

Prescribing...

Alternatives to HRT

- Recent data regarding the safety of HRT (Hormone Replacement Therapy) should have provided a lot more reassurance to women previously concerned about its purported health risks.
- There is however continued interest in alternatives to HRT particularly for the management of vasomotor symptoms.
- The nature of many alternative therapies means that it is difficult and expensive to conduct the good quality research that we would expect to support a licensed prescribed medicine.

Menopausal symptoms

The menopause occurs in British women at around the age of 51 years. The change in hormone levels, particularly the decline in levels of oestrogen, can cause acute menopausal symptoms. Up to 70% of women will experience vasomotor symptoms, such as hot flushes or night sweats and 45% find them distressing. Other upsetting symptoms include vaginal dryness and psychological difficulties including tiredness, sleep disturbances, mood swings and loss of libido. Vasomotor symptoms can last for between two and four years, but in around 10% of women they will persist for longer than 12 years.

Conventional HRT is extremely effective at relieving hot flushes or night sweats and will reduce symptoms by 80 to 90%. Any effect on bone health is however lost quickly after stopping. When HRT is used as per current UK guidelines i.e. for up to five years after the menopause, there is a very small but significant increase in rates of breast cancer. The magnitude of the increase quoted in the current BNF is between **two** and **six extra cases** per **1000** women taking HRT for **5 years**. The lower figure is for oestrogen only HRT and the higher is for combined HRT.

What are the alternatives to HRT for women unwilling or unable to use conventional HRT?

For women who choose not to use HRT or in those for whom contraindications exist, there are a number of options available. However these are not as effective as HRT, typically relieving 50 to 60% of symptoms.

1. Lifestyle measures

There is some evidence that people who are more active tend to suffer less from the symptoms of the menopause. Aerobic exercise can improve psychological health and quality of life and healthy lifestyles may avoid up to 30% of cancers. Menopause-related symptoms such as low mood and insomnia have been improved in trials. Avoidance or reduction of alcohol and caffeine intake can reduce the severity and frequency of symptoms.

2. Products for vaginal dryness

There are many lubricants and vaginal moisturisers available and are an option if urogenital symptoms are the biggest concern. Moisturisers may contain a bioadhesive polymer which attaches to mucin in the vaginal wall and hence retains water. They may give longer-term relief than lubricants. If oestrogen-related vaginal atrophy is present local oestrogen may be prescribed. Short term use of these products results in no or minimal systemic oestrogen absorption.

3. Pharmacological options

- **SSRI and SNRI Antidepressants**

This class of drugs is now one of the most commonly used in clinical practice for the alleviation of vasomotor menopausal symptoms as an alternative to HRT. There is some evidence to support the use of fluoxetine or paroxetine, but the RCOG states that the most convincing evidence is for the SNRI Venlafaxine 37.5mg twice daily. The main drawbacks are the high incidence of nausea, possibly reduced libido and altered sexual response. Desvenlafaxine, a similar drug to venlafaxine, has received a product license in the US, but not in the UK for menopausal symptom relief.

- **Other prescribed treatments**

The centrally-acting alpha-2 agonist, clonidine, has been used for many years but adverse effects are common and the general consensus is that is, at best, only marginally more effective than placebo. Beta-blockers have been suggested as possible alternatives, but the trial results have been poor. Gabapentin 900mg per day was shown to achieve 45% reduction in hot flush frequency and a 54% reduction in symptom severity. A recent study comparing 600mg gabapentin vs oestradiol 25micrograms transdermally found that gabapentin was effective, but that oestrogen was more effective. Gabapentin's use is limited by side effects such as drowsiness, dizziness or fatigue.

4. Complimentary therapies

Complimentary therapies particularly herbal remedies are often perceived as being more natural and hence safer than HRT. However the exact mode of action, efficacy and safety of herbal remedies have not been properly evaluated and the products may not be standardised. Overall absence of evidence may not however mean absence of benefit for individual women.

A. Herbal remedies

Women have been taking herbal medicinal products for the relief of menopausal symptoms for generations. However, whilst the regulation of these products is improving, many are not standardised and information on potentially significant herb-drug interactions is limited. Some products contain phytoestrogens combined with various herbs. The RCOG recommends that women who have had oestrogen/progesterone dependent tumours such as breast cancer should "probably avoid" them. Doctors are advised to check if herbal remedies are being taken before prescribing.

The results from clinical trials of black cohosh are equivocal, some suggesting benefit while others suggesting none. The UK Medicines and Healthcare products Regulatory Agency has given a Traditional Herbal Registration to a herbal medicinal product (Menoherb) containing black cohosh for menopausal symptoms. It has however said that women taking black cohosh should be warned of the potential risk of liver toxicity, and told to stop using the product and consult their doctor if they develop signs and symptoms suggestive of liver dysfunction. There also seems to be little convincing evidence that red clover extracts have a beneficial effect. There is little evidence for or against benefit with other popular herbs such as dong quai, evening primrose oil, ginseng, wild yam, chaste tree, hops and sage.

B. Other complementary therapies used include acupressure, acupuncture, Alexander technique, ayurveda, osteopathy, hypnotherapy, reflexology, magnetism and Reiki. Further research is needed to understand their possible effects, but they may help mood, well being and quality of life.

The evidence from randomised trials that **acupuncture** helps menopausal symptoms is conflicting. **Reflexology**, which aims to relieve stress or treat health conditions through the application of pressure to specific points or areas of the feet, hands and ears has had mixed results.

In summary: For women with severe menopausal symptoms unwilling or unable to use conventional HRT, lifestyle modifications can be helpful. The best evidence at the present time for prescribed treatment for vasomotor symptoms is for venlafaxine 37.5mg bd. Herbal remedies have not been shown conclusively to be effective on a population basis and caution is required in people in whom HRT is contra indicated.