Complementary & alternative therapies and non hormonal prescribed treatments

The majority of women experience a natural menopause (sometimes called the ‘change of life’) when the periods finish, usually around the age of 51 years. During the years when women are having periods, the ovaries produce eggs and the female hormones oestrogen 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. Sometimes the menopause is accompanied by uncomfortable symptoms. These symptoms are caused by fluctuating and lower levels of oestrogen.

In a recent survey 95% of women said they would try alternative therapies before HRT because they think they are more natural and because they are worried about health risks of HRT. NICE guidelines have used carefully weighed evidence based evaluations of the effectiveness of alternative treatments compared with placebo (no treatment) and also with conventional forms of HRT.

The first really important message from NICE is that 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), uro-genital symptoms and sexual difficulties. There will be changing symptoms at different stages and this too needs to be recognised.

Your doctor or nurse should help you explore the lifestyle changes which will improve your general health and well-being and explore the long-term implications of the menopause. They should be able to provide information about the different treatments including the benefits and risks of treatments 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 use some different techniques to measure the effectiveness of different therapies. A network meta-analysis (NMA) allows lots of different treatments to be compared by how well they worked in relation to another treatment. An NMA compared placebo (no treatment) acupuncture, sham acupuncture, oestrogen alone, oestrogen and progestogen, non-oral oestrogen plus progestogen, tibolone, gabapentin, Selective Serotonin reuptake inhibitors (SSRI) and selective norepinephrine reuptake inhibitors (SNRI), Isoflavones, Chinese herbal medicine, black cohosh, multi botanicals and CBT (cognitive behavioural therapy).

One of the powerful messages coming from the NICE Guidelines is that herbal remedies which are not regulated by a medicine authority should not be considered safer as there is so much variety in their effectiveness and potency and that there may be significant side effects. The same warning is given for bio-identical hormones which are compounded and again not regulated or subject to quality control.
What treatments

Acupuncture
Studies showed no difference in low mood in women who received acupuncture compared with those who received sham acupuncture.

Cognitive behavioural therapy (CBT)
The good news is that the guidelines recommend that CBT should be considered as there is good evidence that it can alleviate low mood and anxiety which arise as a result of the menopause.

Herbal treatments:
Guidelines recommend that you look for the THR logo standing 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 guidelines also recommend that many available herbal medicines have unpredictable dose and purity and some herbal medicines have significant drug interactions.

Black Cohosh:
This North American traditional herb does have evidence that it helps vaso-motor symptoms when compared to placebo although not as good as HRT. Black Cohosh did not help with anxiety or low mood. There is a recommendation from the guideline however that black Cohosh can interact with other medicines and its results should be interpreted with caution and that there were unknown risks regarding the safety profile of these drugs.

Chinese herbal medicine:
There was no evidence that Chinese herbal medicine had any benefit in menopausal symptoms and again there were cautions about safety profiles and interactions. Other herbal treatments including Ginseng had no evidence for benefit in reducing anxiety or low mood.

St John’s Wort:
Again the good news is that St John’s Wort was shown to have benefit in relieving vasomotor symptoms particularly in women with a history of, or at high risk of breast cancer, although there was no evidence that St John’s Wort had any impact on reducing anxiety or low mood. St John’s Wort however does interact with other drugs, in particular with Tamoxifen and so cannot be used in patients with breast cancer who are taking Tamoxifen. There are other significant drug interactions associated with St John’s Wort which again make it a drug the guideline committee have concerns about, including its reliability regarding dose effectiveness and safety profiles.

In the past alternative products have not been subject to the strict regulations, which apply to drugs.

Recently the regulatory authorities have developed a system, called the Traditional Herbal Medicine Scheme (THR). Products that have been approved by this system have a THR logo on their packs and this means that the product has the correct dosage, is of high quality and has suitable product information (drug interactions and side effects) included in the pack. Only select products that have the THR logo on their packs or seek advice from qualified healthcare professionals.

