10 Complementary and alternative therapy choices for menopausal symptoms

At a glance

- Obtain a record of over-the-counter products and non-medical treatments that women may be using.
- Women should be advised that complementary therapies and supplements may lack evidence for efficacy and are not always backed by sound safety data.
- Women should be cautious of possible interactions with conventional medicines when using supplements and herbals.
- Vaginal moisturisers and lubricants should be offered to women who cannot use local vaginal estrogens or who prefer to avoid them.
- Cognitive behavioural therapy should be offered to women with anxiety and/or low mood associated with the menopause.
- Women who choose alternative therapies are sometimes happy to accept a less effective treatment over hormone replacement therapy. They should be informed of the options and advised about variation in quality and safety of some products.

This chapter summarises the non-prescription therapeutic approaches to menopausal symptoms. Prescription non-estrogen-based treatments are discussed in Chapter 9 and diet and lifestyle approaches in Chapter 5.

Women commonly try complementary and alternative therapies for their menopausal symptoms, often perceiving them to be effective. Many prefer not to use hormone replacement therapy (HRT) despite the knowledge that it is generally safe and effective. Reasons why women avoid HRT include:

- symptoms not judged to be severe enough to warrant medical intervention
- belief that HRT interferes with nature

- desire to remain in control of menopause progression
- lack of understanding of HRT
- anxiety about adverse effects and risks of HRT
- medical contraindications.

The high popularity of such therapies among menopausal women raises issues not just of effectiveness but also of safety and cost. Unless asked, women may not disclose such therapy use to their clinician and surveys show that the primary source of information about such therapies is the internet. While such surveys are sometime of poor quality, the available evidence suggest that the prevalence of complementary and alternative therapy use is high in the UK and clinicians should routinely enquire about their use.

Phytoestrogens

Phytoestrogens are plant substances that have effects similar to those of conventional estrogens. Preparations vary from enriched foods, such as bread or drinks (for example, soy milk), to more concentrated tablets given as food supplements. The most important groups are called isoflavones and lignans. Isoflavones are found in soybeans, chickpeas, red clover and probably other legumes (beans and peas). Oilseeds such as flaxseed are rich in lignans, and they also are found in cereal bran, whole cereals, vegetables, legumes and fruit. The role of phytoestrogens has stimulated considerable interest, as people from populations that consume a diet high in isoflavones, such as the Japanese, seem to have lower rates of menopausal vasomotor symptoms, cardiovascular disease, osteoporosis and breast, colon, endometrial and ovarian cancers. There is some evidence of beneficial effect on markers such as bone density and lipid profile with some isoflavones.

Studies demonstrating efficacy of isoflavones in the management of vasomotor symptoms have been inconsistent. A Cochrane Review in 2013 concluded that some trials reported a slight reduction in hot flushes and night sweats with phytoestrogen-based treatment with few trials providing data suitable for inclusion in a meta-analysis.[1] Overall, the review concluded that there was no beneficial effect over placebo when assessing the frequency of flushes. Some smaller studies have measured reduction in intensity of flushes and results are more consistent, suggesting that phytoestrogens may be effective at attenuating rather than relieving vasomotor symptoms. Further well-designed, randomised trials are needed to determine the role and safety of phytoestrogen supplements in peri- and postmenopausal women and those who have

previously had cancer. Phytoestrogens have a good safety profile. Literature reviews report few adverse effects, the most serious of which is gastrointestinal discomfort.

The National Institute for Health and Care Excellence (NICE) suggests that women should be advised that isoflavones may help vasomotor symptoms but that there are a variety of products available which are not standardised in content or for quality.[2]

Herbal remedies

In the UK, the Medicines and Healthcare products Regulatory Agency has introduced a licensing agreement for herbal therapies. From 1 May 2014, all herbal products require either a full marketing authorisation or a traditional herbal registration to remain on the UK market. This registration assures users of quality and safety and may be applied to products based on 'traditional use', not on evidence for efficacy. It does not apply to products bought outside of the UK, such as over the internet.

Black cohosh

Black cohosh (*Actaea racemosa*) contains a number of biologically active constituents and opinions vary regarding its physiologic action on menopausal symptoms. One explanation is that it may have an isoflavone effect and may directly stimulate estrogen receptors. Other researchers now believe that black cohosh exerts its effect through a more central (brain-related) action. Quite a few clinical studies confirm that the use of black cohosh is effective for improving menopausal symptoms, although some have found no improvement. A Cochrane Review of 2012 concluded that there is currently insufficient evidence to support the use of black cohosh for menopausal symptoms but that there is justification for conducting further studies in this area.[3] It may be that there are too few studies of sufficient rigour to meet Cochrane style standards of evidence. NICE suggests that women should be advised that black cohosh may help to alleviate vasomotor symptoms but that the quality and standardisation of products varies.

With regard to safety, most studies to date have been less than six months' duration, so the safety of long-term use is uncertain. It is not clear whether black cohosh is safe for women who have had hormone-sensitive conditions such as breast cancer and women should discontinue black cohosh and consult a healthcare practitioner if they have a liver disorder or develop symptoms of liver disease. A few cases of liver toxicity

have been reported but a direct association with the ingestion of black cohosh has not been demonstrated.

There are no known interactions with common conventional medicines but there has been concern from researchers that black cohosh may interfere with common breast cancer treatments, such as radiation and cancer therapy drugs.

Ginseng

Ginseng does not seem to be effective for hot flushes and evidence for effectiveness on other menopausal symptoms is limited, with a lack of robust data available for review. A Cochrane-style review in 2013 failed to demonstrate effect on menopausal symptoms.[4] Further studies are warranted.

Oil of evening primrose

Evening primrose oil is rich in gamma-linolenic acid. Evidence suggests that the effect on hot flushes is no better than placebo.

