Patient information: Nonhormonal treatments for menopausal symptoms (Beyond the Basics)

INTRODUCTION

During a woman's reproductive years, the ovaries produce estrogen and progesterone. Estrogen is important for normal menstrual periods and fertility, and it promotes bone strength. Estrogen and progesterone levels fall at the time of menopause, causing well-known symptoms such as hot flashes.

Postmenopausal hormone therapy is the term used to describe the two hormones, estrogen and progesterin, that are the most effective treatments available to relieve bothersome symptoms of menopause. However, some women cannot take estrogen, for example, women with breast cancer. Other women choose not to take hormone therapy. Fortunately, there are some alternatives to hormone therapy to treat menopausal symptoms. Although they may not be as effective as estrogen, they do provide some relief.

This article discusses alternatives to postmenopausal hormone therapy. A separate article discusses the risks, benefits, and options for hormone therapy. (See "Patient information: Postmenopausal hormone therapy (Beyond the Basics)".)

CONTROLLING HOT FLASHES

Non-estrogen treatments for hot flashes are effective in many women. None work as well as estrogen, but they are better than placebo (sugar pills). Not all women need treatment for hot flashes since they are mild in some women. Options include:

Gabapentin — Gabapentin (Neurontin) is a drug that is primarily used to treat seizures. It also relieves hot flashes in some women, when given as a single bedtime dose.

Antidepressants — Antidepressant medications are recommended as a first line treatment for hot flashes in women who cannot take estrogen.

● Venlafaxine (brand name Effexor), citalopram (brand name Celexa), and escitalopram (brand name Lexapro) were developed to treat depression, but studies show that they are an effective treatment for hot flashes. Paroxetine (brand name Paxil) is also effective for hot flashes, but you
should not take paroxetine if you have breast cancer and are taking tamoxifen. The concern is that paroxetine can interfere with tamoxifen and make it less effective.

- Fluoxetine (brand name Prozac) is also effective, but might not work as well as venlafaxine, citalopram, escitalopram, and paroxetine. Sertraline (Zoloft) is not helpful for treating hot flashes.

Other antidepressant side effects and interactions are discussed in detail in a separate article. (See "Patient information: Depression treatment options for adults (Beyond the Basics)".)

Progesterone — The injectable progestin birth control hormone, medroxyprogesterone acetate (Depo-Provera) helps to reduce hot flashes. This option is not used as often as gabapentin or antidepressants.

Plant-derived estrogens (phytoestrogens) — Plant-derived estrogens have been marketed as a "natural" or "safer" alternative to hormones for women with menopausal symptoms. Phytoestrogens are found in many foods, including soybeans, chickpeas, lentils, flaxseed, lentils, grains, fruits, vegetables, and red clover. Isoflavone supplements, a type of phytoestrogen, can be purchased in health food stores.

However, there is no convincing evidence that phytoestrogens help to reduce hot flashes or night sweats. In addition, some phytoestrogens might act like estrogen in some tissues of the body. Many experts suggest that women who have a history of breast cancer should avoid phytoestrogens.

Herbal treatments — A number of herbal treatments have been promoted as a "natural" remedy for hot flashes. In fact, many postmenopausal women use black cohosh for hot flashes, but clinical trials have shown that it is not more effective than placebo. In addition, there are safety concerns about some herbs, including black cohosh, which might stimulate breast tissue (similar to estrogen). Herbal treatments are not recommended for hot flashes or other menopausal symptoms.

TREATING VAGINAL DRYNESS

Vaginal estrogen is a very effective treatment for postmenopausal women with vaginal dryness or pain with intercourse. This is a treatment that women can continue for many years after menopause because it does not get into the bloodstream and increase the risk of breast cancer, heart attack, or stroke. This is discussed in more detail in a separate article. (See "Patient information: Vaginal dryness (Beyond the Basics)".)

WHERE TO GET MORE INFORMATION

Your healthcare provider is the best source of information for questions and concerns related to your medical problem.

This article will be updated as needed on our web site (www.uptodate.com/patients). Related topics for patients, as well as selected articles written for healthcare professionals, are also available. Some of the most relevant are listed below.

Patient level information — UpToDate offers two types of patient education materials.
The Basics — The Basics patient education pieces answer the four or five key questions a patient might have about a given condition. These articles are best for patients who want a general overview and who prefer short, easy-to-read materials.

**Patient information: Menopause (The Basics)**

Beyond the Basics — Beyond the Basics patient education pieces are longer, more sophisticated, and more detailed. These articles are best for patients who want in-depth information and are comfortable with some medical jargon.

**Patient information: Postmenopausal hormone therapy (Beyond the Basics)**
**Patient information: Bone density testing (Beyond the Basics)**
**Patient information: Osteoporosis prevention and treatment (Beyond the Basics)**
**Patient information: Calcium and vitamin D for bone health (Beyond the Basics)**
**Patient information: Vitamin D deficiency (Beyond the Basics)**
**Patient information: Quitting smoking (Beyond the Basics)**
**Patient information: Diet and health (Beyond the Basics)**
**Patient information: High cholesterol and lipids (hyperlipidemia) (Beyond the Basics)**
**Patient information: Depression treatment options for adults (Beyond the Basics)**
**Patient information: Vaginal dryness (Beyond the Basics)**

Professional level information — Professional level articles are designed to keep doctors and other health professionals up-to-date on the latest medical findings. These articles are thorough, long, and complex, and they contain multiple references to the research on which they are based. Professional level articles are best for people who are comfortable with a lot of medical terminology and who want to read the same materials their doctors are reading.

**Androgen production and therapy in women**
**Clinical manifestations and diagnosis of vaginal atrophy**
**Continuous postmenopausal hormone therapy**
**Estrogen and cognitive function**
**Menopausal hot flashes**
**Postmenopausal hormone therapy and cardiovascular risk**
**Postmenopausal hormone therapy and the risk of breast cancer**
**Postmenopausal hormone therapy in the prevention and treatment of osteoporosis**
**Postmenopausal hormone therapy: Benefits and risks**
**Preparations for postmenopausal hormone therapy**
**Treatment of menopausal symptoms with hormone therapy**
**Treatment of vaginal atrophy**

The following organizations also provide reliable health information.

- **Hormone Health Network**
  
  (www.hormone.org/diseases-and-conditions/womens-health/menopause)

- **National Center for Complementary and Alternative Medicine**
  
  (http://nccam.nih.gov/health/menopause/menopausesymptoms.htm)
References