

Hot Flash Relief

What is the most common symptom of menopause experienced by 75% of women at some point? Hot flashes. This pesky problem is attributed to estrogen withdrawal. As of the year 2000 there were approximately 37.5 million women reaching menopause; with the aging baby boomer population this number is only growing. With such a common symptom affecting such a large percentage of the world's population, it's no wonder research continues to focus on ways to gain relief.

Recent research into the efficacy of escitalopram (Lexapro), suggests it may cut the number of hot flashes experienced by postmenopausal women in half. Lexapro, a selective serotonin reuptake inhibitor (SSRI), was originally developed as a pharmaceutical treatment option for depression. This is not the first SSRI researched for hot flash relief, even so, the exact way in which Lexapro works to relieve hot flashes is not completely understood. It's pricy though. Women choosing this pharmaceutical for hot flash relief can expect a lofty price tag as the treatment runs approximately \$110 per month.

During the menopausal transition, hot flashes are associated with a rise in the body's core temperature and a narrowing of the body's thermoneutral zone, with a decrease of the sweating threshold and an increase of the shivering threshold. Simply put, peri and menopausal women tend to run a bit warmer than pre-menopausal women with an increased tolerance for cold and a decreased tolerance for heat. These changes in the body's temperature regulation are associated with multiple fluctuations in hormones and the neurotransmitters that accompany menopause, including changes in estrogen, norepinephrine and serotonin.

So what is the connection? Well, in the brain, estrogen increases serotonin's ability to activate its receptors. Estrogen withdrawal during menopause causes decreased serotonin receptor sensitivity, resulting in multiple physiological changes including the temperature regulation changes that contribute to menopausal hot flashes. Although the use of an SSRI does not address the decreased serotonin receptor sensitivity associated with estrogen withdrawal, it does maintain higher levels of serotonin available for use by the receptors.

Known to be a symptom of low estrogen, a more commonly known treatment option for hot flash relief may be estrogen supplementation. In addition to providing relief from hot flashes, topical bioidentical estrogen supplementation may also be beneficial for optimal bone health. Supplementing estrogen by itself may increase the risk of estrogen-dependent cancers including uterine and breast cancer, thus it's important to balance estrogen therapies with progesterone supplementation. Baseline salivary hormone testing of estrogen and progesterone levels will demonstrate if a woman is deficient in estrogen and determine if she is estrogen dominant. Continued monitoring of her symptoms and hormone levels at regular intervals while participating in a bioidentical hormone supplementation program will ensure she is enjoying her peri and post menopausal years hot flash free.

References:

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