

Complementary & alternative therapies

Non hormonal treatments for menopause symptoms

The majority of women experience a natural menopause when their periods finish, usually between the ages of 45-55. During the years when women are having periods, the ovaries produce eggs and the female hormones estrogen and progesterone. As women approach the menopause, there are few remaining eggs in the ovaries and those that remain are less likely to develop. Fewer eggs are released and less of the hormones are produced, until the ovaries finally stop working and periods stop. Often the menopause is accompanied by uncomfortable symptoms. These symptoms are caused by fluctuating and lower levels of estrogen.

Anecdotally, many women have expressed the view that they would try complementary and alternative therapies before HRT because they think they are more natural and because they are worried about the health risks of HRT. The NICE Guideline *Menopause: diagnosis and management (NG23)* has used carefully weighed evidence-based evaluations of the effectiveness of alternative treatments compared with placebo (no treatment) and also with conventional forms of HRT.

Women should receive an individualised approach at all stages of their care, to help them make decisions based on the evidence given to them. Healthcare professionals are tasked with providing an explanation of the stages of the menopause and women should receive an explanation about what to expect. These include changes in the menstrual cycle and the symptoms which may be experienced such as hot flushes and night sweats, musculo-skeletal problems, mood changes (different from depression), urogenital symptoms and sexual difficulties. There will be changing symptoms at different stages and this too needs to be recognised.

Your healthcare professional should help you to explore lifestyle changes that will improve your general health and wellbeing and explore the long-term implications of the menopause. They should be able to provide information about the different treatments, their benefits and risks, and the evidence for their effectiveness.

Women who have breast cancer or are at high risk of breast cancer should receive care and advice from a healthcare professional with expertise in the menopause.

Many women will elect to take no treatment for their symptoms, some do not wish to take hormones and for others HRT is not advisable.

NICE conducted a network meta-analysis (NMA) comparing the effectiveness of different treatments to one another to establish the evidence for the NG23 Menopause Guideline. The NMA compared placebo (no treatment), acupuncture, sham acupuncture, estrogen alone, estrogen and progestogen, non-oral estrogen plus progestogen, tibolone, gabapentin, Selective Serotonin Reuptake Inhibitors (SSRIs) and Selective Norepinephrine Reuptake Inhibitors (SNRIs), Isoflavones, Chinese herbal medicine, black cohosh, multi botanicals and cognitive behavioural therapy (CBT).

One of the powerful messages coming from the NICE Guideline is that herbal remedies which are not regulated by a medicine authority should not be considered safe for all, as there is much variety in their effectiveness and potency and that there may be significant side effects or interactions. The same warning is given for compounded bioidentical hormone therapy which is also not regulated or subject to the same quality control as conventional HRT.

Complementary and alternative treatments

Cognitive behavioural therapy (CBT)

The good news is that CBT can alleviate low mood and anxiety which arise as a result of the menopause, and we now realise that CBT can also reduce the impact of hot flushes and sweats. The North American Menopause Society (NAMS) recommends a CBT approach that combines relaxation techniques, sleep hygiene and learning to take a positive healthy attitude to the menopause challenge. CBT is now a recommended treatment option for anxiety experienced during the peri and post-menopause. A CBT approach which is theory based can improve hot flush perception and reduce stress and sleep problems. There are two-way interactions between mood and hot flushes, as 10% of women are more likely to be depressed during the menopause. A fact sheet written by Professor Myra Hunter, Kings College London, is available on the Women's Health Concern website and this provides guidance on CBT in a self-help format for women to access directly.

Herbal treatments



Guidelines recommend that you look for the THR logo for traditional herbal medicines. These products have been approved and you can be sure that the product has the correct dosage, is of high quality and has suitable product information. The NICE guideline also recommends that many herbal medicines available have unpredictable dosage and purity and some herbal medicines have significant drug interactions.

Black Cohosh:

This North American traditional herb can help hot flushes, although not as well as HRT. Black cohosh does not help with anxiety or low mood, but black cohosh can interact with other medicines and there are unknown risks regarding its safety. It is usually advised to avoid black cohosh if you have had breast cancer.

St John's Wort:

The good news is that St John's Wort has been shown to have benefit in relieving vasomotor symptoms, particularly in women with a history of, or at high risk of, breast cancer. However, like black cohosh, it does interact with other drugs which again makes it a supplement that needs to be taken with caution. Women on tamoxifen are advised not to take St John's Wort as it might make the tamoxifen less effective.

Other herbal treatments including Ginseng and Chinese herbal medicines are not shown to improve hot flushes, anxiety or low mood.

Isoflavones and soya products

(plant substances found in the diet including red clover supplements)

Phytoestrogens (isoflavones) can form a large part of dietary intake in certain ethnic groups; these women should continue their normal diet. There are many studies looking at the effectiveness of these food supplements and the results are variable. They are not recommended in those with breast cancer.

Acupuncture

Women often report reduction of hot flushes and night sweats with acupuncture, although clinical trials disappointingly show no difference between true and sham acupuncture (sham acupuncture is when the patient receives needling, but not into true acupuncture points). Acupuncture is usually done by a supportive and empathetic practitioner and the therapeutic relationship may contribute to improved wellbeing.

