their health, including quitting smoking, eating well, exercising regularly and incorporating some relaxation techniques. Self management strategies, such as carrying a fan, dressing in layers, always having a cool drink and a facial water spray, can be helpful. Avoiding spicy foods, caffeine and alcohol will also reduce flushing.



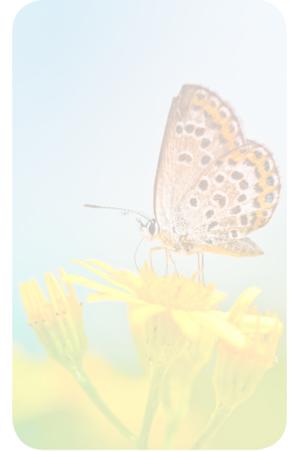
Lifestyle Changes

A healthy diet, lifestyle and incorporating exercise, lowers risk for many health problems associated with ageing; it also gives you more energy, and improves quality of life. A healthy lifestyle may reduce menopausal symptoms, including hot flushes and sleep disturbance.

Alternative treatments

Women sometimes seek alternative treatments for the symptoms of menopause if they have not found relief with lifestyle changes or their hormone replacement therapy does not work. Some may be advised against hormones because of a medical condition and others may want to avoid them after hearing about health risks. Although there is very little good scientific evidence to support the use of alternative treatments, many women have tried the following and they can be effective for some women; it is a very individual response.

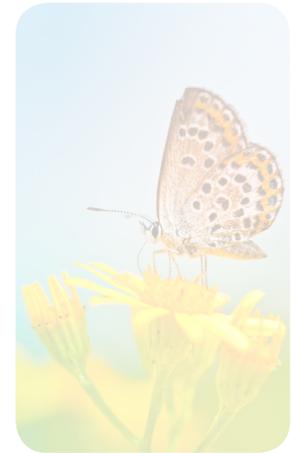
- These may include herbal or plant supplements and have been marketed as skin creams and foods with the key ingredient being phyto-oestrogens.
- Little solid scientific evidence exists to support claims for alternative therapy benefiting menopausal health and they should not be used in any women who have a breast cancer history.



- Black Cohosh has been shown in some trials to reduce hot flushes in perimenopausal women. However, there have been reports of liver damage with its use.
- Vitamin E is a non-prescription fat-soluble vitamin and in one small (120 people) study, vitamin E was marginally effective in the treatment of hot flushes following breast cancer, demonstrating a reduction by an average of one hot flush per day.

Ongoing treatment and follow-up

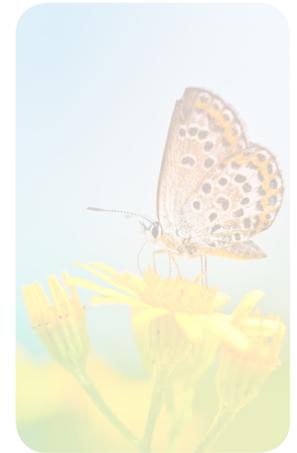
Any treatment for hot flushes needs to be evaluated periodically. One reason is to determine if it is still needed as in many women menopause-related vasomotor symptoms will improve over time. Before switching from one treatment to another, there may need to be a gradual tapering of medication and always consult your doctor before changing your treatment regimen.



The International Menopause Society (IMS) commissioned a multi-disciplinary study of the evidence behind hot flushes and night sweats (published in the peer-reviewed journal, Climacteric). As a result of the review of the evidence, the IMS concludes that Hormone Replacement Therapy (HRT) shows the best results in treating hot flushes and night sweats, with up to 90% of symptoms being abolished within 3 months of starting the treatment. However, not all women can take HRT, and for them there may be alternatives. Antidepressants, SSRIs and SNRIs also prove to be successful, with up to a 60% success rate for reducing severity and frequency of hot flushes. ^[1.]

Facts and figures

1. As many as 75% of women going through menopause experience hot flushes – sudden, brief increases in their body temperature. Hot flushes at night can lead to sleeplessness and insomnia. In about 30% of women, these symptoms can be severe.
2. In some cultures, women experience more aching joints, vaginal dryness and urinary symptoms, and flushes are less commonly experienced.
3. Smoking is associated with the early onset of menopause.
4. Menopause can also affect a woman's physical and mental health in positive ways. For instance, if she had migraine headaches or endometriosis, the symptoms may disappear after menopause. Additionally, fibroids usually shrink.

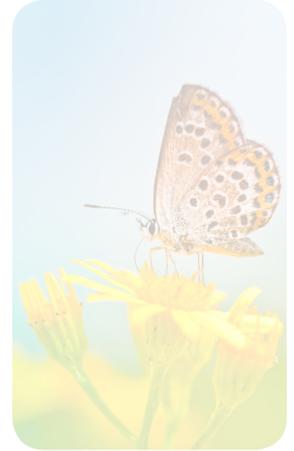


Facts and figures

5. Hormone therapy is approved for the relief of moderate to severe menopausal symptoms, such as hot flashes, night sweats and vaginal dryness, and the prevention of postmenopausal osteoporosis. It is recommended that hormone therapy be taken at the lowest effective dose for the shortest duration consistent with treatment goals and risks for the individual woman.

Top tips

1. Maintain a regular exercise routine.
2. Restrain intake of caffeine, sugar, salt and alcohol.
3. Do not smoke.
4. Eat foods containing adequate amounts of calcium and vitamin D.
5. Maintain a regular and sufficient sleep schedule.
6. Maintain a low-fat, well-balanced diet.
7. Take hormone therapy if needed.
8. Proactively manage menopause and use it as an opportunity to prevent disease and improve long-term health and quality of life.



Acknowledgements

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Contact: www.menopause.org.au.

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