Dong quai

Dong quai is a perennial plant native to south-west China that is used commonly in traditional Chinese medicine. It was not found to be superior to placebo in a randomised trial. Interactions with warfarin have been identified.

Gingko biloba

Gingko is used not so much for relief of flushes but to try and improve memory and cognition around time of menopause. Short-term studies have shown benefit but few long-term data are available.

Sage

Sage is popular with women but no robust clinical studies substantiating the use of sage in menopause have been published.

Wild yam (natural progesterone)

Diosgenin, extracted from the wild yam (*Dioscorea villosa*), does not bind to the human estrogen or progesterone receptor in vitro and cannot be

converted in the human body to progesterone. When given as a cream, the effect on menopausal symptoms is not statistically significant compared with placebo.

Other herbs

St John's wort, chasteberry (*Agnus castus*), liquorice root and valerian root are popular with women but no good evidence shows that they have any effect on menopausal symptoms. Women should be advised of the possibility of interactions with conventional medicines (for example, cancer therapies) when using some herbal therapies.

Non-hormonal vaginal therapies

A number of vaginal moisturiser and lubricant products are available as non-hormonal treatments for vaginal dryness. They are available over the counter and some may be prescribed. This option is most appropriate for women concerned about hormone use, those with minimal physiological changes or symptoms, or those who are not candidates for local vaginal estrogen treatment. However, definitive efficacy data are lacking for almost all of these preparations used for treating atrophic vaginitis. They all treat symptoms of dryness rather than the underlying atrophic changes.

A wide range of moisturisers and lubricants are available, which have many varying properties. Moisturisers, such as Replens and Regelle, are used every three days or so. These preparations contain a bioadhesive that helps to maintain vaginal moisture at the surface of the vaginal cells. They can be used separately or with lubricants such as Sylk or YES and others that coat the vaginal walls to give improved vaginal comfort. Lubricants can be used both at the time of intercourse and regularly, so are sometimes described as both moisturisers and lubricants.

Bio-identical hormones

The term 'bio-identical' means having the same molecular structure as a substance produced in the body. Hence, estradiol and progesterone, as used in products manufactured by pharmaceutical companies and subjected to rigorous scrutiny by regulatory authorities, are technically bio-identical forms of HRT.[4]

The term 'bio-identical' is often misused and promoted as an alternative to conventional HRT. Compounding pharmacies market unregulated products, claiming to be able to individualise precisely the requirements

for estrogen, progestogen and testosterone, together with other hormones through salivary hormone assays. There is no evidence to support this way of testing or the compounds and no regulations to support their safety in the UK. A further limitation is that transdermal micronised progesterone (often used in compounded products) has not been shown to provide sufficient endometrial protection, as concluded in a systematic review.[5] All mainstream scientific, clinical and regulatory bodies in women's health advise against the use of these products. Clinicians, when prescribing HRT, should continue to individualise HRT using conventional evidence based guidelines and women requesting bio-identical treatment should be encouraged to consider regulated products which are 'body-identical'; that is, they are structurally identical to those found in the woman's own body.

Therapeutic approaches

A therapeutic approach to menopause offers a 'whole body system' approach and not simply an attempt to cure symptoms. The optimal outcome is improved health and wellbeing, not necessarily linked to quantitative symptom improvement. Therapeutic approaches include:

- acupuncture
- cognitive behavioural therapy
- reflexology
- yoga
- homoeopathy
- magnetism.

Some clinical trials have shown favourable results for acupuncture when compared with no treatment, although no studies were of sufficient rigour to include in a Cochrane review. When delivered by qualified practitioners, cognitive therapy has been useful in women with vasomotor symptoms and a history of breast cancer. Neither therapy approach has been yet successfully translated into everyday clinical practice but may be available in specialist centres. NICE guidance on the menopause suggests that women with low mood and/or anxiety related to menopause should be considered for cognitive behavioural therapy.

Reflexology, yoga and homoeopathy may offer women a holistic approach to improving wellbeing, although whether subjective improvements are due to the whole personal package of care or to the specific treatment itself is unclear in the absence of well-designed trials.

There is no evidence of benefit on vasomotor symptoms for the magnetism and no understanding of its potential mechanism of action.

Future developments

Stellate ganglion block

Early studies of stellate ganglion block (SGB) with local anaesthesia shows potential as a means of reducing the number of hot flushes and night awakenings suffered by breast cancer survivors. The mechanism of action of SGB in reducing hot flushes is unclear. It appears that the insular and anterior cingulate cortex are activated during hot flushes in women and it has been postulated that SGB may influence neuronal activity in these areas.

Dehydroepiandrosterone

Dehydroepiandrosterone (DHEA) is a steroid secreted by the adrenal cortex. It is mostly produced in a sulphated form, which may be converted to DHEA in many tissues. Blood levels of DHEA decrease dramatically with age. This decrease has led to suggestions that the effects of ageing can be counteracted by DHEA 'replacement therapy'. Dehydroepiandrosterone is increasingly being used in the United States, where it is classed as a food supplement, for its supposed anti-ageing effects. Some studies have shown beneficial effects on the skeleton, cognition, wellbeing, libido and the vagina. It is unlicensed in the UK. Some fertility centres in the UK use it to promote better ovarian function prior to in vitro fertilisation.

Summary

Women choose to use these therapies, often for non-specific or values-based reasons. They should be viewed as a different approach to menopause management rather than an effective alternative to HRT. Clinicians can support women in their choice of therapy by understanding those therapies that have some evidence and those that have none. Women need to understand that so called 'natural' products can have interactions (particularly with warfarin) and adverse effects like any medicine and the clinician should help women to consider the advantages and disadvantages of these alternative therapies as well as HRT.

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