Non hormonal prescribed treatments

Selective Serotonin Re-uptake Inhibitors (SSRI) [fluoxetine, paroxetine, citalopram, sertraline] Serotonin Noradrenaline Re-uptake Inhibitor/Selective Serotonin Re-uptake Inhibitors (SSRI-SNRI) [venlafaxine]

Historically SSRI and SNRIs are recognised for their effects on depression and anxiety, and some of these medicines can improve hot flushes in some women. Paroxetine 10 mg seems to be the most effective, even at low dosage and is now a recognised (licensed) treatment for menopausal hot flushes in the USA (at 7.5 mg dose). Other SSRIs which may be helpful include citalopram and fluoxetine. Venlafaxine is also an option and is the preferred treatment for those taking tamoxifen and at 75 mg there can be reduction in hot flushes with improvement in fatigue, mental health and sleep

disturbance. SSRIs and SNRIs can have significant associated side effects, such as dry mouth, nausea, constipation and appetite problems, which are commoner at higher dosage. Another possible side effect is a reduction in libido, which may not be welcomed by many post menopausal women. SSRIs should not be offered for vasomotor symptoms unless HRT is not indicated. Those women taking tamoxifen should not take fluoxetine or paroxetine, as again it may make the tamoxifen less effective.

Gamma aminobutyric acid (gabapentin) and pregabalin

Gabapentin can improve flushes and sweats. Side effects include sleepiness, dizziness, weight gain and dry mouth and increase with higher dosage. A small dose is commenced and increased gradually, according to the effect on symptoms and side effects. Some patients like this medication as it improves sleep, but others find it very sedating in the day as well. Since April 2019 both gabapentin and pregabalin must be prescribed as controlled drugs (schedule 2), imposing restrictions on the prescriber.

Clonidine

Clonidine is a non-hormonal drug licenced for use for hot flushes in the UK. Clonidine 25 mcg is prescribed twice daily for 2 weeks, increased to a maximum of 50 mcg three times a day. Studies of its effectiveness are contradictory although a few women may have significant benefit. At higher doses clonidine causes sleep disturbance in at least 50 percent of users. It must be withdrawn gradually as suddenly stopping it can cause rebound high blood pressure. As it is an anti-hypertensive drug, clonidine may not be suitable for patients with a baseline low blood pressure.

Oxybutinin

Oxybutinin is a medication usually used to treat overactive bladder. Studies have shown that it can reduce the incidence of hot flushes and it is being used off licence by some menopause specialists for this purpose. It is not suitable for everyone.

Side effects may include stomach pain, diarrhoea, nausea, headaches, dry mouth and dry eyes. The usual dose is 2.5mg twice daily, with the option of increasing to 5mg twice daily.

Fezolinetant

Fezolinetant, a Neurokinin 3 receptor antagonist, is a new non hormonal agent which works within a few days to reduce vasomotor symptoms.

Fezolinetant was licensed in the UK in December 2023 and it is currently available on private prescription. A review by NICE, looking at the clinical and cost effectiveness of the treatment, is currently underway and, if recommended, it will be available to prescribe on the NHS. It is expected to be a valuable option for those who cannot use hormonal therapies.

Treatments for those who have had breast cancer

Most women diagnosed and treated for breast cancer will live with their cancer, rather than die from it. More research is needed into the safety of using estrogen-based therapies for some of these women, particularly in receptor negative patients, but at the moment most clinical guidelines will not recommend estrogen-based treatments. The North American Menopause Society (NAMS) looked for solid evidence of a few therapies that work so as not to waste patients' time experimenting with things that really don't work. NAMS recommends SSRIs, SNRIs, gabapentin, pregabalin, clonidine, CBT and clinical hypnosis. The UK NICE guideline indicates that SSRIs, SNRIs and gabapentin are no better than placebo and that paroxetine and fluoxetine may reduce the efficacy of tamoxifen. For those who have had breast cancer, one NICE guideline recommends clonidine, venlafaxine and gabapentin might be tried, although the NICE 2015 Guideline indicates that only St John's Wort may improve symptoms, although this is not recommended because of serious drug interactions.

Isoflavones, red clover and black cohosh are not recommended for those who have had breast cancer by any of the international bodies.

“But people say it works ...”

It is important to recognise that the information in this fact sheet is evidence-based, it is not hearsay. It is supported by powerful scientific evidence for which large numbers of women have been studied in a scientific and proven way.

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This fact sheet has been prepared by Women's Health Concern and reviewed by the medical advisory council of the British Menopause Society. It is for your information and advice and should be used in consultation with your own medical practitioner.

Most complementary and alternative treatment options do not have proven evidence of effectiveness. Although many options do not stand up to scrutiny from a robust and evidence-based perspective however, there will always be individuals who will benefit from some of these treatments, sometimes for short periods of time, sometimes longer.

It is most important for your healthcare professional to offer you an individualised approach. We are realising more and more that the powerful placebo effect from almost every menopause intervention (which can be at the 50-60 percent level) may be due to improved brain chemical messengers which are generated because you believe that the treatment option will be effective. For you, as an individual, it may work. Always bear in mind the cost of the treatment option and the fact that some supplements or therapies may also carry risk or side effects.

Your healthcare professional should help you to consider the different treatment options available, to identify which ones may be the best for you. The information in this fact sheet is evidence-based, it is not individualised, and it is possible that you may respond well to one or more of these alternative therapies. You should ask to discuss any ongoing issues with a menopause specialist.

Useful contacts

British Acupuncture Council

Tel: 020 8735 0400
Website: www.acupuncture.org.uk

British Reflexology Association

Tel: 0333 772 9217
Website: www.britreflex.co.uk

Complementary Medical Association

Tel: 0800 841 1066
Website: www.the-cma.org.uk

International Federation of Professional Aromatherapists

Tel: 01455 637987
Website: www.ifparoma.org

National Institute of Medical Herbalists

Tel: 01392 426022
Website: www.nimh.org.uk

Society of Homeopaths

Tel: 01604 817890
Website: www.homeopathy-soh.org

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Author: Kathy Abernethy in collaboration with the medical advisory council of the British Menopause Society

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