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What works?

Evidence for lifestyle and nonprescription therapies in menopause

Background

Effective prescription medications are available to treat menopausal symptoms. However, due to adverse effects and risks associated with use, many women are seeking complementary and alternative options to treat their symptoms. Nonpharmacological options for the management of menopausal symptoms are widely available and frequently used.

Objective

This article outlines the use of, and evidence for, nonprescription therapies and complementary therapies for menopausal symptom management.

Discussion

There are a large number of studies on complementary and alternative therapies for the management of menopausal symptoms. Lifestyle changes are beneficial and studies on relaxation training are revealing encouraging results. Studies of the benefits of yoga have mixed results. Current evidence from systematic reviews does not support the use of over-the-counter complementary therapies or acupuncture. A large placebo effect exists for the management of hot flushes, therefore further research against active controls is required. Management options should be collaboratively explored.

Keywords: menopause; mind-body therapies; lifestyle; complementary therapies



Case study

Mrs AW, an active 52 year old woman, presents to her general practitioner. For the past 3 months she has been experiencing mild but frequent hot flushes and night sweats with associated sleep disturbance. Her last period was 13 months ago. She has been previously well and is taking no medications. She is keen to explore 'natural' management of her menopausal symptoms. What do you advise?

The World Health Organization defines health not just as the absence of disease but as 'a state of complete physical, mental and social wellbeing'.¹ Addressing all aspects of care is important and should be considered during consultations for menopause.

Menopause is an important time of transition and change for women. Doctors should be educating and empowering menopausal women to be active participants in their health and supporting self management through lifestyle modification. Many women choose a management plan for menopause that does not include prescribed medications. For others, side effects or risks mean they are unable or unwilling to take hormone therapy (HT). It is important that GPs have an understanding of the nonpharmacological options for treating menopausal symptoms. An individualised and collaborative approach to management should be utilised.

Clinical assessment

Comprehensive assessment of the menopausal woman requires a thorough clinical assessment encompassing:

- history
- examination, and
- relevant investigations.

There are benefits in identifying and addressing the woman's perceptions of the cause of hot flushes. A recent small American descriptive study² of breast cancer survivors has limited generalisability to a wider population, however given that stress and lack of sleep are predominant perceptions as to the cause of hot flushes it is worth considering these areas in developing a comprehensive management plan. For most women there are other



issues occurring at this stage of life which can also contribute to stress and subsequent lack of sleep. Addressing these issues via a comprehensive history and active listening may in itself provide relief.

Women value the ongoing care and compassion their GP can offer. The therapeutic relationship is a powerful tool in general practice, particularly so during menopause. Patients have access to a range of sources of information, such as websites and magazines. Such information may be useful, but it can also be misleading. A trusted and established relationship with a GP is important to provide the clinical interpretation and open, collaborative discussion of such information. Women prefer to obtain information from personal consultation with their healthcare professional.³ Directly asking the woman about what she has read or heard from friends is an important step in assessing pre-existing beliefs and misconceptions, and her wishes and fears regarding menopause.

Nonpharmacological therapies for symptoms

Estimates of the use of complementary and alternative therapies by menopausal women vary. This may reflect some variation in symptom reporting. A systematic review looking at the worldwide prevalence of vasomotor symptoms (ie. hot flushes and night sweats) in menopausal women reported an almost 40% prevalence in most societies. However, wide variation exists (8–80%) and is influenced by many factors such as climate, diet, lifestyle, women's roles and attitudes regarding the end of reproductive life and the aging process.⁴ An Australian questionnaire of menopausal symptom frequency and severity found overall 40% of participants experienced hot flushes, however only 15% reported these to cause more than little concern.⁵

The most frequent concerning symptoms were:

- loss of interest in sex (35%)
- muscle and joint pains (29%)
- feeling tired (26%), and
- difficulty sleeping (25%).

Sleep difficulties also accompany vasomotor symptoms.^{6,7} In contrast, an American study found 49.8% participants experienced moderate to severe hot flushes.⁸

A population based study found 60% of women seek healthcare for menopausal symptoms, with vasomotor symptoms being the most common.⁹ This large American study found 12% used complementary and/or alternative medicines (CAM) and 16% used CAM in combination with HT. Another large American survey found 45% of women aged 45–57 years had used some form of CAM in the past 12 months, however only 3% mentioned menopause as a reason for its use.¹⁰ A smaller American telephone survey found 76% of women used CAM; 22% specifically for menopausal symptoms.⁸ Of note, only 45% of these CAM users mentioned this use to a medical provider and almost all women found therapy helpful.

A smaller Australian questionnaire of 886 participants found

use of CAM was high (82.5%) in menopausal women.⁵ Nutrition (dietary supplements and healthy eating) was most commonly used (67%), followed by phytoestrogens (56%), herbal therapies (evening primrose oil, vitamin E, ginseng or red clover, 41%) and other CAM (25%), suggesting CAM is used more widely than just for vasomotor symptoms. Wild yam cream, dong quai, black cohosh or topical progesterone cream were used by less than 10% of participants.

A study in the United Kingdom found 18% of participants experienced hot flushes and the most commonly used CAM or nonpharmacological intervention for these symptoms were diet/nutrition (44%), exercise/yoga (41.5%), relaxation/stress management (27.4%), and homeopathic/naturopathic remedies.¹¹ Again, most women found these therapies helpful. A Canadian study found 91% of menopausal women had used CAM.¹²

Evidence for lifestyle measures

Women presenting with menopausal symptoms represent an ideal opportunity to explore preventive health opportunities and lifestyle change. Only 29.5% of Australian women do not have at least one risk factor of: increased body mass index (BMI), smoking, or at-risk alcohol consumption.¹³ It is therefore imperative to assess for and manage these risk factors. Women who report vasomotor symptoms have higher cholesterol, BMI and blood pressure.¹⁴ However, the symptomatic women in this study were more likely to be smokers, current HT users and less likely to exercise. It still remains a timely reminder to undertake full cardiovascular risk assessment in all menopausal patients and manage any risks found.

