Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Patient Information

Non-Hormonal Options to Treat Menopause After Cancer

Background

Around 9 million women globally are diagnosed with cancer annually. Improved cancer survival means that more women are living long-term with menopausal consequences of cancer treatment.

Treatment-induced menopause is often more severe than natural menopause due to the sudden drop in hormones (usually before the natural age of menopause).

The symptoms that women can suffer from are varied: hot flushes, night sweats, sexual dysfunction, sleep disturbance, mood symptoms to name a few. There are also long-term health consequences for early menopause and ongoing treatment: increased risk of osteoporosis, increased risk of cardiovascular disease.

The holistic options and lifestyle changes include:

Keep rooms cool and wear lightweight clothing.

Maintain a healthy weight and stay active.

Limit triggers like caffeine, alcohol, and spicy foods.

Stop smoking to reduce symptom severity.

Relaxation, mindfulness, and yoga support mood and sleep.

Breathing techniques can reduce flush intensity.

Non-Hormonal Prescribed Options

SSRI/SNRI
These medications are used off license to reduce flush frequency and severity by 40-60%.
Options include:
Paroxetine (10mg per day) - this is as effective as higher doses and there is the most research available for 10mg. Interacts with Tamoxifen.

Fluoxetine - can also be effective and has lower chances of side effects. Interacts with Tamoxifen.

Citalopram (10-30mg per day) or Escitalopram – can improve flushes and can improve mood but does have some relatively common side effects. These do not interact with Tamoxifen.

Venlafaxine (between 37.5-150mg per day) - studies show it is consistently effective throughout different trials. It does not interact with Tamoxifen. This tends to be the preferred first line for those patients who are taking tamoxifen and 75mg per day has been shown to significantly reduce hot flushes as well as potential improvement in fatigue, mental health and sleep issues.

Sertraline - is also an SSRI however the research suggests it is not very effective at managing hot flushes.

Side effects of these medications can include dry mouth, nausea, constipation, appetite problems, low libido and these get worse as doses increase. Sometimes nausea can be reduced by using a long-acting formulation.

Oxybutynin

Oxybutynin is a new option for managing hot flushes as it is usually used for managing overactive bladder symptoms. However, it has been shown to reduce the frequency of hot flushes. This was a small trial for patients after breast cancer. It is not licensed for managing hot flushes, but it is something menopause specialists use off license for this purpose. It does have some potential side effects such as stomach pain, diarrhoea, nausea, headaches, dry mouth, and dry eyes. The dose is usually 2.5mg twice a day, but this can be increased to 5mg twice a day.

Gabapentin and Pregabalin

Gabapentin (between 300mg daily and 300mg three times a day) or Pregabalin (75-150mg twice a day) have been shown to improve hot flushes when compared to placebo. There are side effects including feeling fatigued, dizziness, weight gain and dry mouth. In the research trials, these were worse when the dose was increased.

Gabapentin can be as effective at managing hot flushes as venlafaxine; however, in the trials patients tend to prefer venlafaxine.

The research available for these medications does not include long term effects, positive or negative. There is also a risk, given the type of medication gabapentin and pregabalin are, that patients could become dependent, and so the prescriptions are tightly regulated.

Clonidine

Clonidine is a medication that can be used for high blood pressure but is also licensed for hot flushes. The dose is usually 25 mcg twice a day for 2 weeks. This can be increased to a maximum of 50 mcg three times a day. The evidence base can be conflicting; one study shows significant reduction in the numbers of hot flushes and improved quality of life compared with placebo in women who have had breast cancer when they use the maximum dose of 100 mcg daily. Clonidine doses have side effects, and these are likely to get worse with the higher doses of medication. The side effects include sleep disturbance. This can be seen in up to 50% of the patients that choose to use it. It is not a medication that can be stopped suddenly, and the dose must be gradually reduced until it is stopped, to avoid sudden high blood pressure. Clonidine may not be suitable for patients with a baseline low blood pressure.

Fezolinetant

Fezolinetant is a Neurokinin 3 receptor antagonist, licensed to manage vasomotor symptoms. Use of Fezolinetant in breast cancer survivors who be off licence. Studies with neurokinin receptor 3 antagonists on women with hot flushes demonstrate a rapid effect on vasomotor symptoms. Benefits can be seen in the first 4 weeks, with a fair trial being 12 weeks. Fezolinetant was licensed by the MHRA in December 2023 and it gained NICE NHS approval in February 2026. Blood tests for liver function are needed prior to starting, followed by month 1,2,3 and 12. Side effects include diarrhoea, difficulty sleeping and stomach pain.

Alternative and Complementary therapies

NICE 2015 indicates that only St John's Wort may improve symptoms, but it is not recommended because of serious drug interactions.

Isoflavones, Red Clover and Black Cohosh are not recommended for women who have had breast cancer by any of the international bodies.

Cognitive Behavioural Therapy

One study found hypnotherapy as effective as Gabapentin in hot flush reduction. Supporting clinical studies demonstrated the effect in reducing women's ratings of their hot flush problems. CBT is also recommended as a treatment option for anxiety experienced during the menopause transition and post menopause. A CBT approach which is theory based can have an impact on both hot flush perception and control and reduction in stress and wellbeing and sleep problems. This is available within the ABUHB Specialist Menopause Service. Please ask your health care professional to refer.

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Mae'r ddogfen hon ar gael yn Gymraeg".