



## Complementary and Herbal Therapies for Hot Flashes

### Key points

- Any product used for the treatment of menopausal symptoms should have been shown in clinical studies to be safe and effective.
- There have been many trials of complementary and herbal medicines for the relief of menopausal symptoms.
- Some lifestyle changes, psychological treatments and hypnosis have shown benefit.
- There is currently insufficient evidence to support the use of herbal therapies.
- Compounded bioidentical hormonal preparations are not recommended due to major concerns about the safety and efficacy of these products.

Many women experience hot flashes and night sweats around the time of menopause. Hormone replacement therapy (HRT) has been proven to be effective in alleviating these symptoms (1). Some women however, choose to explore complementary or herbal therapies for relief of symptoms. There have been a great many trials of complementary and herbal medicines and some of these have suggested benefits from certain therapies and others have shown no benefit. It can be difficult for consumers and for doctors to interpret this mixed information (2). This information sheet provides a brief overview of the current evidence for complementary and herbal therapies.

Complementary and herbal therapies are sometimes referred to as "natural" and may be derived from plants and other sources. Some people believe that these products are safer than prescription products. However, scientific studies of these compounds have not supported this belief (2). Extracts from plants and other "natural" products may actually cause harm and can interact with prescribed medicines. They do not necessarily act like the hormones normally produced by women. Some over the counter treatments, including plant extracts, are not subject to the rigorous testing for content, safety and effectiveness that prescription treatments are subject to.

Any product used for the treatment of menopausal symptoms should have been shown in clinical studies to be effective. This usually requires comparison with a "dummy" therapy (a placebo) or a head to head comparison with a known effective treatment or both. The placebo comparison is particularly important, because there is often a temporary placebo effect of most menopause treatments which commonly lasts around 3 months. Unless the product is tested for more than three months, it is not possible to say that it is truly effective for menopausal symptoms. This short term placebo effect is quite different from the prolonged improvement in menopausal symptoms demonstrated by treatments such as HRT which reduce hot flashes by around 90% and continue to be effective for as long as they are used (3). Prescription drugs cannot be licensed until they have been shown to be

safe and effective. This is not the case for “natural” or over the counter remedies for menopausal symptoms. The AMS advocates that all therapies whether prescription or alternative should not be used unless there is good research evidence for effectiveness and safety in the short and long term.

### **Prescription medicines**

A number of prescribed medications have been shown in randomised clinical trials to be more effective than placebo in the treatment of hot flushes and night sweats. A summary of these treatments can be found in the AMS Information sheet ‘Non Hormonal Treatments for Menopausal Symptoms’

[www.menopause.org.au/for-women/information-sheets/35-nonhormonal-treatments-for-menopausal-symptoms](http://www.menopause.org.au/for-women/information-sheets/35-nonhormonal-treatments-for-menopausal-symptoms)

### **Psychological treatments**

Cognitive behaviour therapy either in a group or in individual sessions has been shown to be effective in reducing the impact of hot flushes, and in improving sleep and general wellbeing. This approach could potentially be used in conjunction with other therapies for menopausal symptoms.

### **Lifestyle Changes**

Keeping cool by using layered clothing, cooler room temperatures (particularly at night) and drinking cool liquids may help some women. For those who can identify triggers for their hot flushes (these can include stress, spicy foods or alcohol), avoiding these may help in managing hot flushes, but this has not been tested in clinical trials. Smoking has been reported as a risk factor for hot flushes (4). Stopping smoking may help to alleviate mild symptoms though there are no clinical trials evaluating this. Alcohol can trigger hot flushes and some women find that their flushes will reduce with the avoidance of alcohol.

### **Weight**

Studies in cancer survivors have shown that weight gain may increase the severity of hot flushes (5). However, it is not known whether losing weight will improve hot flushes.

### **Exercise**

Several studies have measured whether exercise improves hot flushes, but the existing evidence does not conclude that exercise helps to reduce hot flushes and night sweats (6).

