

View this article online at: [patient.info/health/menopause-alternatives-to-hrt](https://patient.info/health/menopause-alternatives-to-hrt)

# Menopause - Alternatives to HRT

---

The menopause can cause various symptoms such as hot flushes, and changes to the vaginal area. Hormone replacement therapy (HRT) eases symptoms. However, taking HRT causes a small increase in your risk of developing serious disease such as breast cancer. This leaflet discusses alternatives to HRT to ease menopausal symptoms.

---

## What is the menopause?

Strictly speaking, the menopause is your last menstrual period. However, most women think of the menopause as the time of life leading up to, and after, their last period. It is often called the change of life. It occurs because as you get older your ovaries make less oestrogen (the main female hormone). The average age of the menopause in the UK is 51. However, it may be sooner or later than this. For example, you may have an early menopause if you have a removal of your womb (uterus). This procedure is called a **hysterectomy**.

## What are the possible symptoms and problems of the menopause?

The menopause is a natural event. You may have no problems. However, it is common to develop one or more symptoms which are due to the low levels of oestrogen.

### Short-term symptoms

- **Hot flushes** occur in about 3 in 4 women. A typical hot flush lasts a few minutes and causes flushing of your face, neck, and chest. You may also sweat (perspire) during a flush. Some women become weak, faint, or feel sick during a hot flush. The number of hot flushes can vary from the occasional flush, to fifteen or more times a day. Hot flushes tend to start just before the menopause, and typically persist for 2-3 years.
- **Sweats** commonly occur when you are in bed at night. In some cases they are so severe that sleep is disturbed and you need to change bedding and nightclothes.
- **Other symptoms** may develop such as headaches, tiredness, palpitations, being irritable, difficulty sleeping, depression, anxiety, aches and pains, loss of libido (sex drive), and feelings of not coping as well as before. It can be difficult to say whether these symptoms are due to the hormonal changes of the menopause. For example, you may not sleep well or you may become irritable *because* you have frequent hot flushes, and not directly because of a low oestrogen level. Also, there may be other reasons why these other symptoms develop. For example, depression is common in women in their middle years, for various reasons.

### Long-term changes and problems

- **Skin and hair.** You tend to lose some skin protein (collagen) after the menopause. This makes the skin drier, thinner, and more likely to itch. You may have less underarm and pubic hair. Some women have an increase in facial hair.
- **Genital area.** Lack of oestrogen tends to cause the tissues in and around the vagina to become thinner and drier. These changes can take months or years to develop.
- **Brittle bones (osteoporosis) may develop after the menopause.** As you become older, you gradually lose bone tissue. Oestrogen helps to protect against bone loss. When the oestrogen level falls, the rate of bone loss increases. If you lose a lot of bone tissue then this is called osteoporosis. It may cause no symptoms. However, if you have osteoporosis the bones are less dense and are more likely to break. You may break a hip or wrist quite easily after a fall or minor injury. Not all women develop osteoporosis after the menopause. See separate leaflet called **Osteoporosis** for more detail.

## What is HRT?

All types of HRT contain an oestrogen hormone. If you take HRT it replaces the oestrogen that your ovaries no longer make after the menopause. HRT is excellent at preventing hot flushes, vaginal dryness and related vaginal symptoms, and may help to improve sleep if your sleeping pattern is affected by the menopause. Long-term use of HRT also has a benefit in helping to prevent brittle bones (osteoporosis). However, there are some risks in taking HRT. See separate the leaflet called [Menopause and HRT](#) for more detail. The rest of this leaflet discusses some other treatment options for menopausal symptoms.

## Non-HRT treatments for hot flushes and night sweats

### Lifestyle

There is some evidence that women who are more active tend to have fewer symptoms of the menopause. However, not all types of activity lead to an improvement in symptoms. High-impact exercise done now and then may even make symptoms worse. The best activity is regular sustained aerobic exercise, such as regular swimming or jogging.

Wearing lighter-weight clothing, sleeping in a cooler room, and reducing stress may reduce the number of hot flushes. Some women find that things such as spicy foods, caffeine (in tea, coffee, cola, etc), smoking, and alcohol may trigger hot flushes. Avoiding these things may help in some cases.

