

**Kate O'Hanlan, M. D.**  
**Gynecologic Oncology, Surgery and Endoscopy**  
**4370 Alpine Road, Suite 104**  
**Portola Valley, CA 94028-7927**

Phone: (650)-851-6669

FAX: (650) 851-9747

**Alternative Treatments for Menopausal Symptoms**

If you're having menopausal symptoms but can't or don't want to take a full fledged regimen of hormone replacement therapy, here are some suggestions to discuss with your health care provider as alternative treatments. Remember that research is ongoing and more information is constantly discovered. These recommendations are not meant to be definitive.

**Hot flashes:**

- Isoflavones, a Soy Bean Extract is an excellent source for phytoestrogens which can alleviate hot flashes by some 40% after 4 weeks use. They work much like selective Estrogen receptor modulators. Find them at a natural food store and experiment. Usually between 40-80 mg daily.
- Herbs—Black Cohosh preparations, 39mg, have been found to reduce hot flashes in many women. Some have found unicorn root, false unicorn root, sarsaparilla, fennel, anise, licorice and wild yam root to be variably effective. Since these herbal remedies have not been standardized by pharmacological testing, a medical doctor will not be familiar with their use or be able to recommend dosage. Chinese herbal therapists, chiropractors, naturopaths and acupuncturists may be able to recommend these and other herbal remedies.
- Vitamin E, 1000-2000 IU daily
- Progesterone cream can help hot flashes. Progest oil (10% natural progesterone in a base of Vitamin E oil) can be taken orally. Caution: Any progesterone can and does stimulate growth of the breast glands and has been associated, albeit usually in higher doses, with increased risk of breast cancer. If breast swelling occurs, consult your physician.
- Androstenedione tablets 50 mg daily or so, may reduce hot flashes and provide a little testosterone as well.
- Medroxyprogesterone 20mg or Megace 20mg, an oral progestogen, over four weeks reduced symptoms significantly.
- Clonidine .05-.20mg (Catapres, Combipres) Usually prescribed to lower blood pressure but also relieves hot flashes, not as effectively as estrogen. Clonidine works best as a skin patch, which is changed once a *week*.
- Effexor or Prozac, both antidepressants, may reduce hot flashes by about half.
- Neurontin 600mg daily also reduces hot flashes.

**Sleep disturbances:**

- Herbs: Valerian root, (Valium derived for this) passion flower, hops, chamomile, skullcap – These herbs are the ingredients for some of the sleep preparations available

in natural foodstores. They provide a mild relaxing effect which can be enhanced with deep breathing and relaxation techniques.

- Mild fast-acting, short-lived prescription sedatives can help get sleep started. Trazodone 25-50-100mg may help with sleep.

### **Vaginal dryness and soreness:**

- Lubricants—Astroglide, Lubrin and K-Y jelly, can often work wonders as a sexual lubricant and must be used each time you have intercourse.
- Moisturizers such as Replens, containing polycarbophil, an insoluble compound that absorbs water and adheres to vaginal skin cells, need to be applied only two or three times a week. Replens is not a sexual lubricant, per se, but a vaginal moisturizer because it is applied to the vagina on a regular basis, not prior to or during sexual activity.
- Sex!--Any sort of activity to get the blood moving to the genitals. These include intercourse, masturbation, massage and even plain old exercise. Sexual activity alone can help some women preserve the vaginal epithelium by increasing blood flow: The result of one study of 52 post-menopausal women indicated much less vaginal atrophy among those that had intercourse more than three times per week than among those who had sex less than 10 times a year. Sexual activity also helps to maintain a more acidic vaginal climate, which offers substantial protection against infection.
- Vaginal estrogen pills or rings, *in low doses* have been shown to **not** raise serum levels of estrogens. The pills and creams are administered nightly in doses about one eighth of the usual dose needed to obtain serum levels and treat systemic menopausal effects such as hot flashes or palpitations. These low doses do not alleviate hot flashes, and are safe during and after breast cancer chemotherapy.
- Testosterone creams—A small amount of 2% testosterone in a cream base applied to the clitoris and surrounding area may increase sexual desire. A small pea sized dab can be tried daily for one week and then two to three times a week as needed for sexual drive.

### **Lack of Sex Drive:**

- See your health care provider to rule out treatable causes such as hypothyroidism.
- Low energy leads to low sex drive. Are you getting 30 minutes of exercise five times weekly? It should be as exertive as jogging at a slow continuous pace.
- Diet supplements that include zinc, B vitamins and vitamin E.
- Always be willing to look “inside yourself” to see if you are overstressed in your life, coming home overly tired, having too little time with your partner to “get things going.” It may also be possible that you are not sufficiently rewarded by sexual activity to want to continue or keep up your old frequency. If you rarely have orgasms, you may want to see a sex therapist to help you come more easily. If you have a low “body self-concept” because of criticism of your appearance, weight, surgical scars, or a disability, it may be helpful to consider psychotherapy to help you strengthen and adjust to your natural body.
- Testosterone cream—One percent testosterone in a vanishing cream base applied to the clitoris and surrounding area. Use in small amounts, a small pea sized

amount on the end of your finger is the amount to apply. Use daily for one week and then two to three times a week as needed.

