



Editorial

Alternative treatment for hot flashes



Hot flashes (also called hot flushes) are one of the most common, bothersome, and distressing symptoms that women undergo during menopause. These flashes are a vasomotor symptom that significantly deteriorates a woman's quality of life because they can cause chills, night sweats, palpitation, as well as sleep disturbance and insomnia, and may persist for years.^{1,2} One report showed that in excess of half of women living in the USA experienced hot flashes during their menopausal transition, and one-third reported symptoms persisting more than 10 years after menopause,³ suggesting that many postmenopausal women need help to minimize the symptom impact of their hot flashes. Clinical practices are increasingly confronted with a variety of medical challenges that directly impact a woman's natural menopausal transition. Such challenges include oophorectomy due to various diseases such as endometrial cancer,^{4–6} breast cancer treatment by endocrine therapies (e.g., aromatase inhibitors, gonadotropin-releasing hormone agonist, and tamoxifen),^{7,8} endocrine manipulations, and chemotherapy with a resultant premature ovarian failure⁹; all of these treatments are increasingly found in clinical practice because the incidence and/or prevalence of breast cancer has expanded significantly worldwide.^{10,11}

Endocrine manipulations are especially important for the management of breast cancer in young (premenopausal) women. More than two-thirds of breast cancer patients undergoing the various kinds of endocrine manipulations will have their treatments complicated with differing degrees of vasomotor symptoms, including hot flashes, a troublesome side effect that impacts patient adherence to treatment. When patients fail to adhere to endocrine therapy, this subsequently contributes to worse prognosis for these premenopausal patients.¹ The general consensus is that adequate relief of vasomotor symptoms, such as hot flashes, is of paramount importance.

There is no doubt that hormonal therapy, especially estrogen therapy, is the most effective therapy for all menopause-related vasomotor symptoms, including hot flashes. However, because of the strong evidence of risky hormones, especially the regimen of combined estrogen and progesterone,^{12,13} the use of hormonal therapy is not appropriate as first-line therapy. In fact, only a small fraction of women

complicated with hot flashes will benefit from hormonal therapy. Hence, it has been established that the demand for using alternative and/or complementary medicine/therapy, such as nonhormonal pharmacological therapies [e.g., antidepressants (selective serotonin reuptake inhibitors—paroxetine, citalopram, and venlafaxine), antiepileptics (gabapentin), and antihypertensives (clonidine)], physical and behavioral therapies [e.g., yoga/exercise/massage, relaxation, and cognitive behavioral modifications (wearing light clothes, lowering room temperature using air conditioners, and avoiding hot or spicy food intake)], and acupuncture, as well as natural health products/herb medication [e.g., phytoestrogen (soy isoflavones, red clover isoflavones, genistein, etc.), black cohosh, licorice, chaste tree, dong quai, flaxseed, ginseng, primrose oil, lavender aromatherapy, and vitamin E] has increased, and these are important for those women who need relief from their hot flashes.^{1,2,14} In spite of this increase, the evidence is not sufficient to confirm whether alternative or complementary therapy is effective and reliable. Furthermore, some patients were limited to their side effects. For example, antidepressants are reported to have modest effects on hot flashes.¹

The study by Kazemzadeh et al¹⁴ in this issue of the *Journal of the Chinese Medical Association*, entitled *The effect of lavender aromatherapy on menopause hot flushing: A cross-over randomized clinical trial* addressed the above question. The study enrolled 100 healthy women complicating with hot flashes, and divided them into two groups with 50 individuals in each group. At the end of treatment (12 weeks), the authors found that those women treated with lavender aromatherapy had a significant decrease in the number of hot flash episodes compared to those without treatment (10.6 vs. 19.7, $p < 0.001$). In addition, the severity of hot flashes was also significantly reduced in women with lavender aromatherapy compared with that in women without (1.13 vs. 2.11, $p = 0.002$). Based on the obvious and significant positive impact on menopausal hot flashes in women who were treated with lavender aromatherapy, the authors concluded that this simple, noninvasive, safe, and effective therapy could be suggested for postmenopausal women with hot flashes.¹⁴ Consequently, in the current issue,¹⁴ although further confirmation is still required, there has been widespread interest in

identifying nonpharmacologic therapies that are not only effective, but safe and well-tolerated.

In fact, there is a recent trend for some women with hot flashes to seek symptom relief by using the alternative and/or complementary therapy because of a measure of cancer phobia and/or evidence of the increasing adverse events after the use of conventional hormonal therapy. This may occur even though researchers cannot provide enough evidence to show the similar therapeutic effect of alternative and/or complementary therapy compared with hormonal therapy. Before obtaining the solid data to support the efficacy of alternative and/or complementary therapy on symptomatic postmenopausal women, more studies are needed. To reach this goal, a well-designed, prospective, randomized trial is especially important.

Conflicts of interest

The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

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