

Menopausal Symptoms

Hot Flashes

If you've had one, there's no mistaking it: the sudden, intense, hot feeling on your face and upper body, perhaps preceded or accompanied by a rapid heartbeat and sweating, nausea, dizziness, anxiety, headache, weakness, or a feeling of suffocation. Some women experience an "aura," an uneasy feeling just before the hot flash, that lets them know what's coming. The flash is followed by a flush, leaving you reddened and perspiring. You can have a soaker or merely a moist upper lip. A chill can lead off the episode or be the finale.

What causes them?

Hot flashes are mostly caused by the hormonal changes of menopause, but can also be affected by lifestyle and medications. A diminished level of estrogen has a direct effect on the hypothalamus, the part of the brain responsible for controlling your appetite, sleep cycles, sex hormones, and body temperature. Somehow (we don't know how), the drop in estrogen confuses the hypothalamus-which is sometimes referred to as the body's "thermostat"-and makes it read "too hot."

The brain responds to this report by broadcasting an all-out alert to the heart, blood vessels, and nervous system: "Get rid of the heat!" The message is transmitted by the nervous system's chemical messenger, epinephrine, and related compounds: norepinephrine, prostaglandin, serotonin. The message is delivered instantly. Your heart pumps faster, the blood vessels in your skin dilate to circulate more blood to radiate off the heat, and your sweat glands release sweat to cool you off even more.

This heat-releasing mechanism is how your body keeps you from overheating in the summer, but when the process is triggered instead by a drop in estrogen, your brain's confused response can make you very uncomfortable. Some women's skin temperature can rise six degrees Centigrade during a hot flash. Your body cools down when it shouldn't, and you are miserable: soaking wet in the middle of a board meeting or in the middle of a good night's sleep.

Who gets them?

Eighty-five percent of the women in the United States experience hot flashes of some kind as they approach menopause and for the first year or two after their periods stop. Between 20 and 50% of women continue to have them for many more years. As time goes on, the intensity decreases.

If you have had breast cancer, your hot flashes can follow the same pattern as for women in general, or they can be more intense and last longer, particularly if menopause was premature, or if you are taking tamoxifen and your body hasn't adjusted to it. Rarely,

women may not have hot flashes until they stop taking tamoxifen-an unpleasant surprise. In these women, tamoxifen develops an unusual estrogen-like ability to combat hot flashes.

There is considerable variation in time of onset, duration, frequency, and the nature of hot flashes, whether you've had breast cancer or not. An episode can last a few seconds or a few minutes, occasionally even an hour, but it can take another half hour for you to feel yourself again. The most common time of onset is between six and eight in the morning, and between six to ten at night.

How hot is hot?

Most women have mild to moderate hot flashes, but about 10-15% of women experience such severe hot flashes that they seek medical attention. For women who have had breast cancer, the number who suffer debilitating hot flashes is probably much higher. Randomized studies provide the most objective data: about 50-75% of women taking tamoxifen will report hot flashes, compared to 25-50% taking placebo.

The faster you go through the transition from regular periods to no periods-the perimenopause or climacteric-the more significant your hot flashes will be. Hot flashes are severe after surgical menopause, and they can also be quite difficult after a chemotherapy-induced medical menopause. If you haven't been warned about hot flashes, a sudden severe episode can be frightening; you might even confuse the flash with a heart attack.

The intensity of hot flashes accompanying treatment with tamoxifen eventually improves for many women after the first three to six months. Because of the conversion of androstenedione from the adrenal glands into estrone by fat and muscle cells, heavy or muscular women experience less severe hot flashes than thin women. If you smoke, your blood vessels lose some of their ability to radiate heat, so you may suffer more severe hot flashes.

Beating the heat naturally

The best way to beat a hot flash is naturally. Hot flashes have a lot to do with the low levels of estrogen in your body, but other factors can cause your temperature control to go out of whack. Recent studies show that medication is not always helpful. Instead of estrogen therapy, look at less drastic measures first, partly because estrogen therapy is not known to be safe for women with a history of breast cancer-but also because you should always begin with the least aggressive approach to treating your menopausal symptoms.

