

Management of the Menopause: Non-hormonal treatments

Some women with troublesome menopausal symptoms who would like to try Hormone Replacement Therapy cannot take it because they have medical conditions which mean it is contraindicated or they are concerned about possible risks and side effects.

This leaflet details alternatives to HRT that have been used to treat either hot flushes and sweats or to protect against postmenopausal bone loss.

Hot Flushes and Sweats

Lifestyle changes

Regular exercise, lighter clothing, avoiding hot and spicy food, caffeine, alcohol, smoking and reducing stress can all help (please see our '10 Tips' leaflet).

Prescribed Drugs licensed for treatment of hot flushes

Clonidine (50-75 micrograms twice daily)

Evidence that it helps is limited. Side effects include dry mouth, dizziness, drowsiness and nausea. Clonidine can cause rebound symptoms when stopped suddenly so the dose should be reduced slowly.

Prescribed Drugs not licensed for the treatment of hot flushes

SNRIs and SSRIs

These medications are licensed for the treatment of depression but studies show they are also effective in reducing hot flushes and sweats. They are not known to increase the risk of strokes, cancer or deep vein thrombosis.

The most effective seem to be Venlafaxine (37.5-75 milligrams twice daily), Citalopram (10-30 milligrams daily) and Paroxetine (10 milligrams daily). Fluoxetine also works and may have less side effects.

Side effects include stomach upset, rash, weight change, dry mouth, anxiety, insomnia, drowsiness, delayed or absent orgasm.

Some e.g. Paroxetine, Fluoxetine should not be taken with Tamoxifen as they make it less effective.

SSRIs and SNRIs can cause rebound symptoms when stopped suddenly so the dose should be reduced slowly.

Gabapentin / Pregabalin

These are antiepileptic drugs. Gabapentin 300 milligrams daily increasing to 300 milligrams three times a day (or Pregabalin 75-150 milligrams twice daily) reduces flushes by about 50%.

Side effects include dry mouth, drowsiness, dizziness, weight gain.

They are now Schedule 3 controlled drugs so cannot be prescribed on repeat dispensing prescriptions.

Complementary Therapies

Red Clover is a concentrated source of phytoestrogen (plant derived oestrogen-like compound). It can be bought in chemists and health food shops. The dose shown to reduce hot flushes by a small amount is 40-80 milligrams of red clover isoflavone. Short term use is not known to affect the breast or lining of the womb but it is not known whether long term use might affect the risk of breast cancer, endometrial cancer or the risk of blood clots.

Soy isoflavone supplements are another way to increase dietary phytoestrogens that have been shown in some studies to help some people.

Black Cohosh is a herb that can be bought in chemists and health food shops. Possible side effects include headache, abdominal cramps constipation, arrhythmia, weight gain and rashes. There have been a few reports of liver damage. It is not known whether long term use might affect the risk of breast cancer, endometrial cancer or the risk of blood clots. It may make Tamoxifen less effective so should not be used together.

St Johns Wort, Gingko biloba and ginseng are not recommended for hot flushes but have been taken by people with emotional symptoms such as anxiety and depression. However it is best to discuss these symptoms with your doctor as talking therapies or antidepressants may be appropriate.

There is no evidence to recommend the use of DHEA, progesterone transdermal cream, evening primrose oil, dong quai, agnus castus, vitamins or magnets.

If you decide to see a practitioner of complementary therapies, always ensure they have had appropriate training and qualifications.

If you decide to try a complementary therapy, always check that it doesn't interact with any other medicine being taken as serious interactions can occur.



If a herbal treatment is chosen, look for the Traditional Herbal Remedy (THR) logo validating strength and quality.

Acupuncture Some small randomized studies have shown acupuncture can reduce hot flushes and improve quality of life. Treatment usually involves several 'induction' sessions to get symptoms under control then 'maintenance' sessions every few months.

Hypnotherapy Some small studies have shown hypnotherapy can help reduce flushes and / or rating of problems with flushes.

Talking Therapies

There is now good evidence that **cognitive behavioural therapy** (CBT) including paced breathing, relaxation techniques, mindfulness and sleep hygiene advice can help reduce perception of the severity of hot flushes, night sweats, anxiety and stress.

CBT is a tried and tested talking therapy which explores the interactions between physical symptoms, our emotional responses and our thoughts (internal dialogue) that accompany the emotions. Learning to make a change to one factor can benefit the others.

For example, paced breathing is a technique that can be learned which has a significant relaxing effect. It's basically slow, even breathing from the stomach below the diaphragm rather than just from the lungs in the chest.

There's a really useful factsheet on the Women's Health Concern Website: <https://www.womens-health-concern.org/help-and-advice/factsheets/cognitive-behaviour-therapy-cbt-menopausal-symptoms/>

There are also links to self-help books on the Women's Health Concern Website.

Self-help books are not for everyone, however, and there is good evidence that a course of 4-8 sessions in a group setting can be really helpful. There is limited availability of these courses at present but interest from health care professionals in setting them up is gradually increasing.

Prevention and treatment of bone loss (Osteoporosis)

Lifestyle changes for the prevention of osteoporosis

Cutting down on alcohol and smoking is important.

Regular weight bearing exercise such as walking, dancing, aerobics or running (depending on fitness level) combined with some strength training of muscles around the wrists, hips and spine is probably the best combination.

Make sure you get enough calcium and vitamin D in your diet. The daily requirement of calcium (1000mg) is contained in a pint of skimmed milk plus 2oz hard cheese or a pot of yoghurt or 2oz sardines. Other good sources include white bread, calcium fortified soya milk, vegetables such as curly kale, spinach and watercress and fruit such as dried apricots, figs and mixed peel.

Regular exposure to sunlight is the main source of vitamin D as there are few common food sources (salmon, tuna, sardines).

Discuss the use of a calcium and / or vitamin D supplement with your doctor if you think you are not getting enough in your diet. Don't take them without advice as there is an increased risk of kidney stones.

Prescribed Drugs for the treatment of osteoporosis

Bisphosphonates are usually once weekly or monthly. They are taken with water and on an empty stomach. The most common side effect is stomach upset. They are best avoided in younger women aged under 65 as they stay in the bones for many years and there is a concern about stress fractures with long term use.

Denosumab is given by subcutaneous injection once every 6 months. It may be safer for younger women as it does not stay in the bones for as long. It should be avoided in women with susceptibility to infections as it can increase the risk.

Raloxifene is taken daily. It also reduces the risk of breast cancer and heart disease but increases the risk of blood clots in the leg and lungs and stroke. It can also increase menopausal symptoms. Other drugs including parathyroid hormone are usually prescribed by specialists when other drugs have not helped.

More detailed information on osteoporosis can be found on the Royal Osteoporosis Society website <https://theros.org.uk/>