Smoking

Over 15% of females aged over 18 years are current smokers in Australia.¹³ Smoking has been reported as a risk factor for hot flushes.¹⁵ Given the high disease burden associated with smoking, use and cessation advice should be routinely offered in clinical practice.

Alcohol use

A report of Australian drinking status found daily alcohol consumption increases steadily with age and the highest percentage of the population with daily use is those aged more than 50 years.¹⁶ Alcohol can trigger hot flushes.¹⁷ Advice should be given on the low risk consumption of alcohol.

Body mass index

Increased BMI is a risk factor for hot flushes.¹⁵ Women with BMI in the normal range have reported significantly lower vasomotor symptom scores and better health related quality of life scores than overweight women in a UK questionnaire.¹⁸ Vasomotor symptom improvement has been shown in a randomised control trial (RCT) of overweight women undergoing an intensive weight loss intervention.¹⁹ Advice and management to normalise BMI, including advice on improved nutrition and increased exercise, is an important component of menopausal and preventive health management.



Physical activity

A 2007 Cochrane review looking at the role of exercise in the management of vasomotor symptoms found insufficient evidence to determine effectiveness.²⁰ In 2009, the same author still concluded further high quality evidence is required, however existing trials show positive mental health benefits, improved quality of life and decreased risk of chronic disease in women experiencing vasomotor symptoms.²¹

An Australian survey found benefits for exercise on somatic and psychological symptoms but not for vasomotor symptoms or sexual function.²² Several other studies report benefits for general symptoms and call for further exploration.^{23,24} Given exercise already has convincing evidence of benefit generally, including positive benefits on bone mass, it should be recommended in a menopause management plan.²⁵

Two RCTs studying the effect of yoga on menopausal symptoms found benefits for decreasing stress and vasomotor, cognitive and psychological symptoms of menopause.^{26,27} A systematic review however, found the existing evidence was insufficient and called for further research.²⁸ The most recent systematic review identifying three RCTs and five uncontrolled studies found symptom improvement with yoga and meditation based programs.²⁹

Evidence for mind-body therapies

A systematic review of muscle relaxation, slow paced breathing and relaxation therapies suggested overall menopausal symptom improvement, however more high quality studies are required for definitive conclusions.²⁹ This supports the findings of an earlier systematic review and a recent clinical review.³⁰ Two small studies show promising results for hypnosis in improving vasomotor symptoms.^{31,32} Further trials are warranted. Mind-body therapies have an advantage in terms of safety with minimal side effects and risks.

Evidence for complementary therapies

There have been many reviews of the literature focusing on CAM for management of menopausal symptoms that discuss the lack of evidence or mixed effects.^{17,33–43} Based on current literature, these reviews are consistent in stating that alternative over-the-counter therapies lack consistent, beneficial data to support their use. Many studies found improvements in menopausal symptoms, however this benefit was also found in the placebo or comparison group. Large numbers of studies exist for CAM for hot flushes but overall efficacy is not supported and there is limited safety data.⁴⁴ This includes studies on phytoestrogens (soy isoflavones and red clover), black cohosh (*Cimicifuga racemosa*), vitamin E, evening primrose oil, ginseng, wild yam, ginkgo or the Chinese herb dong quai). Safety concerns exist regarding liver toxicity for black cohosh. Safety of dong quai and phytoestrogen supplements in patients with breast cancer are unclear due to their oestrogen-like activity. Phytoestrogen supplements in patients with breast cancer are unclear due to their oestrogen-like activity.⁴⁰ Concerns have also been raised regarding

endometrial hyperplasia associated with soy isoflavones.³³ There is no evidence bio-identical hormones have any advantage over conventional hormone therapies and no data to suggest risks are different from conventional HT.³⁹

Evidence for acupuncture

A RCT examining the effectiveness of acupuncture and self care compared with self care alone suggested improvement in vasomotor symptoms and quality of life.⁴⁵ Follow up studies at 6 and 12 months found the differences were no longer present.⁴⁶ This finding has been supported by another recent RCT.⁴⁷ A systematic review revealed mixed evidence and called for further trials to assess effectiveness.

Summary of important points

- A thorough clinical assessment and collaborative discussion of management options should occur for women presenting for management of menopause symptoms.
- Given the wide availability and frequent use, GPs should routinely enquire about their patient's use of CAM.
- Explore preventive opportunities and lifestyle behaviour change.
- Mind-body therapies such as relaxation training are likely to assist menopausal women. The evidence for the benefits of yoga is mixed.
- Current systematic review evidence does not support the use of acupuncture or over-the-counter complementary therapies (including phytoestrogens, black cohosh, vitamin E, evening primrose oil, ginseng, wild yam, ginkgo or dong quai) for menopausal symptoms.

Case study follow up

Mrs AW had six sessions of focused psychological strategies involving cognitive behavioural therapy (cognitive restructuring) regarding stage of life issues and relaxation skills training with breath training and progressive muscle relaxation. This was combined with lifestyle modification, focusing on sleep hygiene, nutrition and regular physical activity. Symptoms significantly improved and she felt an overall sense of enhanced wellbeing.

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Conflict of interest: none declared.

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