Avoiding triggers

If you can identify the things that trigger your hot flashes, you've made the first step in getting the upper hand. Keep a record of when they occur and what you were eating or doing, or how you were feeling at the time. Many women find that stress tops the charts as a trigger. Was that hot flash in the boardroom a random hit, or were you feeling under pressure at the time? Was it a full day of pressure without a break?

Solution: Ease the pressure. Give yourself more time to plan your work, to rehearse your presentation, to deliver your assignments, to arrive where you're going. If you are doing a series of presentations, give yourself a chance to relax and cool off between sessions.

And plan your schedule so you avoid meetings or decision making when you're most likely to be in a sweat.

Other hot flash triggers:

alcohol hot food hot beds
caffeine hot tubs hot rooms
diet pills saunas hot weather
spicy food hot showers smoking.

Hot flash survival tips

- Dress in layers, so you can peel off one layer after another as you get warmer.
- Don't wear wool, don't wear synthetics, and be wary of silk. That leaves cotton, linen, rayon, and more cotton. (Look at the bright side: You'll save on cleaning bills, and you can stop worrying about moths.)
- Avoid turtlenecks. Stick to open-neck shirts.
- Keep ice water at hand that you can sip to cool down your insides.
- Where possible, lower the thermostat. Maybe it's time for a decent air conditioner or a ceiling fan. Or maybe you'd prefer one of those little hand-held battery-operated fans or the foldable kind you flutter in front of your face. You can find perfectly adequate paper fans for about a dollar.
- Wear cotton pajamas or a nightgown. If you perspire a lot at night, your nightclothes are easier to change than the sheets.
- Use cotton sheets only, not synthetics.
- Get a bigger bed if you and your partner are on different heat planets but you still want to stay in close orbit.
- Take cool shower before bed.
- Try a mild medication like Tylenol
- Arrive at meetings early so that you can get the coolest seat.
- Use your freezer liberally. A number of women talked about opening the freezer at home (or in the supermarket) and sticking their head in when a hot flash hits.
- Lifestyle changes to alleviate hot flashes

Exercise

Increasing your level of activity (for example, taking the stairs instead of the elevator) can reduce hot flashes and have a positive impact on just about every other symptom attributed to menopause and growing older, including:

insomnia fatigue
mood swings elevated cholesterol levels
eroded self-image heart, bone, and muscle health.
loss of libido

Exercise also increases endorphin levels, increasing your threshold for pain.

Relaxation and stress reduction

It isn't unusual to have trouble dealing with stress, especially if you've undergone treatment for breast cancer. You may find that one of the following techniques will help you minimize the devastating effects of stress on your body:

relaxation exercises massage
breathing exercises hypnosis
meditation yoga
visualization biofeedback techniques.

Changing your diet

Over time, a low-fat diet helps some women with hot flashes. Losing excess weight helps, but losing too much weight, or being too thin, can worsen symptoms. As you consider other food changes, keep in mind that natural doesn't mean harmless. Herbal remedies and soy preparations may work because of their plant estrogens, but you can't assume that just because an estrogen comes from a plant it's a safe remedy.

Vitamins

Some women find that taking vitamin E every day (800 I.U., range 400-1000) helps. Actually, a placebo works almost as well. The National Cancer Institute's/National Surgical Adjuvant Breast and Bowel Project's Tamoxifen Breast Cancer Prevention Trial also recommends vitamin E, or one of the following: vitamin B6, 200-250 milligrams daily, and Peridin-C (containing antioxidants), two tablets taken three times daily. If vitamin E helps you, great, but if you have significant hot flashes, you will probably need something more effective.

Relieving hot flashes with medications

If you have tried these lifestyle, nutritional, and alternative medicine recommendations, and they have not helped, you may feel compelled to go on to stronger remedies, available only through your physician.

Blood pressure-lowering medication

Blood pressure-lowering medications such as clonidine (Catapres-TTS, 0.1-mg patch applied once weekly) and Aldomet (250 mg twice daily) can lessen the severity and frequency of hot flashes. They modify how the blood vessels respond to the brain's command to give off heat quickly. These drugs must be prescribed and adjusted carefully by your doctor.

