

Information for you

Published in December 2011 (next review date: 2015)

Alternatives to hormone replacement therapy for symptoms of the menopause

This information is for you if you are considering alternatives to hormone replacement therapy (HRT) for symptoms of the menopause. This leaflet does not discuss the risks or benefits of HRT in detail. Your healthcare professional can give you further information on this.

What is the menopause?

The medical definition of the menopause is when you have your last period. It happens because your ovaries stop producing eggs and the amount of estrogen hormone in your body falls. Women in the UK have their menopause between the ages of 45 and 55. The time before your last period, when your hormone levels are falling, is called the perimenopause. This can last from a few months to several years and between three in ten and six in ten women (30% to 60%) experience physical and/or emotional symptoms during this time. The main symptoms include:

- hot flushes and night sweats (the most common symptoms)
- vaginal dryness
- tiredness and sleep disturbance
- mood swings
- forgetfulness or lack of concentration
- loss of interest in having sex.

Every woman experiences the menopause differently – some experience one or two symptoms mildly while others have more severe symptoms. Some women choose to go through the menopause without treatment; others prefer to help to manage their symptoms either by using HRT or an alternative.

What is HRT?

HRT is a medical treatment for the menopause. It provides low doses of the hormone estrogen and sometimes other hormones (progestogens and



testosterone) which your body is no longer producing. HRT is available as tablets, skin-patches, gels or nasal spray. A cream, pessary, or vaginal ring containing estrogen can also be used to ease symptoms in the vaginal area.

Is HRT safe and does it work?

The effects of HRT have been studied in over a million women worldwide and research shows that for most women HRT works and is safe.

Why would I choose an alternative to HRT?

Not every woman chooses HRT for the menopause. For you, this may be because:

- Your GP has advised you not to take HRT because of your own, or your family's, medical history of (for example) breast cancer or deep venous thrombosis (blood clot in a deep vein).
- You want a treatment that works especially well for one particular symptom that you have.
- You have concerns about the safety and side effects of HRT and believe that other treatments are safer.
- You would prefer a non-medical treatment.

What are the alternatives to HRT?

The alternatives to HRT can be broadly classified as:

- **Herbal medicine** – a practice based on the use of plants or plant extracts to relieve symptoms – for example, evening primrose oil or St John's Wort.
- **Alternative medicine** – a range of therapies used instead of conventional medicine, such as acupressure, acupuncture and homeopathy.
- **Complementary therapy** – interventions which tend to be used alongside conventional medicine, for example, aromatherapy with HRT.
- **Medical treatments** – prescribed by your doctor, such as antidepressants.

Are these alternatives safe and do they work?

There are over 200 non-medical treatments and several medical treatments that can be used for symptoms of the menopause. The full effects of every available treatment are not always completely understood. Many of the treatments haven't been studied scientifically and some of the benefits of the treatments that have been studied may be due to the placebo effect where taking something or having something done makes you feel better anyway.

For any one treatment there may be:

- evidence to show the treatment works and is safe (see section 1)
- insufficient evidence to show the treatment works and is safe. This may be because some studies show a treatment works and/or is safe whereas other studies show the treatment does not work and/or is not safe (see section 2)
- evidence to show the treatment is harmful or has no beneficial effect (see section 3).

Overall, the evidence shows that the alternatives to HRT discussed in this document are much less effective at easing the symptoms of the menopause compared with HRT. The best ones can reduce the severity of symptoms by 50% to 60%, compared with a reduction of 80% to 90% with HRT.

I. Treatments that work and are safe

There is evidence that the treatments below work and are safe:

- **Lifestyle choices**
 - **Regular aerobic exercise** such as running and swimming. You should avoid infrequent, high-impact exercise as this may make your symptoms worse.
 - **Low-intensity exercise** such as yoga may help hot flushes and general wellbeing.
 - **Reducing your intake of caffeine/caFFEinated drinks and alcohol** can help to reduce hot flushes and night sweats.
- **Vaginal lubricants and moisturisers** replace vaginal secretions and can help with vaginal dryness.
- **St John's Wort** appears to be effective in treating depression during the menopause but it can interfere with other medications so it is important to speak with your GP before taking it. It has not been proven to help with hot flushes.

2. Treatments where more evidence is needed to know if they work and are safe

More evidence is needed to know if the treatments below work, what the side effects may be and whether there are long-term risks. If there are safety concerns about a specific treatment, these are listed below. Other treatments appear safe but may not have been shown to be effective.

Non-prescribed treatments

- **Acupuncture** may help reduce hot flushes and night sweats although a positive result is likely to be because of the placebo effect (where having something done makes you feel better anyway). More studies are needed to see whether acupuncture works or not. Acupuncture is not regulated at present.
- **Black cohosh** may work for hot flushes and night sweats but more studies are needed to see whether there is a real benefit. It can have minor side effects such as stomach upsets or rashes. Serious side effects affecting the liver are rare. You should stop taking black cohosh immediately if you have jaundice (yellowing of your skin and eyes), if you have severe stomach pains with nausea and vomiting or if you go off your food.
- **Chasteberry (agnus castus), selenium, vitamin C and herbs such as ginkgo biloba, hops, sage leaf, liquorice and valerian root** are taken by some women but there are very few studies on whether any of these work for menopausal symptoms.
- **Dehydroepiandrosterone (DHEA)** may have a positive effect on your sense of wellbeing, improving your memory, sexual libido and potentially reducing vaginal dryness. However, the long-term effects are unknown. Further studies are needed to see whether DHEA helps hot flushes.
- **Homeopathy** has only been tested on small groups of women. The results have been encouraging and it is safe but further, larger studies are needed to see if it is effective.
- **Magnetism in the form of bracelets/soles.** There no evidence that magnetism helps menopausal symptoms.
- **Phytoestrogens** are plant substances that have similar effects to estrogen and are found in the following:
 - **foods such as soya beans, chickpeas, beans and peas.** Diets rich in these may help menopausal symptoms but studies are needed to see whether they do give any

benefit. How much and how often you need to eat these foods to get symptom relief is not known.

