

# Treating hot flushes: An alternative to hormonal replacement therapy

The Royal Women's Hospital Fact Sheet / [www.thewomens.org.au](http://www.thewomens.org.au)



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**This fact sheet information describes non-hormonal medicines used for hot flushes. It should not replace the official product information.**

*Recent concerns about hormone treatments for menopause symptoms (HRT) have led to increased interest in non-hormonal therapies. Before starting any treatment, please tell your doctor or pharmacist if you are on other medicines or herbal products, as they may not mix well with your current medicines. In particular, please tell your doctor and pharmacist if you are taking tamoxifen.*

## What are hot flushes?

A hot flush is a sudden sensation of warmth spreading all over your body. Sometimes, you will also have sweating, palpitations and anxiety. The severity and duration of symptoms vary widely among individuals - some women may have minimal symptoms for a year or two, while others have symptoms for several years.

## What non-hormonal medicines are used to reduce hot flushes?

The non-hormonal medicines used to reduce hot flushes in women include gabapentin, clonidine, venlafaxine or selective serotonin reuptake inhibitors (SSRIs). The treatment option depends on the individual.

### Gabapentin

Brand name: Neurontin® available as 100mg, 300mg and 400mg capsules. Also available in generic brand.

Gabapentin is usually used to control epilepsy or chronic nerve (neuropathic) pain. It is also a non-hormonal medicine that has been shown to be effective in reducing menopausal hot flushes. Gabapentin appears to be comparable with low dose oestrogen in reducing the frequency and severity of hot flushes<sup>1</sup>.

#### What is the usual dosage?

You will generally start the dose at 300mg daily (preferably taken as a single dose at night time because it can make you feel a little dizzy and sleepy). The dose can be increased by 300mg every 2-3 days until the recommended dose is reached, which is 300mg three times daily<sup>2</sup>. Higher doses of gabapentin (up to 2400mg per day) has been used<sup>1</sup>.

#### How long does it take to work?

Generally hot flushes will reduce once 900mg daily dose is reached. Use of 900mg daily has been found to be effective in reducing menopausal hot flushes for at least 12 weeks when compared to a placebo<sup>2</sup>.

#### How long is the treatment?

The length of treatment depends on your response to the medicine. The decision must be made in partnership with your doctor.

#### What are the side effects?

Side effects include drowsiness, light-headedness and dizziness. Please refer to the official product information for a complete list of reported side effects.

### Clonidine

Brand name: Catapres® available as 100micrograms and 150micrograms tablets.

Clonidine is a medicine used to treat high blood pressure and prevent migraine headache. It is also a non-hormonal medicine that has been shown to be effective in reducing menopausal hot flushes. Reports of studies related to clonidine treatment of hot flushes date back to the 1970<sup>3</sup>.

#### What is the usual dosage?

You will start the dose at 25micrograms (a quarter of a tablet) twice a day. The dose can be increased as tolerated to 50-75micrograms twice a day over two weeks if necessary<sup>3</sup>.

#### How long does it take to work?

If after two to four weeks there is no noticeable benefit, treatment should be stopped. You should also stop taking it if you have significant side effects.

#### How long is the treatment?

The length of treatment depends on your response to the medicines, and is decided by your doctor.

#### What are the side effects?

Side effects include constipation, dry mouth, drowsiness and difficulty in sleeping. Please refer to the official product information for a complete list of reported side effects.

## Venlafaxine

Brand name: Efexor® available in 37.5mg, 75mg and 150mg modified release capsules.

Venlafaxine is a medicine mainly used as an antidepressant. It is also a non-hormonal medicine that has been shown to be effective in reducing menopausal hot flushes. Hot flushes decreased by 60% after 8 weeks of treatment with venlafaxine<sup>4</sup>.

### What is the usual dosage?

You will start the dose at 37.5mg daily as a single dose. The dose can be increased every four to seven days until the recommended dose is reached, which is 75mg daily<sup>4,5</sup>. Take venlafaxine with food once a day preferably at the same time each day. Food may lessen any nausea feeling that the medicine may cause. Do not divide, crush, chew or place capsules in water.

When venlafaxine is to be discontinued, gradually reduce the dose over two weeks to minimise symptoms that can come from withdrawing.

### How long does it take to work?

Symptom relief usually occurs within seven to fourteen days. When changing from venlafaxine to an SSRI, wait for venlafaxine free period to prevent side effects due to drug interactions. Gradually withdraw venlafaxine over at least two weeks to avoid withdrawal symptoms.

### How long is the treatment?

The length of treatment depends on your response to the medicine, and is decided by your doctor.

### What are the side effects?

Side effects of venlafaxine include dry mouth, decreased appetite, nausea, constipation and sleeplessness. Side effects are more common with higher doses. Please refer to the official product information for a complete list of reported side effects.

## Selective serotonin reuptake inhibitors (SSRIs)

Brand name: Prozac® (fluoxetine), Cipramil® (citalopram), and Aropax® (paroxetine), also available in generic brands.

The most commonly prescribed SSRIs for hot flushes at the Royal Women's Hospital are:

- Fluoxetine available in 20mg capsules or tablets
- Citalopram available in 20mg tablets
- Paroxetine available in 20mg tablets

SSRIs are a class of medicines mainly used as antidepressants. SSRIs are also non-hormonal medicines that have been shown to be effective in reducing menopausal hot flushes. Most studies have shown that low doses of SSRIs are effective in reducing menopausal hot flushes and women are less likely to discontinue treatment.

### What is the usual dosage?

You will start with a low dose, increasing gradually over two to four weeks as tolerated. Most SSRIs are taken in the morning to minimise insomnia (sleeping difficulty), but if it makes you sleepy it can be taken at night.

When SSRIs are to be discontinued, gradually reduce the dose over two weeks to minimise symptoms that can come from withdrawing.

Citalopram - you will start the dose at 10mg (a half of a tablet) daily for one week, and then increase to 20mg daily. The dose can be further increased up to 30mg daily if necessary<sup>6</sup>. Citalopram may be taken with or without food once a day preferably at the same time each day.

Fluoxetine - you will start the dose 10mg (a half of a tablet) daily for one week, and then increase to 20mg daily. The dose can be further increased up to 30mg daily if necessary<sup>6</sup>. Fluoxetine may be taken with or without food once a day preferably at the same time each day.

Paroxetine - you will start the dose 10mg (a half of a tablet) daily for one week, and then increase to 20mg daily<sup>7</sup>. Take paroxetine with food once a day, preferably in the morning at the same time each day. It is as effective if you take between 10mg and 20mg doses, but research suggests that women are more likely to keep taking it if the doses are lower.<sup>7</sup>

### **How long does it take to work?**

SSRIs may take six to eight weeks to have the full effects; however improvement is often seen within one to three weeks. When changing from one SSRI to another SSRI or venlafaxine, wait for SSRI-free period to prevent side effects due to drug interactions.

### **How long is the treatment?**

If after four to six weeks there is no benefit, treatment should be stopped. Treatment should also be stopped if you have significant side effects.

### **What are the side effects?**

Side effects of SSRIs include nausea, drowsiness, tremor, weight gain or loss. Side effects are more common with higher doses. Please refer to the official product information for a complete list of reported side effects.

### **If you have any questions about the information on this fact sheet, please contact:**

#### **Medicine Information Service**

T: 03-8345 3190

### **For general information about menopause contact:**

#### **Women's Health Information Centre (WHIC)**

T: (03) 8345 3045 or 1800 442 007 (rural callers)

E: whic@thewomens.org.au

### **References:**

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