

Menopause & PMS

This leaflet has been written by staff working in the Menopause & PMS service at Chelsea and Westminster Hospital for clinics at Chelsea and Westminster Hospital and West Middlesex Hospital.

Definitions

- Selective Serotonin Re-uptake Inhibitors (SSRI) [fluoxetine, paroxetine, citalopram, sertraline]
- Serotonin Noradrenaline Re-uptake Inhibitor/Selective Serotonin Re-uptake Inhibitors (SSRI-SNRI) [venlafaxine]
- Medicines and Health Regulatory Authority (MHRA)
- National Institute of Clinical Evidence (NICE)
- Selective Estrogen Receptor Modulator (SERM)

Contact information

If you need to re-schedule your appointment please ring the appointments office on 020 3315 6666.

Menopause & PMS Service
Gynaecology Outpatients
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Further advice and support

www.menopausematters.co.uk (Menopause Health)
www.the-bms.org (British Menopause Society)
www.imsociety.org (International Menopause Society)

Patient Advice & Liaison Service (PALS)

If you require information, support or advice about our services, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception. Alternatively, you can feedback your comments/suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals. We value your opinion and invite you to provide us with feedback.

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Speak to your clinician

Alternative non-hormonal prescription treatments

Information for patients



Chelsea and Westminster Hospital
NHS Foundation Trust

When are alternative non-hormonal prescriptions recommended?

Not all women can have or want hormone replacement therapy to manage their hot flushes or night sweats. If symptoms are affecting your quality of life, alternative non-hormonal prescription medications may help.

What are the options?

There is a growing body of good scientific evidence demonstrating significant symptom relief can be gained from selected non-hormonal medications. Options include: Clonidine, selected antidepressants called SSRIs and SNRIs, Gabapentin (Gamma aminobutyric acid) and Oxybutynin.

Why has an antidepressant been recommended?

The British menopause Society and other professional bodies state that SSRIs should not be offered for vasomotor symptoms unless HRT cannot be given.

SSRI and SNRIs are recognised for their effects on depression and anxiety, and some of these medicines can improve hot flushes in up to 40-65% of women.

- Paroxetine 10 mg is the most effective, even at a low dose along with citalopram or fluoxetine.
- Venlafaxine 75 mg is the preferred treatment to reduce hot flushes and may improve fatigue, mental health and sleep disturbances.

SSRIs and SSRI/ SNRIs may cause dry mouth, nausea, constipation, appetite low libido. These side-effects more common at higher dosage but usually short-term. If you are troubled by these side-effects, please speak to your healthcare professional.

What are my other choices?

- Gabapentin (Gamma aminobutyric acid)
Gabapentin can improve flushes and sweats. Side effects include sleepiness, dizziness, weight gain

and dry mouth. To minimise these effects, it is advisable to start with a low dose and slowly increase as tolerated. The sedative effect of Gabapentin may be taken advantage of to aid sleep.

• Clonidine

Clonidine is the only non-hormonal drug licenced for use for hot flushes in the UK. Starting dose of 25 mg is increased a maximal dose over 2-3 weeks. Studies of its effectiveness are contradictory although a few women may have significant benefit. At higher doses clonidine causes sleep disturbance in at least 50 percent of users. As a licensed blood pressure tablet, it should not be used if you already have a low blood pressure and should be slowly discontinued to prevent re-bound high blood pressure.

• Oxybutynin

Oxybutynin has more recently been proposed, showing promising evidence in the control of flushes and sweats. Usually used for bladder symptoms, its short-term side effects include dry eyes and mouth. Starting with a low dose, increased over a few weeks minimizes these problems. Benefits in flush and sweat can be as much as 60%.

• Ospemifene

Although not currently available in the UK, this non-hormonal drug has shown significant benefit for dry vaginal symptoms and painful intercourse. It is classed as a SERM, of the same family as Tamoxifen.

Do alternative options really work?

Few alternative treatment options have robust scientific evidence of effectiveness, mainly because most trials are on small numbers of women observed a short number of weeks. However, of those studies results are conflicting. Study result outcomes fall in to two main domains:

- Benefited demonstrated but no difference compared to placebo
- Up to 65% improvement in symptom relief, compared to placebo or no treatment (venlafaxine)

The placebo effect is due to an increase in the production of the brain's chemical messengers (neuro-transmitters). Worry of a placebo effect should not stop you trying these medications as any reduction in symptoms that improves your quality of life is valid, no matter the mechanism behind it.

The UK NICE guidelines (November 2015) indicate that SSRIs, SNRIs and Gabapentin are no better than placebo but they are widely supported by specialist and continue to have a valid role in the choices offered for symptom relief.

Your healthcare professional will advise you on your individual choices.

Can these medications interaction with other drugs that I am taking?

The MHRA cautions that St John's Wort may have serious drug interactions. Seek advice from your healthcare profession if you are taking warfarin or antidepressants.

Unless recommended by a specialist, fluoxetine or paroxetine should not be used if you are taking Tamoxifen as they can reduce its the effectiveness.