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 symptoms 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: identification and management (NG23)* has 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. Symptoms may change at different stages of the menopause transition 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 to explore the long-term implications of the menopause. They should be able to provide information about the different treatment options available, 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.

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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 behaviour 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, as there is much variety in their effectiveness and potency and there may be significant side effects or interactions. The same warning is given for compounded bioidentical hormone therapy which is not regulated or subject to the same quality control as conventional HRT.

Complementary and alternative treatments

Cognitive behaviour 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 Menopause Society (formerly the North American Menopause Society) 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 Women's Health Concern fact sheet written by Professor Myra Hunter, Kings College London, 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.

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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]
SSRIs and SNRIs are recognised for their effects on depression and anxiety, and some of these medicines can also 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. At 75 mg there can be a 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 more common 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.

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Clonidine
Clonidine is a non-hormonal drug licenced for the treatment of 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.

Fezolinentant
Fezolinetant, a Neurokinin 3 receptor antagonist, is a non-hormonal agent which works within a few days to reduce vasomotor symptoms. It is suited to those who cannot or prefer not to use HRT and it is approved by NICE for use in the NHS. Baseline and ongoing liver function monitoring is required.

Elinzanetant
Elinzanetant is another non-hormonal treatment for hot flushes and night sweats. It works slightly differently from fezolinetant by targeting NK1 and NK3 receptors, which may also lead to improved sleep.

It is the first treatment to be licensed for those experiencing flushes and sweats arising from breast cancer treatment, such as tamoxifen. It is currently available privately and it is awaiting NICE appraisal before it will be available for use in the NHS.

Oxybutinin
Oxybutynin 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 2.5 mg twice daily, with the option of increasing to 5 mg twice daily.

Gamma aminobutyric acid (gabapentin) and pregabalin
Gabapentin can improve flushes and sweats. Side effects include sleepiness, dizziness, weight gain and dry mouth and these 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 3), imposing restrictions on the prescriber, and they may not be suited to everyone.

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 Menopause

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Society 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. They recommended 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, however the NICE 2015 Menopause Guideline indicates that only St John's Wort may improve symptoms, and this is not recommended because of serious drug interactions.

Elinzanetant is the first licensed non-hormonal treatment for flushes and sweats arising from breast cancer treatments – see the section above.

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.

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, there will always be individuals however 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 risks or side effects.

Your healthcare professional should help you to consider the different treatment options available, to identify which ones may be 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.

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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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This Women's Health Concern fact sheet provides information and guidance, to be used in consultation with your own healthcare professional. It has been developed by the medical advisory council of the British Menopause Society and it will be updated when guidance changes and/or new data becomes available.

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