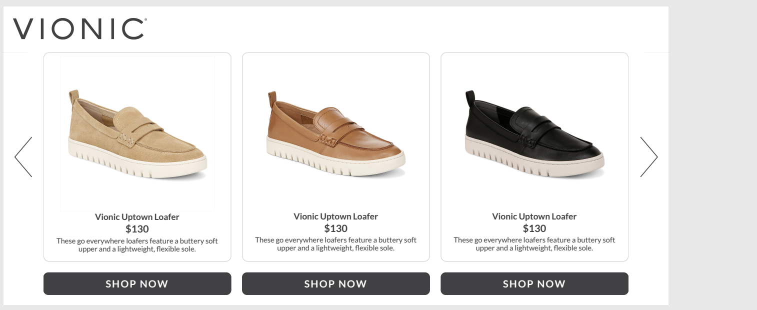

Lifestyle > Wellness

Hot Flash Help for Women Who Can't Do Hormone Therapy

Want relief in—we kid you not—a day? From antidepressants to hypnosis, these treatments actually work.

By Lisa Arbetter   Published: May 24, 2024

SAVE ARTICLE

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Jennifer McDonald was 38 when she found out she had breast cancer. Two years later, she had her ovaries removed, abruptly throwing her body into menopause. "I immediately started having probably 25 hot flashes a day, no exaggeration," she says. "It was not fun. I would sweat through my clothes and my sheets at night and be cranky and uncomfortable all day. I think when you go into menopause surgically and not naturally, your body is like, *What the hell just happened?*"

Symptoms from surgical menopause can often be more drastic, and since they may occur at a younger age, they last longer. That means extra years without estrogen to protect your bones and heart, and an increased risk of fractures, osteoporosis, and cardiovascular disease.

As if that weren't enough cancer-related havoc, the risk of a recurrence also meant that McDonald wasn't a candidate for the most effective treatment for hot flashes: hormone therapy (HT). HT replaces the hormones lost during menopause, namely estrogen and progesterone. But estrogen-dependent cancers, like some breast and uterine cancers, use estrogen to develop and grow. In other words, HT could help cancer regain its foothold.

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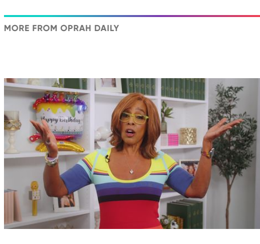

Women with a history of blood clots, stroke, and significant heart disease are also not candidates for HT, and some women simply don't want to use hormones. To help this cohort and their healthcare providers understand their options, the Menopause Society recently updated its recommendations for evidence-based nonhormonal management of vasomotor symptoms (VMS, a.k.a. hot flashes and night sweats). The position statement, released in June 2023, includes recommendations for prescription and nonprescription therapies, plus a rundown of treatments that the org does not recommend due to a lack of supporting evidence (those include acupuncture, herbal supplements, and yoga).

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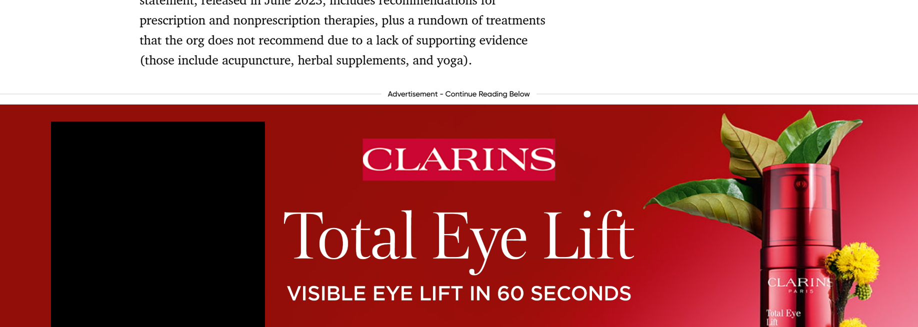

These options made their yes list:

Prescription meds

More than a million women go through menopause every year, and according to the Study of Women's Health Across the Nation (SWAN), about 80 percent of them experience hot flashes, which can persist for seven to 10 years.

What causes them isn't fully understood. Research suggests that decreased estrogen makes the hypothalamus more sensitive to changes in body temperature, so it often mistakenly thinks you are too hot. This sets off cooling mechanisms, such as sweating and flushing (open blood vessels near the skin), in an attempt to cool you down. Ironic, no?

> "WITHIN THE FIRST WEEK—I WAS SHOCKED—MY HOT FLASHES WERE DOWN BY HALF."

For decades, hormonal therapy, which reduces symptoms by roughly 90 percent, has been the only FDA-approved treatment for VMS. That changed in 2013 when Brisdelle became the first FDA-approved nonhormonal treatment for moderate to severe VMS. The active drug in Brisdelle is paroxetine, a selective serotonin reuptake inhibitor (SSRI), which, in higher doses, is used for depression (Paxil).

After paroxetine was approved, it was crickets for a decade. Then, in May 2023, the FDA approved fezolinetant, marketed as Veozah. Veozah is the first drug of its kind—a neurokinin 3 (NK3) receptor antagonist—and it works by binding and blocking a receptor in the brain that regulates body temperature. Its high price tag, around $550 a month, may be due to its first-to-market status, but it won't be alone on the shelves for long. "Everybody's jumping into this hot flash treatment," says Stephanie Faubion, MD, director of Mayo Clinic's Center for Women's Health and medical director for the Menopause Society. Bayer, for example, is working on a version called elinzanetant. Earlier this month, the company announced the results of Phase III studies showing that the drug significantly reduced frequency and severity of moderate to severe vasomotor symptoms.

Other medications for hot flashes are prescribed off-label. Some of those on the Menopause Society's list include gabapentin (an anticonvulsant and nerve pain medication), oxybutynin (approved to treat overactive bladder), and a few other antidepressants: venlafaxine (Effexor XR), citalopram (Celexa), and escitalopram (Lexapro).

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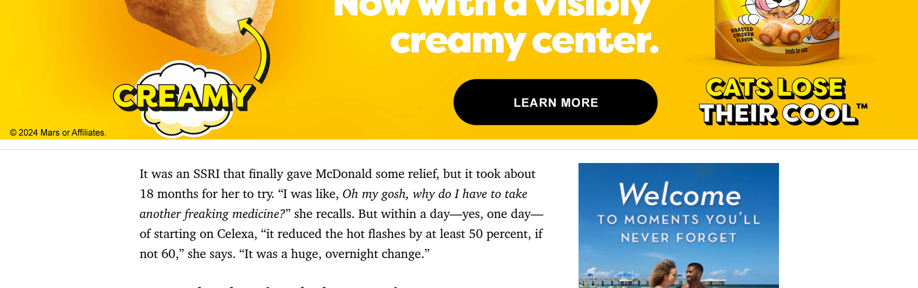
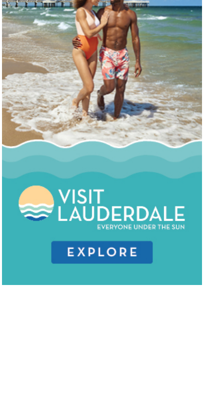


It was an SSRI that finally gave McDonald some relief, but it took about 18 months for her to try. "I was like, *Oh my gosh, why do I have to take another freaking medicine?*" she recalls. But within a day—yes, one day—of starting on Celexa, "it reduced the hot flashes by at least 50 percent, if not 60," she says. "It was a huge, overnight change."



Psychological therapies

Clinical hypnosis and cognitive behavioral therapy (CBT), both psychotherapies, are effective non-drug options. Theresa Rush was already suffering from a nerve injury that caused excruciating pain and heat in her face when hot flashes added to her misery a few years ago. "It's like my face was on fire," she says. "The hot flash was like a blowtorch hit on top of that."

Because the hot flashes were a secondary concern to finding relief from her nerve pain, HT never came up with her doctor. At one point before the hot flashes, she was on gabapentin for the pain. Had it worked, it could have had the additional benefit of reducing hot flashes, but she couldn't stay on it. "I felt like it broke my brain," Rush says. "I couldn't even drive on it."

> "IT'S LITERALLY THE EASIEST THING YOU WILL EVER DO. YOU'RE SITTING QUIETLY IN A NICE PLACE IN YOUR BRAIN."

Then, while googling about hot flash research, she came across a recruitment site for a randomized clinical trial and learned of a study evaluating hypnosis for management of the menopausal symptoms. The study, funded by the National Institutes of Health, done in collaboration with Baylor University, aimed to determine the efficacy of self-administered hypnosis for the issue.

Hypnosis is a mental state involving focused attention, reduced peripheral awareness, and an enhanced capacity to respond to suggestion, according to the American Psychological Association. For Rush, it was a godsend. Every day for five weeks, she spent about 15 minutes listening to audio recordings that first helped her relax into a hypnotic state and then had her visualize walking down a mountain path on a cool day or sitting near a lake feeling a cool breeze. "Within the first week—I was shocked—my hot flashes were down by half. I would have never believed that. And since the first day, I have not woken up with a hot flash in the middle of the night." Three months after the trial's end, they had decreased by 88.14 percent, from 59 per week to seven.

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The results of the study, which should be published by the end of the year, align with a 2013 study that examined practitioner-delivered hypnosis for hot flashes. "Across studies, the results have been very consistent," says Gary Elkins, PhD, the research lead on both studies and professor of psychology and neuroscience and director of the Mind-Body Medicine Research Lab at Baylor. "This specific hypnotherapy intervention for hot flashes results in a 70 percent decrease in the frequency and severity of hot flashes at the end of a five-week program. We believe that as hot flashes go away, the hypothalamus begins to regulate normally again," says Elkins.

While hypnosis has been shown to reduce the frequency and severity of hot flashes, CBT, another recommended non-medical approach, works to make them less bothersome. "The basic idea of CBT is that thoughts and emotions are related, so the focus is on coping with the symptoms," says Elkins, who teaches CBT at Baylor. For instance, if you feel a tsunami of heat coming on, you might start to panic and think, *Oh no, I'm about to start sweating in front of everyone!* CBT teaches you how to catch the thought, pause, and manage the stress you feel about it with breathing or other exercises.

Neither hypnosis nor CBT has side effects, and both can be used alone or in combination with other therapies, including HT. In the past, the only downside has been finding practitioners, but fortunately, research shows both treatments can be effective when self-directed.

Rush is a proud convert. "Even for people who are more resistant to hypnosis…try it," she says. "It's literally the easiest thing you will ever do. You're sitting quietly in a nice place in your brain. Worst-case scenario, you're going on a good vacation for 15 minutes."

Where to find experts

Doctors and therapists

The Menopause Society's "Find a Menopause Practitioner" directory includes Menopause Society members and certified practitioners.

Hypnotherapy and CBT

American Society of Clinical Hypnosis (ASCH) has an online directory that allows users to search by name or location.

Evia is a five-week evidence-based digital hypnotherapy program delivered via mobile app, based on Gary Elkin's research. The company offers a seven-day free trial.

Psychology Today's directory allows you to search by city or zip code and then, under "all filters," by types of therapy. Check the boxes for CBT and/or hypnotherapy. Not all therapists who show up in the results will specialize in menopause, but they may still be able to help you or provide names of those who can.

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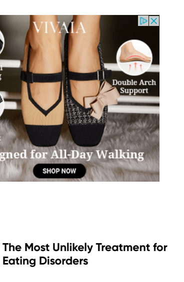

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