- **phytoestrogen supplements**, which do not appear to be helpful for menopausal symptoms. If you have been advised not to take estrogen, you may not be able to use phytoestrogens.
- **soy products**: these have been studied but results are not consistent and more studies are needed. Of the soy products studied, soy isoflavone supplements appeared to have the most benefit for menopausal symptoms. However, these should only be used if you have stopped having periods. If you take these products for a long time, they may have an effect on your uterus (womb). If you have any vaginal bleeding once your periods have stopped, inform your GP.
- **red clover (*trifolium pratense*)** may help reduce hot flushes and night sweats although more studies are needed. It may work in the same way as estrogen. It isn't clear whether it is safe to use red clover if you have been advised not to take estrogen.
- **Progesterone skin creams**: studies of whether these help with hot flushes and night sweats are conflicting and more studies are needed.
- **Reflexology**: there have been very few studies of reflexology and whether it helps menopausal symptoms and more studies are needed to see whether it helps. It is safe.

Treatments prescribed by a doctor

- **Antidepressants** such as fluoxetine, paroxetine, citalopram and venlafaxine have been used to treat hot flushes and night sweats. More studies are needed to see whether they work since many of the studies only lasted a few weeks. However, venlafaxine appeared to have the most benefit. Antidepressants can cause nausea and other side effects.
- **Clonidine** may help for hot flushes but the number of studies is small. Clonidine patches may be more effective than the tablets.
- **Gabapentin**, an anti-epileptic medication, appears to help hot flushes but may cause tiredness and other side effects. More studies are needed to confirm it helps and that it is safe.

3. Treatments that do not work and/or are not safe

The treatments below have been studied and evidence has shown that they either do not work or they are not safe.

- **Dong quai (*angelica senensis*)** has been shown not to be effective in one study. It interferes with other medicines and can make you sensitive to sunlight.
- **Evening primrose oil** – studies have shown this does not work for hot flushes.
- **Ginseng** has not been shown to be effective for hot flushes and may cause side effects such as abnormal vaginal bleeding and breast pain.
- **Kava kava (*piper methysticum*)** is banned in the UK because it can cause liver damage.
- **Progestogen hormones** prescribed by your doctor may help hot flushes and night sweats. However the safety of progestogens is under review since it is thought that the small increase in the risk of breast cancer seen with HRT may be due to the progestogen. Progestogens should not be used for women who have an increased risk of breast cancer.
- **Beta blockers** do not appear to help hot flushes in the small number of studies carried out.
- **High doses of Vitamin E** may help hot flushes but may be harmful.

Making a decision about an alternative to HRT

The following questions may help you make a decision about using an alternative treatment. Your GP may be able to provide you with further information.

Does it work and is it safe?

Not all treatments work or are safe. Some herbal medicines can react with other medicines you may be taking for conditions such as epilepsy, heart disease or asthma. You should check with your GP before taking a herbal medicine.

Does it work for the symptoms I have?

Some products treat specific symptoms. For example, acupuncture may be used to treat hot flushes and night sweats, whereas other products, such as homeopathy, can be used for all symptoms.

What are the side effects of this treatment?

It is important to remember that any treatment that has a beneficial effect can also have side effects or be harmful. This can be true even of natural remedies. The side effects should be listed on the packaging.

What are the long-term risks?

For some non-medical treatments, the long-term risks may not be known. Some treatments work because they act like estrogen and also carry the same risks to your health. If you are trying to avoid estrogen because of your medical history, then you should avoid these treatments.

Is this treatment licensed?

Unlike conventional medicine, there is no legal obligation for herbal medicines to be licensed. Unlicensed products may vary greatly in their actual contents. In European Union countries there is a legal obligation for herbal preparations to be registered with the Medicines and Healthcare products Regulatory Authority (MHRA). If you buy herbal products, look for a product licence or traditional herbal registration (THR) number (as illustrated) on the label to ensure that what you are buying has been checked for safety and quality. It is advisable to buy remedies from a reputable source.



Some of the medical treatments prescribed for symptoms of the menopause are not licensed for this particular purpose. It is not unusual for doctors to prescribe treatments which are licensed for one condition, to be used to treat another condition. Your doctor should discuss this with you.

Do I need to speak first with my GP before taking an alternative treatment?

If you are currently taking prescribed medication, speak with your GP before taking a non-medical treatment.

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG Opinion Paper *Alternatives to HRT for the Management of Symptoms of the Menopause* (September 2010) produced by the Scientific Advisory Committee. It contains a full list of the sources of evidence we have used. You can find it online at: www.rcog.org.uk/womens-health/clinical-guidance/alternatives-hrt-management-symptoms-menopause.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

This information has been reviewed before publication by women attending clinics in Durham, Cornwall and Norwich.

A glossary of all medical terms is available on the RCOG website at <http://www.rcog.org.uk/womens-health/patient-information/medical-terms-explained>.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit www.rcog.org.uk for the most up-to-date version of this guideline.