Vasomotor Symptoms (VMS) describe the hot flashes & night sweats often experienced during menopause.

Severity of these symptoms ranges, but may be worse in those who smoke, are overweight, or are physically inactive.

80% of women will suffer from VMS with 20% of women rating flushes as severe and causing significant impairment.

VMS last an average of 7.4 years, although 10% of women will have VMS longer than 10 years.

80% of women will suffer from VMS with 20% of women rating flushes as severe and causing significant impairment.

Treatment Options for Vasomotor Symptoms

1. **Lifestyle Modifications**
   - No harm and low cost

2. **Non-prescription Treatments**
   - Little potential for harm but often ineffective

3. **Non-hormonal Prescription Drugs**
   - Less effective than hormonal therapy

4. **Menopause Hormone Therapy**
   - Most effective (90%) for vasomotor symptoms

**Lifestyle Modifications**

If you are most interested in lifestyle options, yoga, weight loss, and cognitive behavioural therapy (CBT) may help you the most. If you’re trying yoga, consider a 90-minute session once per week with daily practice at home. If you are considering weight loss, losing 10% of body mass has been shown to improve, and possibly eliminate, hot flashes and night sweats in some women.

**Non-prescription Treatments**

Many women would like to try treatment options beyond lifestyle changes. There are a few over-the-counter, non-hormonal treatment options such as soy isoflavones and black cohosh, but they are not overly effective.

**Black Cohosh (40mg per day)**

There is a small chance of GI upset or skin irritation. Women with a history of liver disease should avoid this supplement.

**Soy Isoflavones (100mg per day through diet)**

This is not a suitable option for everyone. Women with a history of breast cancer are usually advised to avoid this recommendation.
Non-hormonal Prescription Drugs

There are also many prescription non-hormonal options available. These include some antidepressants at low doses, a medication called gabapentin, and an older medication for blood pressure (clonidine). As with many medications, there can be side effects and these non-hormonal prescription options are not as effective as hormone therapy. That said, they are worthwhile considering and we should review them with you.

Menopause Hormone Therapy (MHT)

There are four primary indications for hormone therapy and several contraindications.

INDICATIONS FOR MENOPAUSE HORMONE THERAPY

1. Bothersome vasomotor symptoms
2. Prevention of bone loss in postmenopausal women at higher risk of osteoporosis or fractures
3. Hypoestrogenism (low estrogen) caused by hypogonadism, premature surgical menopause, or premature ovarian insufficiency (POI)
4. Genitourinary Symptoms

Hormone therapy given systematically (e.g. estrogen given by mouth or via the skin through a gel or patch) is the most effective treatment for vasomotor symptoms.

CONTRAINDICATIONS TO MENOPAUSE HORMONE THERAPY

- Unexplained vaginal bleeding
- Pregnancy
- Breast cancer
- Endometrial cancer
- Severe active liver disease
- Coronary heart disease (CHD)
- Stroke
- Dementia
- Personal history or inherited high risk of thromboembolic disease
- Hypertriglyceridemia
- Porphyria cutanea tarda

You may have concerns related to symptoms that fall outside of these four indications. MHT may alleviate other bothersome menopause symptoms but this is not the primary reason why we prescribe it.

If you would like to start menopause hormone therapy and you have no contraindications, it is important that your treatment is individualized using the best available evidence to maximize benefits and minimize risks. There are different risks of hormone therapy depending on type, dose, duration, route of administration, timing of initiation, and whether a progestogen is needed. Your doctor will discuss these with you.

References