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PHOTO BY JEFF SILKER

Hot and Cool Flashes Fixes



You are enjoying a wonderful spring day. The birds are singing under a warm blue sky, the trees are beginning to bud. You've survived the winter, and another football season. The boss is happy, the kids are calling – just to talk – and you know what you're going to make for supper. Then all of a sudden it hits you from out of nowhere. Your heart begins to race, you feel a little faint. Your face flushes. You feel like someone just turned on the blast furnace. "I'm dying of heat!" you silently scream. Your eyes quickly scan the room to see who may be watching as the beads of sweat begin to bead up on your forehead and your upper lip. You're having a hot flash!

Something's happened to your thermostat! The hypothalamus in the brain quietly keeps our temperature constant by adjusting our heart rate and blood flow to the skin. Fluctuating levels of estrogen confuse the hypothalamus. Is it hot? Is it cold? Your brain can't decide. It gets an incorrect message that you are too hot and sends out nerve impulses to the blood vessels in your skin which expand and contract wildly. As your heart rate increases and the blood flow through your skin increases, a feeling of mild warmth to intense heat begins spreading through your upper body and face in a wave. Your skin flushes, and others may see red blotches on your face, neck, and upper chest. Your upper body from chest to scalp begins to sweat profusely. Depending on the intensity of the hot flash, some women may get headaches, feel weak, dizzy, tired, or lose sleep when they occur at night. Many women get heart palpitations just before or during a flash. After the flash the body quickly becomes chilled. Internal body temperatures may drop as much as three or four degrees as the body struggles to correct the imbalance. For most women the spell lasts between three and six minutes, though some can last as long as one hour. Some women may have only a couple flashes a year, while others may have twenty or more per day. They are more common in the evening and in hot weather, and many women know that stress or anxiety can precipitate a spell.

Mild flashes last less than one minute and produce a feeling of warmth with little or no perspiration. Moderate flashes are warmer, produce obvious perspiration, and last two to three minutes. Severe flashes cause profuse perspiration, generate intense heat, last longer, and interfere with daily activities.

Sooner or later every woman reading this will reach the end of her reproductive years. For most women menopause occurs by age fifty or fifty-one, unless brought on early by surgery, chemotherapy, or other factors. Although some women weather the change with few symptoms, most will experience at least a few symptoms. The most common – and often the most troubling discomforts – are hot flashes and night sweats. Changing hormone levels cause these symptoms in two-thirds of women in the years leading up to menopause, and in more than nine of ten women in the first year after their periods stop. Up to thirty percent of women have symptoms for five years, and a small percentage of women have them persist well beyond that. While those of you who have not experienced them might think they would be nice on a cool winter night, many women will tell stories of how disruptive they can be to their lives. The good news is that relief is available for these troublesome changes.

Signs and Symptoms of Hormonal Changes

- Hot flashes and night sweats
- Periods become shorter/longer and heavier/lighter
- Mood swings, irritability, or depression
- Memory struggles and “brain fog”
- Headaches and sleep disturbances
- Cold hands and feet
- Weight gain and appetite changes
- Leaky bladder
- Declining interest in sex
- Decreased vaginal lubrication

Multiple studies have proven time and again that hormone therapy with estrogen is the single most effective treatment. It is the only FDA-approved therapy for hot flashes. Although considered to be safe when used at the lowest effective dose and carefully monitored, hormone therapy can have side effects and is not appropriate for all women. You should discuss the use of hormone replacement with your doctor to find out if it might be right for you. You will be interested to know that estrogen has been shown in many studies to reduce the amount of weight gained by women as they go through menopause, and estrogen treatment also appears to decrease the incidence of developing type two diabetes. ▶

“Don't think of it as getting
HOT FLASHES.
 Think of it as your inner child
 Playing with matches.”
 Unknown





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Non-prescription Remedies

Many women, concerned about the risks of hormone replacement, are seeking natural therapies for their menopausal symptoms. Natural treatment may include nutritional supplements and herbs, and work in conjunction with a healthy diet and adequate exercise. They tend to work more slowly than prescription medications. Women report many of the following things help, though scientific studies are often lacking. There is a high rate of response to placebos in most studies, suggesting that you might get a benefit just for trying to do something to reduce symptoms.

Black Cohosh

Native Americans first introduced black cohosh to gynecology in the eighteenth century. It is the best studied herb for hot flashes and has been approved by the Commission E of the German Health Authority for treatment of menopausal hot flashes. Its precise mechanism of action is not known but it does not act like an estrogen in the body. It may reduce high levels of luteinizing hormone, which are associated with hot flashes. In some human clinical trials up to seventy percent of women reported a benefit for mild to moderate hot flashes. Most studies showed response rates of thirty to forty percent but it may take weeks to see the effects. Black cohosh has also been used for a variety of other gynecologic problems including premenstrual syndrome and irregular bleeding.