Antidepressants

- Low-dose antidepressant medication may help forestall a hot flash by rebalancing or intercepting the chemicals in the brain that transmit the hot flash alarm, epinephrine and serotonin.
- Effexor (venlafaxine) can reduce hot flashes by about 50% in nearly 60% of women with breast cancer according to a study done by Dr. Charles Loprinzi at the Mayo Clinic. Improvement happened relatively quickly: 80% of the eventual decrease in hot flashes occurred within the first week of taking the medication. Side effects, when they were noted, were mild. The dose used was 12.5 milligrams taken twice daily.
- A more recent study showed that some women may need a higher total dose of 75 milligrams daily to get significant relief. Extended-release preparations are available. Paxil (paroxetine) works in a similar way to Effexor and is a good alternative. Some women tolerate Paxil better. Its recommended dose is 10 mg once a day for the first week, then 20 mg once a day thereafter.

Progesterone-like products

Megace (megesterol acetate) can reduce hot flashes in approximately 80% of women who take it, and it is also considered a treatment for breast cancer when taken in high doses continuously. Megace is usually started at 40 milligrams daily, and it may take a few weeks to start to work. After a month the dose is adjusted up or down. The maximum dose is 80 milligrams per day. Those who reap its benefits and can tolerate its side effects (fluid retention and bloating) may do well on this medication.

Estrogen therapy

Estrogen therapy, is probably the most effective way to relieve hot flashes, but its use is highly controversial in women who have had breast cancer.

Most physicians would not recommend estrogen therapy to remedy severe tamoxifen-related hot flashes because estrogen is not known to be safe for women who have had

breast cancer, and may reduce tamoxifen's effectiveness. Estrogen therapy may also add to the potential side effects from these combined drugs-such as blood clots forming and traveling to the lung, and increased risk of endometrial cancer.

However, if your hot flashes are severe and you have not had adequate relief from lifestyle modifications or non-hormonal remedies and medications, your doctor may suggest a limited course of low-dose menopausal hormone therapy to ease your transition into menopause.

The therapy should last only several months, depending on the degree of your symptoms, tapering off over the last month. Dr. John Eden of the Royal Hospital for Women in Paddington, Australia, studied simultaneous estrogen replacement and tamoxifen therapies in women beyond menopause. The study showed no short-term problem from combined side effects. The Eastern Cooperative Oncology Group (ECOG) is trying to launch a study that combines the two drugs. Share this information with your doctor, and decide together what you want to do.

Vaginal Dryness

With the significant drop in estrogen after menopause, the membranes of the vagina thin, lose elasticity, and decrease their production of lubricating fluids. Sexual intercourse may be uncomfortable or even painful. Pain with intercourse may be largely a result of soreness of the vulva, the area right outside your vagina. Try avoiding harsh soaps or using a barrier cream like Eucerin or Bag Balm.

Lubrication

Many women find that Replens or other lubricants help ease vaginal dryness. Replens is designed to moisturize the walls of the vagina, but it may not in fact be the best lubricant. It's expensive, and it tends to drip out of the vagina. If you need a lubricant, you may want to try Astroglide or Moist Again.

Yeast infections

You can also get yeast infections-a common side effect of antibiotics, steroids, and some chemotherapies-inside the folds of the vagina and vulva that cause discomfort, thick white discharge, and odor. Clean the area gently. You may need to use yeast-fighting creams or pills, sold over the counter or by prescription (Monistat, Terazol, Diflucan). Lotrisone, a combination anti-yeast and steroid medication, can ease the vulvar burning that can go along with a yeast infection.

Discharge

Troubling vaginal discharge can also occur with menopause. Of the women taking tamoxifen, 80% will have no change in vaginal symptoms, 10% will have vaginal dryness, and 10% will have vaginal discharge. Describing your symptoms clearly and accurately to your gynecologist will make it a lot easier for you to get help.

Vaginal estrogen preparations

If you've had no improvement with your vaginal discomfort despite the use of these various remedies, talk to your doctor about using a low-dose vaginal estrogen cream or Estring (a plastic ring filled with estrogen that is inserted into the vagina). A vaginal estrogen treatment can help thicken and lubricate the walls of the vagina, but with some absorption through the walls into the blood.

Estradiol is thought to be readily absorbed, estrone less readily absorbed, and estriol minimally absorbed. There is little information about this, however. Some studies suggest that estriol may have less potent effects on breast tissue than estradiol.