### SSRIs and SNRIs

Selective serotonin reuptake inhibitors (SSRIs) are a class of [antidepressant medicines](#). They include [paroxetine](#), [fluoxetine](#), [escitalopram](#) and [citalopram](#). Several years ago it was noticed as a side-effect that menopausal women who took these drugs for depression had fewer hot flushes. Since then, research trials have confirmed that several SSRIs stop or reduce hot flushes in some (but not all) menopausal women. That is, whether they were depressed or not. A similar antidepressant drug called [venlafaxine](#), a serotonin and noradrenaline reuptake inhibitor (SNRI) antidepressant, has also been shown to have this effect. How SSRIs and serotonin and norepinephrine reuptake inhibitors (SNRIs) work to help hot flushes is not clear.

When it works, an SSRI or SNRI provides relief from hot flushes almost immediately. A trial of one to two weeks is usually enough to find out whether it is going to work or not. If symptoms improve, a longer course may then be prescribed. The main drawback with these drugs is that they may cause side-effects in some women, such as feeling sick (nausea), reduced sex drive (libido) and reduced sexual response.

### Gabapentin

[Gabapentin](#) is a drug that is usually used to control epileptic seizures and pain. However, research has shown that it eases menopausal flushing symptoms in some women.

**Note:** strictly speaking, SSRIs, SNRIs, and gabapentin are not licensed for treating menopausal symptoms. However, many doctors are willing to prescribe one of these treatments, with the patient's consent, to see if it works.

### Complementary and alternative treatments

Because of recent concerns about HRT, some women have turned to complementary and alternative treatments. For example, the following have been marketed for menopausal symptoms: black cohosh, red clover, dong quai, evening primrose oil, ginseng, soy, and kava. However, just because a product is labelled 'natural' does not mean that it is automatically safe and free from potentially damaging chemicals. A recent guideline from the National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summaries (see under 'Further reading & references at the end') states that "CKS does not recommend the use of complementary therapies". The reasons include:

- They have not been shown convincingly to work very well.
- There is very little control over the quality of the products available, which may vary.
- Some of these treatments (ginseng, black cohosh, and red clover) have properties similar to oestrogen and should not be used in women who should not take oestrogen (for example, women with breast cancer).

- Long-term safety (for example, effects on the breast and lining of the womb (uterus)) have not been assessed.
- Some may have serious side-effects. For example, severe liver damage has been reported with black cohosh.
- Dong quai and some species of red clover contain chemicals called coumarins, which make them unsuitable if you take anticoagulants (such as warfarin).

## Clonidine

Clonidine used to be very popular in the past for the treatment of the menopause. However, there is no good evidence that it is beneficial in improving symptoms. It frequently causes side-effects such as dry mouth, drowsiness, dizziness and feeling sick. It is therefore not commonly used any more.

## Non-HRT treatments for vaginal dryness

You can buy vaginal lubricants and moisturisers from pharmacies, which can help ease vaginal dryness. Some women only notice dryness when they have sex. In this situation, placing a small dose of lubricant inside the vagina before having sex will usually help.

**(Note:** you may not be aware that there are oestrogen creams which ease the vaginal symptoms of the menopause. Strictly speaking, they are a form of HRT, but have far less risk than taking HRT tablets. See separate leaflet called [Atrophic Vaginitis](#) for more detail.)

## Non-HRT treatments for preventing osteoporosis

Ways to reduce your risk of developing brittle bones (osteoporosis) include:

- **Doing regular weight-bearing exercise.** This means exercise such as brisk walking, aerobics, dancing, running, etc. For older people, a regular walk is a good start. Exercise helps because the pulling and tugging on the bones by the muscles helps to stimulate bone-making cells and strengthens the bones.
- **Eating a diet that includes foods rich in calcium and vitamin D.** If you eat 1,000 mg of calcium each day you have a reduced risk of hip fractures. Ask your practice nurse for advice about diet. Briefly, you can eat 1,000 mg calcium most easily by:
  - drinking a pint of milk a day; plus
  - eating 60 g (2 oz) hard cheese, such as Cheddar or Edam, or one pot of yoghurt (125 g), or 60 g of sardines.