Exercise has other benefits and may improve quality of life, cognitive functioning, depression, sleep patterns, fatigue, bone density, weight maintenance and cardiovascular disease. (For guidelines on exercise refer AMS Information Sheet ‘Healthy Ageing and Lifestyle’

[www.menopause.org.au/for-women/information-sheets/31-healthy-ageing-and-lifestyle](http://www.menopause.org.au/for-women/information-sheets/31-healthy-ageing-and-lifestyle))

## **Paced Breathing**

Slow deep abdominal breathing for 15 minutes twice daily may reduce feelings of anxiety that can occur with hot flushes but does not reduce the hot flushes themselves (7).

## **Non Herbal Therapies**

### **Acupuncture**

Small studies of acupuncture for hot flushes have shown mixed results. A thorough review of all the studies on acupuncture for hot flushes and night sweats in breast cancer patients did not show any overall benefit for acupuncture (8).

### **Hypnosis**

There have been limited studies on hypnosis for hot flushes, but a recent carefully conducted trial showed that hypnosis was more effective than an attention control comparison (9). Hypnosis also improved sleep and hot flush interference in this study.

### **Vitamin E**

Vitamin E has not shown benefit in the treatment of menopausal hot flushes after breast cancer, and very limited efficacy in other women (8).

### **Evening Primrose Oil**

Very few studies have addressed whether evening primrose oil improves hot flushes. Existing data shows no benefit (10).

## **Herbal Therapies**

### **Black Cohosh** (*Cimicifuga racemosa* or *Actaea racemosa*)

A recent systematic review concluded that there is currently insufficient evidence to support the use of black cohosh for hot flushes. The effect of black cohosh on other important outcomes, such as health-related quality of life, sexuality, bone health, night sweats and cost-effectiveness is not yet established (11).

There were originally reports of liver toxicity (12), but these have not been seen in larger studies, and appear to be due to contaminants, though the longest study was only for 6 months (13).

### **Phytoestrogens including Red Clover** (*Trifolium pratense*)

A wide range of products containing plant or phytoestrogens, including soy products, are available as over the counter remedies for hot flushes. Studies have varied widely in the dose and nature of compounds tested and the active product of these is thought to be isoflavones. Varied outcomes have been demonstrated with some short term studies suggesting that there **may** be some benefit in using these products early in menopause but we are still lacking good long term studies. The available evidence suggests that

isoflavones do not relieve long term menopausal vasomotor symptoms any better than placebo (14).

There is some evidence that questions the safety of these products in patients with breast cancer and phytoestrogen supplements may interfere with treatments for breast cancer (15).

### **Wild Yam Cream**

There is very limited data on the use of wild yam cream for hot flushes. Existing studies do not show any efficacy in reducing menopausal symptoms (16).

### **Compounded bioidentical menopausal hormone therapy**

Compounded "bioidentical" hormones contain hormonal preparations which are aimed at correcting "hormonal imbalances" which may occur at menopause. However, there is no evidence to support the effectiveness or safety of these products. Not only is evidence lacking to support superiority claims of compounded bioidentical hormones over conventional menopausal hormone therapy, but these claims also pose the additional risks of variable purity and potency and lack efficacy and safety data. The Committee on Gynecologic Practice of the American College of Obstetricians and Gynecologists, the Practice Committee of the American Society for Reproductive Medicine and the US Endocrine Society have raised major concerns about the safety and efficacy of these products and recommend that patients be counselled to avoid their use (17). ( Please refer to AMS information sheet 'Bioidentical Hormones for Menopausal Symptoms' [www.menopause.org.au/for-women/information-sheets/34-bioidentical-hormones-for-menopausal-symptoms](http://www.menopause.org.au/for-women/information-sheets/34-bioidentical-hormones-for-menopausal-symptoms)).

### **Progesterone Cream**

Progesterone cream alone is not effective for the treatment of hot flushes (18).

Progesterone cream also does not provide sufficient endometrial protection if used in conjunction with exogenous oestrogen.

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