

Prescribable alternatives to HRT

Introduction:

Most prescribable alternative therapies have been evaluated for their impact on vaso-motor symptoms. Some of them also have an impact on mood and well-being. The class effect of the drug is important in selecting what is likely to be the best alternative

for your patient. Menopause treatments also tend to have a high placebo response often as great as 50% which may enhance quoted "baseline effectiveness".

Gabapentin	Added benefit	Adverse effect
<ul style="list-style-type: none"> Gamma amino-butyric acid analogue used to treat epilepsy, neurogenic pain and migraine; reduces hot flushes at a dose of 900mg per day in about 50% of patients. 	<ul style="list-style-type: none"> Improved quality of sleep Reduced pain. 	<ul style="list-style-type: none"> Dry mouth dizziness and drowsiness with a very specific dose related component Patients will find their own level Weight gain Schedule 2 controlled drug.
Pregabalin	Added benefit	Adverse effect
<ul style="list-style-type: none"> Dosage 50-300mg in divided doses Baseline improvement similar to Gabapentin. 	<ul style="list-style-type: none"> Improved quality of life and note now Pregabalin is used as an antidepressant. 	<ul style="list-style-type: none"> Similar to Gabapentin but less marked and therefore better tolerated More expensive Schedule 2 controlled drug.
Clonidine	Added benefit	Adverse effect
<ul style="list-style-type: none"> Dosage 25-50 micrograms bd up to a maximum of 75 micrograms bd or 50mcg tds. 	<ul style="list-style-type: none"> May complement other anti-hypertensive drugs Only licensed option. 	<ul style="list-style-type: none"> Interaction with anti-hypertensive drugs and not suitable for patients with baseline low blood pressure Must be reduced gradually otherwise causes rebound hypertension Dose related side-effects include sleep disturbance in at least 50% of patients, dry mouth nausea and fatigue.
SSRI- Antidepressants	Added benefit	Adverse effect
<ul style="list-style-type: none"> In general baseline effectiveness 20-50%. 	<ul style="list-style-type: none"> Class effect of SSRIs are of antidepressant benefit and improved quality of life. 	<ul style="list-style-type: none"> Class effect of SSRIs include initial side effects such as nausea, dizziness, short-term aggravation of base-line anxiety and mood, so encourage your patient to persevere and if necessary take on alternative days, even ½ tablet Class effect of all SSRIs is sexual dysfunction No one SSRI is better than any other in this respect and there is great individual variation in response.
Paroxetine	Added benefit	Adverse effect
<ul style="list-style-type: none"> Dosage 10-20mg – baseline improvement 50-60%. Paroxetine has best evidence for vaso-motor control and has maximal benefit achieved at 10mg. 	<ul style="list-style-type: none"> Class effect of SSRIs are of antidepressant benefit and improved quality of life. 	<ul style="list-style-type: none"> Interacts with enzyme cytochrome P450 (CYN10) thereby rendering Tamoxifen less effective.

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Fluoxetine	Added benefit	Adverse effect
<ul style="list-style-type: none"> • Dosage 20mg – baseline effectiveness 10-20% 	<ul style="list-style-type: none"> • Class effect of SSRIs are of antidepressant benefit and improved quality of life. 	<ul style="list-style-type: none"> • Like Paroxetine should be avoided in patients taking Tamoxifen.
Citalopram (Escitalopram)	Added benefit	Adverse effect
<ul style="list-style-type: none"> • Dosage 20mg – baseline benefit 40-50%. 	<ul style="list-style-type: none"> • Class effect of SSRIs are of antidepressant benefit and improved quality of life. 	<ul style="list-style-type: none"> • Much less effect on enzyme cytochrome P450 so can be used in patients on Tamoxifen.
Sertraline	Added benefit	Adverse effect
<ul style="list-style-type: none"> • Dosage 25-50mg – baseline benefit – little information. 	<ul style="list-style-type: none"> • Sertraline is the best anti-anxiety SSRI. 	<ul style="list-style-type: none"> • The least well tolerated with an increase in anxiety at the outset. Interacts with cytochrome P450, so avoid in patients on Tamoxifen
SNRI SSRI Venlafaxine	Added benefit	Adverse effect
<ul style="list-style-type: none"> • Dosage 37.5mg – 150mg sustained release preparations recommended. Baseline benefit quoted 20-66%. 	<ul style="list-style-type: none"> • Improved quality of life • Antidepressant effect. 	<ul style="list-style-type: none"> • Often poorly tolerated at outset with dizziness and other associated SSRI side effects including sexual dysfunction, slow titration may be the answer • NO interaction with cytochrome P450 so may be safest choice for patients on Tamoxifen.

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