Managing the menopause without estrogen:

Non-estrogen management of 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 flushes

- **Medical treatments** include:
  - fezolinetant
  - elinzanetant
  - paroxetine
  - citalopram
  - venlafaxine
  - desvenlafaxine
  - gabapentin
  - pregabalin
  - clonidine
- The above treatments tend to be less effective than **systemic estrogens** (MHT)
- **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 applied vaginally
- **Laser therapy** is another 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, and also to check monitoring requirements.

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 (2025). CareOnline. Health at menopause and beyond https://emas-online.org/guidelines-and-education/#emas-care-online

Paschou et al. (2024). Sexual health and wellbeing and the menopause: an EMAS clinical guide https://doi.org/10.1016/j.maturitas.2024.108055

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