- Vaginal estrogen cream, pills for the vagina or the estrogen ring for the vagina.

### **Stress Urinary Incontinence**

- Kegel exercises—Developed by Dr. Arnold Kegel in the 1940s, these exercises strengthen the pubococcygeus (PC) muscles that surround the urethra, vagina and anus. A Lying-down position works both the PC muscle and the internal organs. Lie down on your back, knees bent, with your feet on the floor. Raise your pelvis until you feel the pull and then begin squeezing.
  1. Contract the PC muscle for 3 seconds, relax for 3 seconds and repeat. Gradually build to 10 seconds.
  2. Contract and release as rapidly as you can, starting with 30 and working up to 200.
- Quit smoking!!
- Low dose vaginal estradiol suppositories, rings, pills or creams—These can also reduce urinary frequency, urgency, incontinence and restore urethral epithelium while avoiding systemic levels of estrogens.
- Medications to increase the contractility of the sphincters of the bladder neck such as Detrol or Ditropan.

### **Maintaining skin tone**

- Supplement your diet with vitamins A, C and E and EXERCISE REGULARLY.
- Use lots of sun block.

### **Avoiding Heart Disease**

There is already a plethora of information about maintaining a “heart smart” lifestyle. Read any book by Dean Ornish. Certainly avoid all smoke; exercise regularly, 30 minutes in a row of sustained exercise equivalent to a light jog, avoid animal fats in meats and dairy products, monitor your blood pressure and blood sugar. Take vitamin B complex, E and beta-carotene supplements. Be sure to have your lipid profile tested yearly. This should include a total cholesterol, triglycerides, LDL cholesterol, HDL cholesterol and the Cholesterol / HDL ratio. If you are at unavoidably high risk of heart disease, then perhaps a statin may provide benefit. Discuss these issues with your health care provider.

### **Osteoporosis Prevention**

- Exercise—Weight bearing exercise and also muscle building exercise since the increased muscle tone stresses the bone. Swimming doesn’t count unfortunately!
- Calcium supplements: 1,000 mg daily if taking estrogen or premenopausal, 1,500 mg daily if not on any form of estrogen. A few facts, but experiment for yourself:
  - Calcium Citrate is most easily absorbed.
  - Take with Magnesium in a 2:1 ratio (Ca:Mg)
  - Take with Vitamin C.
  - Don’t take calcium and iron together; each inhibits absorption of the other.

High fiber may inhibit calcium absorption when consumed together.

- Vitamin D—Unless you are housebound, you should get enough sun in the summer to last the entire year. If you want to take a Vitamin D supplement, 800 IU / day is enough.
- Maintain a positive Calcium / Phosphorus balance. Limit your intake of foods high in phosphorus. These include any type of soft drink and red meat. Phosphorus binds with calcium and makes it unavailable for use.
- Quit Smoking—Several studies have associated smoking with increased bone loss and may also inhibit osteoblasts from forming new bone.
- Limit caffeine and consume less alcohol, each interferes with calcium absorption.
- Get your bone density measured in early menopause and continue regular measurements every few years to be certain your lifestyle supports your bone density.

### **Prescription Remedies for low bone density (I don't treat this)**

- Calcitonin is a naturally occurring hormone involved in calcium regulation and bone metabolism. It reduces bone breakdown and a few studies have found that it may also increase bone density in some women. Calcitonin appears to reduce pain too. It is currently administered by injection and newly developed nasal sprays. There are two salmon calcitonin products on the market, Miacalcin and Calcimar that differ in price only.
- Etidronate and Alendronate—The latter was recently approved for Osteoporosis treatment while the former is approved for treatment of Paget's Disease of bone. Both are from a class of drugs called bisphosphonates which slow or stop bone density loss by inhibiting bone matrix absorption. Results from a four-year study involving postmenopausal women with established osteoporosis showed an increase in both spinal and hip bone density during the first two years of treatment and maintained bone density when continued two more years. To date, there do not seem to be any significant side effects from Alendronate use, however its role in long term use has yet to be delineated. The concern is that if bone matrix turnover is inhibited for a long time then the bone will become scarred and weaker, despite the adequate density. It may be more prudent to cycle on and off of this drug, but time will tell.
- Use of Natural Progesterone or Progestins—It's been reported in one small study that natural progesterone can increase bone formation a small amount, but this has never been substantiated by other work.  
Natural progesterones are available in a few locations/mail order pharmacies: