

Anatomy of the "Hot flash"

In previous articles I have discussed menopause, osteoporosis, and treatment of both but at the request of many patients I am going to devote this article solely to the "hot flash". Flashes are one of the most common complaints that I hear from women age 35 to 105. They are defined as a sudden feeling of warmth especially of the face and neck with profuse sweating regardless of the ambient temperature. If this happens at work these women feel embarrassed that everyone is staring at them (probably not) and if at home, these usually occur in the middle of the night with bed covers kicked off, fans on, freezing husbands, etc. By and large despite the discomfort they are harmless, cause few ill effects. However, they are symptomatic of MENOPAUSE and the drop in estrogen that occurs as the ovaries age. Some women experience these as early as age 35 when the ovaries begin their slow failure; others immediately upon surgical removal of the ovaries; others well into the menopause years, and others, though rarely, not at all. Follicle stimulating hormone (FSH) is made by the brain to tell the ovary to produce an egg. When this fails to occur there is no feedback back to the brain so FSH rises. Generally an FSH greater than 40 is indicative of menopause. However, it is not known how an elevated FSH causes hot flashes. We do know that when blood vessels enlarge a hot flash occurs as more blood floods the skin but it is currently not understood how FSH does this. Estrogen is also produced in body fat so thin women, especially of Asian origin suffer more from hot flashes and heavy women rarely do but have increased risk of breast and uterine cancer from the higher circulating levels of estrogen. I am frequently asked: "how long will these last?" The answer is that the duration of hot flashes is as variable as are people diverse. In some women it is a short inconvenience and in others it can last for years and be a continuous nuisance. Much has been said of treatment. People averse to taking pharmaceuticals have sought out herbs such as black cohosh, vit E, soy, and plant extracts. There is no scientific proof of the efficacy of such products in the dosages that can be bought without a prescription. That some benefit is anecdotal at best and above all these products do no harm. However, the chapter still has not been written on side effects of phytoestrogen that is found in soy and there is evidence that the risk of uterine and breast cancer can be increased if significant amounts of this are ingested. For those women who still have a uterus the treatment of choice (if she feels the symptoms warrant) is estrogen combined with progesterone. Estrogen has the potential to cause uterine and breast cancer but this effect is somewhat ameliorated with the addition of progesterone. They also prevent osteoporosis, vaginal dryness, mood changes and the general malaise that might accompany menopause. These products can be given as a daily pill or a weekly skin patch, or as gel or mist applied to the arm. They also slightly reduce the risk of colorectal cancer. Great fear was initiated with the study called the Women's Health Initiative (WHI) that seemingly reached the conclusion that the increase risk of breast cancer and stroke with these products negated the benefits. The study has since been called into question. Many of my patients who stopped taking estrogens when this study was released have gone back to them as they found the hot flashes to be intolerable. They are not recommended for a lifetime; we try to scale back

the dose after five years and if still needed after that to a dose that is the very minimum to be efficacious. Women with no uterus may take estrogen alone as there are no studies that show any ill effects of this in a hysterectomized woman. For those women who have had a mastectomy or hysterectomy for uterine cancer estrogen should not be taken. However, progesterone can be taken to prevent hot flashes but does not prevent osteoporosis. After dissecting out all the hype, publicity and conflicting arguments, the decision to treat hot flashes is a woman's personal prerogative and should be based upon accurate information from her health care provider. Many products in many doses and in many modes of delivery are out there and are safe when used correctly, after weighing risks and benefits, and are monitored on a regular basis. For many the benefits greatly outweigh the small risk and others are too petrified from what they hear from friends to even entertain the thought of taking hormones. If uncomfortable enough, seek out a board certified professional and discuss all aspects. This is empowerment.