This and other changes have resulted in more confidence about products bought over the counter; however you must still be careful, as ‘natural’ doesn’t necessarily mean ‘safe’. Some products had been found to contain contaminants and some Chinese medicines had been found to contain small amounts of active drugs. Cases of kidney toxicity have been reported. Consequently, if you have any doubts, ask a qualified healthcare professional.

Non hormonal prescribed treatments

Selective Serotonin reuptake inhibitors (SSRI) and selective norepinephrine reuptake inhibitors (SNRI)
These antidepressants have no role in relieving vaso-motor symptoms (flushes and sweats) either in women with a uterus or not with a uterus. Women fared significantly worse mainly due to side-effects causing a high discontinuation rate and the guideline specifically warns against the use of these drugs for relief of vaso-motor symptoms. In respect to reducing anxiety 20mg of Citalopram was found to be more effective than placebo in menopausal women but no effect found for other doses of Citalopram.
and Sertraline was found not to be better than placebo. Additionally for women with breast cancer who cannot take HRT, the SSRIs were not found to have any benefit above placebo in reducing vasomotor symptoms for most patients. In addition, Paroxetine and Fluoxetine interact with Tamoxifen and cannot be used in breast cancer patients taking those drugs.

**Clonidine:**
In the absence of data the group recommended that this should not be offered first line for relief of vasomotor symptoms.

**Gabapentin:**
There was no evidence that Gabapentin reduced hot flushes in women with breast cancer in comparison with placebo.

**Lifestyle changes including dietary changes:**

**Dietary changes:**
Any menopausal woman will tell you that there is a range of food substances which will trigger hot flushes. These include coffee tea alcohol spicy foods. Not surprising really because hot flushes are narrowing of your thermo-regulatory zone. Learning to avoid those foods or to handle your hot flush when they do occur will help in management of your symptoms.

**Phytoestrogens (plant oestogens found in the diet)**
Plant oestrogens such as Isoflavones do help with hot flushes, and genistein and red clover were found to be more effective in significantly reducing anxiety as compared with placebo, although the benefits may not last for more than a few weeks. For women with breast cancer, it seems Isoflavones are not helpful and there may be concerns about their safety profile.

**Vaginal moisturisers and lubricants**
These were not looked at with the NICE guidelines but it was considered that moisturisers and lubricants can be used alone or in addition to vaginal oestrogen and there is no concern about their safety.

It is important to recognise that this is all evidence based information from a clinical guideline, but the most important thing is to have an individualised approach from your practitioner. It is well known there is a powerful placebo effect from almost every menopause intervention at the level of at least 30 to 40%. Your healthcare professional should help you pick through the different treatment options to help identify which ones may seem the best for you. This guidance is evidence based but not looking at the individual and it is possible you might be one of the two percent who responds extremely well to Isoflavones or Gabapentin. You should ask to discuss any ongoing problems with a menopause specialist.

**Useful contacts**

**Ayurveda Holistic Centre**
Website: www.ayurveda.com

**Ayurvedic Practitioners Association**
23 Green Ridge, Brighton BN1 5LT
Tel: 01273 930 956

**British Acupuncture Council**
63 Jeddo Road, London W12 9HQ
Tel: 020 8735 0400
Email: info@acupuncture.org.uk

**British Reflexology Association**
Monks Orchard, Whitbourne, Worcester WR6 5RB
Tel: 01886 821207
Email: bra@britreflex.co.uk

**National Association of Aromatherapy**
PO Box 19834, London SE25 6WF
Website: www.aocuk.net
Tel: 0208 251 7912

**The Complementary Medical Association**
Website: www.the-cma.org.uk

**The National Institute of Medical Herbalists**
Clover House, James Court, South Street,
Exeter EX1 1EE
Tel: 01392 426022
Website: www.nimh.org.uk

**Society of Homeopaths**
11 Brookfield, Duncan Close, Moulton Park,
Northampton NN3 6WL
Tel: 01604 817890
Website: www.homeopathy-soh.org

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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.

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