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CME

POSITION STATEMENT

Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society

Abstract

Objective: To update and expand The North American Menopause Society's evidence-based position on nonhormonal management of menopause-associated vasomotor symptoms (VMS), previously a portion of the position statement on the management of VMS.

Methods: NAMS enlisted clinical and research experts in the field and a reference librarian to identify and review available evidence. Five different electronic search engines were used to cull relevant literature. Using the literature, experts created a document for final approval by the NAMS Board of Trustees.

Results: Nonhormonal management of VMS is an important consideration when hormone therapy is not an option, either because of medical contraindications or a woman's personal choice. Nonhormonal therapies include lifestyle changes, mind-body techniques, dietary management and supplements, prescription therapies, and others. The costs, time, and effort involved as well as adverse effects, lack of long-term studies, and potential interactions with medications all need to be carefully weighed against potential effectiveness during decision making.

Conclusions: Clinicians need to be well informed about the level of evidence available for the wide array of nonhormonal management options currently available to midlife women to help prevent underuse of effective therapies or use of inappropriate or ineffective therapies. **Recommended:** Cognitive-behavioral therapy and, to a lesser extent, clinical hypnosis have been shown to be effective in reducing VMS. Paroxetine salt is the only nonhormonal medication approved by the US Food and Drug Administration for the management of VMS, although other selective serotonin reuptake/norepinephrine reuptake inhibitors, gabapentinoids, and clonidine show evidence of efficacy. **Recommend with caution:** Some therapies that may be beneficial for alleviating VMS are weight loss, mindfulness-based stress reduction, the S-equol derivatives of soy isoflavones, and stellate ganglion block, but additional studies of these therapies are warranted. **Do not recommend at this time:** There are negative, insufficient, or inconclusive data suggesting the following should not be recommended as proven therapies for managing VMS: cooling techniques, avoidance of triggers, exercise, yoga, paced respiration, relaxation, over-the-counter supplements and herbal therapies, acupuncture, calibration of neural oscillations, and chiropractic interventions. Incorporating the available evidence into clinical practice will help ensure that women receive evidence-based recommendations along with appropriate cautions for appropriate and timely management of VMS.

Key Words: Complementary therapies – Hot flashes/diet therapy – Hot flashes/drug therapy – Hot flashes/prevention and control – Menopause – Post-menopause.

INTRODUCTION

Vasomotor symptoms (VMS) are the cardinal symptom of menopause, affecting more than three-quarters of midlife women. Symptoms typically last 5 to 7 years, although some women continue to experience symptoms for longer than 10 or 15 years.[1,2] Hormone therapy (HT) was previously the mainstay of treatment, but other options are needed because HT may not be the treatment of choice because of personal preference or medical contraindications (eg, hormonally dependent cancers). As a result, surveys suggest that 50% to 80% of midlife women use nonhormonal therapies for VMS.[3-6]

Decisions about which nonhormonal options are best can be difficult. Most midlife women indicate that they do not feel fully informed or have concerns about various treatment options.[3,7] For example, a national survey of 781 midlife women revealed that 75% of them did not feel fully informed

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