

# HOT FLASHES: A COMMON MENOPAUSAL SYMPTOM

Hot flashes (HFs), also known as vasomotor symptoms (VMS), are a frequent and disruptive consequence of menopause. Defined as transient episodes of intense warmth, sweating, flushing, and occasionally anxiety and chills lasting for 1-5 minutes, they affect approximately 85% of menopausal women.

Hot flashes typically manifest abruptly, causing a surge of heat and perspiration in the face, neck, and upper body. The skin may flush and redden, resembling blushing. Associated symptoms can include chills, palpitations, and varying degrees of severity: Mild (no disruption to daily activities), moderate (some interference with daily activities), and severe (daily activities become significantly impeded).

Night sweats, a specific type of hot flash occurring during sleep, can disrupt sleep patterns by causing drenching sweats and frequent awakenings.

While hot flashes can arise from various medical conditions, menopause—the gradual decline in estrogen production that marks the end of menstruation—is the leading cause. This hormonal shift disrupts the body's thermoregulatory system, leading to the symptoms of hot flashes.

The approach to managing hot flashes depends on their frequency and severity.

Non-pharmacological interventions:

Lifestyle modifications: Layering clothing for easy

adjustment; avoiding triggers like spicy foods, alcohol, and caffeine; engaging in relaxation techniques (yoga), and staying cool when possible are essential strategies. Smoking cessation is crucial as smoking can exacerbate hot flashes.

Symptom tracking: Keeping a log of potential triggers.

Pharmacological interventions:

Non-hormonal therapies: Selective serotonin reuptake inhibitors (SSRIs) may offer some relief from hot flashes and associated mood changes. Gabapentin, an anti-seizure medication, can improve sleep quality in individuals with hot flashes and insomnia. Other options include oxybutynin (for urinary incontinence) and certain non-prescription herbal supplements like black cohosh, evening primrose oil, and vitamin E, though evidence for their efficacy is limited.

Hormonal therapy:

Hormone replacement therapy (HRT) remains the most effective treatment for moderate to severe hot flashes. Estrogen, with or without progesterone depending on the presence of the uterus, helps regulate the body's temperature control and alleviate hot flashes.

Hot flashes are a common yet disruptive symptom of menopause. A comprehensive approach incorporating lifestyle modifications, non-hormonal therapies, and potentially HRT for eligible women can significantly improve quality of life during this transition.



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