Chasteberry

The first medicinal accounts for the use of chasteberry were recorded by Hippocrates in the fourth century B.C. Chasteberry is an herb native to the Mediterranean region and has a long history of use as a remedy for female complaints in menopause. Chasteberry appears to act on the pituitary gland and influences the release of follicle stimulating hormone and prolactin.

Dong Quai

Dong Quai has been used in traditional Chinese medicine for more than 1200 years. Many traditional practitioners report benefits that have not been seen in clinical trials. Bleeding complications can occur and it should not be used by women on blood thinners.

Ginseng

Ginseng does not help hot flashes. It may however improve overall well-being by helping with sleep disturbance and mood changes.

Red Clover

Several studies have not shown conclusive evidence that red clover was helpful; however, many women report a benefit. There are few side effects.

Soy Isoflavones

Hot flashes are much less common in non-western cultures. Studies in Japan have linked the low incidence to high dietary intake of soy protein. Soybeans are rich in phytoestrogens – plant compounds that are similar in structure to estrogen. Isoflavones appear to exert a variety of effects that may protect against symptoms associated with menopause. Studies show up to forty percent of women report a benefit.

Vitamin E

400 I.U. per day appears to be occasionally helpful but has not been proven to do so in clinical trials. Hot flashes deplete your body of B vitamins, vitamin C, magnesium, and potassium so it is helpful to increase your intake of these vital nutrients. And don't forget about calcium and vitamin D for healthy bones.

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Other Strategies to Reduce Hot Flashes

There are several things you can do which cost nothing and offer some relief for mild to moderate hot flashes:

- Regular physical exercise counteracts many of the symptoms of menopause and may even decrease the vasomotor symptoms of hot flashes and night sweats. Twenty minutes of exercise three times per week can significantly reduce hot flashes. This is despite the fact that thinner women tend to have more hot flashes since fat cells convert some adrenal hormones into estrogen. Exercise also promotes strong healthy bones and improves mood.
- Lower your home thermostat to keep your house cool. At work, open a window or use a small portable fan. Avoid hot tubs.
- Wear loose comfortable clothing made of cotton to absorb perspiration. My patients note that cotton bras are much more comfortable if you experience profuse sweating between the breasts. Dress in layers so you can quickly remove a layer if you start to feel hot.
- Avoid personal hot flash triggers such as spicy foods, hot drinks, alcohol, caffeine, and especially cigarette smoking. Drinking a glass of ice water at the start of a flash may help to moderate the attack.
- Find ways to deal with stress such as meditation and prayer. Anger, especially when not expressed, is felt to make symptoms worse. Slow abdominal breathing by inhaling through the nose and exhaling through the mouth six to eight times per minute can help.
- Try different strategies to stay cool while sleeping: dress in light night clothes, use layers in your bedding that can be easily removed as needed, keep a small electric fan nearby to use as needed. Some women keep a cold pack under their pillow and turn the pillow often to keep their head on a cool surface. Many women have found that sleeping on a plush, soft terry-cloth towel is absorbent and can be quickly removed when it becomes damp.
- For our male readers, there are many things you can do to show compassion for the gal in your life. Bringing her cool cloths to place on her neck, forehead, and wrists can help her feel better. A glass of ice water is much appreciated. If she is having trouble sleeping through the night, know that she will be more tired during the day, and you may look for more opportunities to help around the house.

Non-hormonal Prescription Treatments

When hot flash symptoms are severe and hormone replacement is not an option, your doctor can prescribe other non-hormonal medications. Several drugs commonly used for treating depression have been shown to be helpful in low doses: Paroxetine (Paxil), fluoxetine (Prozac), and venlafaxine (Effexor) are used most commonly. Unfortunately their effects seem to wear off after a couple of months, but they may be helpful particularly if there is any underlying mood disturbance from the menopause. Mirtazapine (Remeron) is helpful especially for symptoms at night. Gabapentin (Neurontin) a drug used for treating seizures and chronic pain has been shown to be of some benefit, but is very expensive. It likely works by improving the quality of sleep. Clonidine, a medication used for treating high blood pressure can help but often causes side effects.

So.....how do you know what's right for you? That is a very important question and one that requires some study and thought. Bring a list of questions to your care provider and work with him/her to find out what will be best for you. Gals, you are doing a great job of sharing your concerns with each other, your experiences, and your anticipation of life changes. We men have lots to learn from you and the way you deal with the "pause" in life. Sharing and being open with each other, laughing together, and caring for each other will help you ease into the wonderful mid-life years. *W*

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