White bread and calcium-fortified soya milk are also good sources of calcium.

- **Taking dietary supplements of calcium and/or vitamin D** tablets if you do not get enough in your diet and you are at increased risk of developing osteoporosis. A dietary supplement of 10 micrograms of vitamin D is recommended for all people over the age of 65.
- **Stopping smoking** if you smoke.
- **Cutting down on alcohol** if you drink heavily.

If you develop osteoporosis, there are drugs which can help to restore some lost bone, and help to prevent further bone loss. See separate leaflet called [Osteoporosis](#) for details.

## Treating other symptoms

Various other symptoms may occur around the menopause (depression, anxiety, sleeping difficulty, etc). As mentioned above, these are not likely to be directly related to a low level of oestrogen. If any of these symptoms persist, it is best to see your doctor. Treatment for these symptoms is much the same for women going through the menopause as for any other age group. There are separate leaflets for each of the above-mentioned problems.

## Further help & information

### British Menopause Society

Web: [www.thebms.org.uk](http://www.thebms.org.uk)

### Daisy Network

PO Box 183, Rossendale, BB4 6WZ

Web: [www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

### Menopause Matters

Web: [www.menopausematters.co.uk/](http://www.menopausematters.co.uk/)

### Women's Health Concern

4-6 Eton Place, Marlow, Bucks, SL7 2QA

Tel: (Helpline) 0845 123 2319, (Admin) 01628 890199

Web: [www.womens-health-concern.org](http://www.womens-health-concern.org)

## Further reading & references

- **Menopause**; NICE CKS, June 2013 (UK access only)
- **Alternatives to HRT for management of symptoms of menopause**; Royal College of Obstetricians and Gynaecologists (September 2010)
- **Panay N, Hamoda H, Arya R, et al**; The 2013 British Menopause Society & Women's Health Concern recommendations on hormone replacement therapy. *Menopause Int.* 2013 Jun;19(2):59-68. doi: 10.1177/1754045313489645. Epub 2013 May 23.
- **Freeman EW, Guthrie KA, Caan B, et al**; Efficacy of escitalopram for hot flashes in healthy menopausal women: a *JAMA*. 2011 Jan 19;305(3):267-74.
- **Pitkin J**; Alternative and complementary therapies for the menopause. *Menopause Int.* 2012 Mar;18(1):20-7. doi: 10.1258/mi.2012.012001.
- **Imai A, Matsunami K, Takagi H, et al**; New generation nonhormonal management for hot flashes. *Gynecol Endocrinol.* 2013 Jan;29(1):63-6. doi: 10.3109/09513590.2012.705380. Epub 2012 Jul 19.
- **Hayes LP, Carroll DG, Kelley KW**; Use of gabapentin for the management of natural or surgical menopausal hot flashes. *Ann Pharmacother.* 2011 Mar;45(3):388-94. doi: 10.1345/aph.1P366. Epub 2011 Feb 22.

**Disclaimer:** This article is for information only and should not be used for the diagnosis or treatment of medical conditions. EMIS has used all reasonable care in compiling the information but make no warranty as to its accuracy. Consult a doctor or other health care professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Original Author: Dr Tim Kenny	Current Version: Dr Louise Newson	Peer Reviewer: Prof Cathy Jackson
Document ID: 4822 (v41)	Last Checked: 21/10/2013	Next Review: 20/10/2016

View this article online at: [patient.info/health/menopause-alternatives-to-hrt](http://patient.info/health/menopause-alternatives-to-hrt)

Discuss Menopause - Alternatives to HRT and find more trusted resources at [Patient](#).

---

# Ask your doctor about Patient Access

---

- 🔑 Book appointments
- 🔑 Order repeat prescriptions
- 🔑 View your medical record
- 🔑 Create a personal health record (iOS only)



Simple, quick and convenient.  
**Visit [patient.info/patient-access](http://patient.info/patient-access)  
or search 'Patient Access'**