



Non-hormonal interventions effective for hot flushes in women with a history of breast cancer

Clinical question

How effective are non-hormonal interventions for hot flushes in women with a history of breast cancer?

Bottom line

Clonidine, selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs), and gabapentin reduced the number and severity of hot flushes. Vitamin E was not beneficial. One of two studies on relaxation therapy showed a significant benefit. None of the other non-pharmacological therapies (homeopathy, acupuncture and magnetic therapy) had a significant benefit.

Caveat

Methods of reporting continuous outcomes were inconsistent across studies, which precluded the possibility of pooling results. It was not possible to say if some treatments were better than others, and side effects were inconsistently reported. The main limitation in the quality of the evidence from this review relates to losses to follow-up, which ranged from 3% to 40% in the included studies. The loss of this data could potentially result in an over-estimation of the true effect, by not considering participants who possibly had less benefit or no benefit at all. All studies produced information for short periods of follow-up (maximum 12 weeks).

Context

Hot flushes are common in women with a history of breast cancer. Hormonal therapies are known to reduce these symptoms but are not recommended in women with a history of breast cancer due to their potential adverse effects.

Cochrane Systematic Review

Rada G et al. Non-hormonal interventions for hot flushes in women with a history of breast cancer. *Cochrane Reviews*, 2010, Issue 9. Article No. CD004923. DOI: 10.1002/14651858.CD004923. Pub2.

This review contains 16 studies involving 1985 participants.

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