



Hormone Replacement not the Only Remedy for Hot Flashes

By Angela Felix, DO

Hot flashes are a common symptom for women going through peri-menopause and menopause. Sometimes, these can be controlled by modifying behaviors like keeping a fan close by, adjusting the room temperature, or dressing in layers. If the symptoms aren't severe these behavioral changes can be enough. For others, the symptoms are more severe and require medication. In the past, one of the only treatment options was hormonal therapy. While hormonal therapy with estrogen is often very effective, it can come with side effects and risks and many women can't take it due to a past history of breast cancer, stroke or heart disease.

In recent years, it has been discovered that medications called Selective

Serotonin Receptor Inhibitors (SSRIs) or Selective Norepinephrine Reuptake Inhibitors (SNRIs) can be very effective in treating and reducing the frequency and intensity of hot flashes. These classes of medications are typically used to treat depression and generalized anxiety disorder but have recently been shown to be a great alternative to estrogen in treating hot flashes without symptoms of depression or anxiety. Commonly used medications in these classes include venlafaxine (Effexor), paroxetine (Paxil), citalopram (Celexa), and escitalopram (Lexapro).

Before starting the medication, it is important to note how often you are having hot flashes per day and how many times per night you are waking up with hot flashes. By having objective data

on the frequency of your symptoms, your provider can help determine the effectiveness of the medication. With any medication, the lowest dose is typically started to ensure no side effects. It typically will take a week or so to notice any effect from the medication. At your follow-up visit, your doctor will determine the effectiveness, the presence of any side effects and whether to adjust, maintain or stop this treatment plan. Symptoms of hot flashes typically lessen or completely resolve after a couple of years, so a trial of tapering off the medication can be done after one to two years of use.

As always, talk with your provider about hot flashes and other menopausal symptoms to find an approach that is right for you!

Pardon Our Dust!

As our practice continues to grow we are making some changes to better serve patients in the future. We are implementing a new phone system to improve the efficiency and timeliness of answering your calls. A change this big takes time and while we learn the new system, patients are experiencing even longer on-hold times. Please know that we are working diligently on making this switch. We apologize for the inconvenience and appreciate your patience!

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