

## **Menopausal Symptoms and Treatment Options**

Mindy Goldman, MD

Gynecologist, Clinical Professor, Ob/Gyn & Reproductive Sciences  
Director, UCSF Women's Health Cancer Care Program

### **Hot Flashes – Alternatives to Hormones:**

Low doses of some antidepressants

Effexor (studied most)	Prozac
Paxil	Celexa
Remeron	Pristiq

Doses are typically 1/10 the doses used for depression. These may also improve overall wellbeing and beneficial effects within days as opposed to when used for depression.

Neuropathic pain reliever: Neurontin

Doses are typically at least ½ the doses used for pain

Antihypertensive: Clonidine

Available orally or in a patch, but need to avoid if low blood pressure

Vitamin E

800 IU/d shown to slightly decrease the frequency and severity of hot flashes  
Avoid when undergoing radiation because concern that antioxidant effects may offset benefits

Soy

Controversial if hormone receptor positive breast cancer  
Overall mixed results as treatment of hot flashes  
Some studies have shown stimulation of nipple aspirate fluid – need more studies

Herbs

Best studied is Black Cohosh. Mixed results, most seeming to show some benefit for hot flashes and even some studies suggesting may have beneficial effects for breast cancer

Lifestyle Modifications

Improved sleep; regular exercise; avoiding “triggers” like alcohol, caffeine, spicy foods.

Stress reduction – yoga, meditation, therapy, massage, “pleasure activities”

### **Vaginal Dryness and Sexual Functioning**

- If experiencing sleep disturbances, may influence sexual desire
- Body image changes related to breast cancer surgery may influence desire for both partners

- Other life stressors in addition to breast cancer may affect sexual functioning – job, stressors related to children or aging parents, relationship satisfaction
- Prior sexual attitudes and degrees of satisfaction may influence interest and activity during and after breast cancer treatment
- Certain medications may affect desire and sometimes the ability to have orgasm – blood pressure medicines, antidepressants

### **Treatment Options for Vaginal Dryness**

Vaginal Moisturizer: Replens

Studies showing improvement in vaginal itching, irritation and painful intercourse, equivalent to vaginal estrogen creams

Water based lubricants for sexual activity: Astroglide, Probe, Silk

Lots of options at “Good Vibrations”

Hormonal options: Vaginal preparations of estrogens or testosterone thought to increase vaginal blood flow, improve tone and maintain vaginal moisture: creams, ointments, gels

First Line: Estrin - vaginal ring used for 3 months with slow release of estrogen locally and almost no systemic absorption

Second Line: Compounded testosterone in low doses; typically use small applicator 2-3x per wk

Third Line: Vagifem - a vaginal suppository used 2x per week with minimal systemic absorption

No long term data in breast cancer patients.

### **Treatment of Decreased Desire**

- Vaginal dryness and irritation may affect sexual functioning - treat vaginal dryness first!
- Sexual desire thought to be related in some way to levels of male hormone testosterone
- Low doses of male hormones – vaginal or oral Testosterone, in US need to obtain from compounding pharmacies, not FDA approved treatment for women
- DHEA 25-50 mg/day – precursor to testosterone
- Herbal products that are thought to cause smooth muscle relaxation and improved genital blood flow – lack of good data
- Low doses of antidepressant Wellbutrin – frequently used to counterbalance sexual dysfunction associated with SSRI antidepressants

- Viagra – limited studies in women, but what exists suggests may have a benefit. No results in breast cancer patients
- Potential new drugs aimed at improving genital blood flow
- Open communication important for both partners
- Alter sexual behavior as needed to accommodate for physical, emotional and social changes
- Find sexologists that specialize in sex therapy