If you and your doctor decide it's okay for you to use a vaginal estrogen cream for vaginal dryness and pain, you may need only a very small amount. Your doctor might start you with a dose as low as 0.1 milligram of estrogen per day, applying just a small dab inside the vagina, for up to three to four weeks, and then cutting back to once or twice a week.

Memory Problems

Women entering menopause sometimes report that they feel fuzzy or are losing their mental sharpness. It's not clear to what extent menopause affects memory, or whether this is a consequence of normal aging. A study by the National Institute on Aging concluded that older people cannot commit information to memory as effectively as younger people, but both groups retrieve information from memory equally well.

Estrogen does have a significant positive effect on memory. Studies show that estrogen therapy can improve short-term and verbal memory by sustaining nerve cells, particularly in the brain's main memory center, the hippocampus. Estrogen appears to do little for your sense of organization and spatial memory.

Although most of us couldn't care less about a rat's menopause, that trusty laboratory animal is teaching us a few things about estrogen and the brain that may apply to women. When pre-menopausal levels of estrogen are present in a rat's brain, three things happen:

- ✓ its nerve cells grow and are well sustained,
- ✓ the number of connections between nerve cells increases and allows for ever better communication, and
- ✓ the protein that helps prepare the signals sent between cells increases in production.

Bottom line: The pre-menopausal rat is probably able to remember where the cheese is from day to day, week to week.

Early clinical data have begun to suggest that estrogen therapy may lessen the devastation of Alzheimer's disease. Women on estrogen therapy who develop Alzheimer's disease tend to develop the disease more slowly, at a later age, and with less severity. It's not yet known whether you can start estrogen therapy at the time Alzheimer's disease is diagnosed and still obtain any significant benefit.

We can use the information we have about estrogen to speculate that when your estrogen levels are low, or you are taking a drug that blocks the effects of estrogen (such as [tamoxifen](#)), your brain cells' ability to receive, communicate, and store information may be reduced, resulting in decreased memory. Studies that have compared women taking tamoxifen to women taking placebo, however, showed similar reports of memory loss in both sets of women.

Fatigue, anxiety, and depression have a potent effect on memory too. Chemotherapy can affect memory. Radiation to the breast area has no effect on short-term memory or other mental functions, but radiation to the whole brain for metastatic disease can have a profound effect. Just as it can affect anything else, our genetic makeup may influence how our memory functions.

Memory is also very dependent on mental conditioning—how often and how long you use your memory and other brain functions. New information about the brain indicates that contrary to past belief, brain cells are not fixed in number. No matter how old you are you can still grow new brain cells. Just like the rest of your body, the more rigorously and regularly you "exercise" your brain, the better it will function. So keep your brain busy; keep learning new things all the time, and stir up your memory by testing yourself on what you'd like to remember—telephone numbers or family birthdays.

Weight Gain

After menopause, many women begin a slow but steady weight gain. As people age, their metabolic rate slows, so they need fewer calories to maintain their normal weight. If you're less physically active as you age, but consume the same number of calories, the result is weight gain. Additionally, inactivity while going through cancer treatment can reduce muscle mass and increase adipose tissue and slow down metabolic rates which commonly leads to weight gain. Changing a lifetime's eating habits is not easy, and weight gain is a big issue for women who have had breast cancer. Some studies have found a correlation between obesity and a higher risk of breast cancer.

Regular exercise which consists of weight training , weight bearing and increasing strength are all very important after cancer treatment ends. We can offer nutritional as well as physical therapy consults that are able to make recommendations and suggestions in this area.

Resources

Websites

- www.lbbc.org- Living Beyond Breast Cancer
- www.menopause.org North American Menopausal Society

Referrals

- Mary Schubert, ARNP
Specializes in cancer survivors and menopausal as well as gyn issues.
Evergreen Women's Health Care
Office (day or night) (425) 899-6400
Office FAX number (425) 899-4490
- Physical Therapy at Seattle Cancer Care Alliance
- Andrea Leiserowitz (206) 288-7141
- Nutritional Clinic at Seattle Cancer Care Alliance
- (206) 288-1148

These sources should be cited for menopause.

- www.lbbc.org- Living Beyond Breast Cancer
- www.menopause.org North American Menopausal Society