

Non-estrogen treatments for menopausal symptoms

Non-estrogen-based treatments are for women who do not wish to take estrogen-based menopausal hormone therapy (MHT) either through choice or because of concerns about comorbidities such as venous thromboembolism, or a personal or family history of hormone-dependent cancer (e.g. breast cancer).

Treating hot flashes

- **Medical treatments** include:
 - clonidine
 - paroxetine
 - citalopram
 - venlafaxine
 - desvenlafaxine
 - gabapentin
 - pregabalin
- The above treatments tend to be less effective than **systemic estrogens** (MHT).
- New medicines are in development and currently being assessed in clinical trials.
- **Cognitive-behavioral therapy** can be accessed with self-help books and online.

Treating vaginal dryness

- **Lubricants** are typically used episodically to correspond to sexual activity.
- **Moisturizers** are usually used on a regular basis, rather than episodically in association with sexual activity.
- **Ospemifene** is a selective estrogen receptor modulator (SERM) and taken orally.
- **Prasterone** or **dehydroepiandrosterone** is taken vaginally.
- **Laser therapy** (ablative and non-ablative) is a new approach, but large, long-term studies are required to explore its efficacy and safety.

Drug interactions

Before a medical treatment is started, it is important to check that it will not have interactions with any other medicines, such as those used for breast cancer.

Estrogen-based MHT can be used with vaginal lubricants and moisturizers but its combination with ospemifene or prasterone has not been studied.

Further information

EMAS CareOnline 2020 <https://emas-online.org/emas-careonline>

The essential menopause curriculum for healthcare professionals: A European Menopause and Andropause Society (EMAS) position statement (2022) <https://doi.org/10.1016/j.maturitas.2021.12.001>