

Nonhormonal treatment for menopausal symptoms

2018 Dr Linda Ford

Nonhormonal treatment for menopausal symptoms may be suitable for some women (eg when hormone therapy is not tolerated or is contraindicated, personal choice). Postmenopausal women with a history of hormone-dependent cancer, most commonly breast cancer, need special consideration. Menopausal symptoms can arise because:

- cancer treatments induce menopause
- HRT is stopped with the diagnosis of cancer
- endocrine therapies (eg tamoxifen, aromatase inhibitors) are started.

Symptoms are similar to those of natural menopause, with the added psychological component of the woman's response to her cancer diagnosis.

Hot flushes

Several drugs have some efficacy in treating hot flushes. In short-term studies, serotonin noradrenaline reuptake inhibitors (SNRIs) and selective serotonin reuptake inhibitors (SSRIs) were more effective than placebo in treating hot flushes. Use:

1 **venlafaxine** 37.5 mg orally, daily; increase to 75 mg daily after 1 week if needed

OR

2 **paroxetine** 10 mg orally, daily; increase to 20 mg daily after 1 week if needed

OR

3 **gabapentin** 100 to 300 mg orally, daily; increase as tolerated and according to response every 4 days from once daily to 3 times daily

OR

4 **clonidine** 25 micrograms orally, twice daily; increase to 50 micrograms twice daily after 2 weeks if needed.

Sexual dysfunction may be an adverse effect of SNRIs and SSRIs. **Paroxetine should be avoided in patients taking tamoxifen.**

Gabapentin has shown efficacy in treating hot flushes and appears to be well tolerated. Adverse effects of gabapentin include dizziness, unsteadiness and drowsiness, but generally abate with time. **Clonidine** has modest efficacy in treating hot flushes, and its adverse effects include dry mouth and drowsiness.

Vaginal dryness

For vaginal dryness, first-line therapy is a nonhormonal preparation (**eg Replens, Sylk**).

Therapeutic Guidelines 2018