The specialist authority for menopause & post reproductive health

British Menopause Society

Prescribable alternatives to HRT

Introduction

Prescribable alternatives to HRT are indicated when other options are desired, HRT is contraindicated or as an adjunct to HRT. Most prescribable alternative therapies have been evaluated for their impact on vasomotor and vaginal symptoms. Some of them also have an impact on mood and well-being. The class effect of the drug is important in selecting what is likely to be the best alternative for your patient. Menopause treatments also tend to have a high placebo response, often as great as 50%, which may enhance quoted "baseline effectiveness". It is important to remember that the use of these medicines for menopausal symptoms is often off license.

The medications listed in the table below have been reviewed to ensure that they align with British National Formulary (BNF) recommended dosing, at the time of publication. Please consult the BNF for contraindications, cautions and drug interactions.

Alternatives to aid with vasomotor symptoms

SSRI – Antidepressants	Added benefit	Adverse effect
• In general, baseline effectiveness 20-50%	• Class effect of SSRIs are of antidepressant benefit and improved quality of life	• Class effect of SSRIs include initial side effects such as nausea, dizziness, short-term aggravation of base-line anxiety and mood, so encourage your patient to persevere and, if necessary, take on alternative days, even ½ tablet. • Class effect of all SSRIs is sexual dysfunction
Paroxetine	**Added benefit**	**Adverse effect**
• Dosage 10-20 mg – baseline improvement 50-60% • Paroxetine has best evidence for vasomotor symptom control and has maximal benefit achieved at 10 mg	• Class effect of SSRIs are of antidepressant benefit and improved quality of life	• Interacts with enzyme cytochrome P450 (CYN10) thereby rendering Tamoxifen less effective
Fluoxetine	**Added benefit**	**Adverse effect**
• Dosage 20 mg – baseline effectiveness 10-20%	• Class effect of SSRIs are of antidepressant benefit and improved quality of life	• Like Paroxetine, should be avoided in patients taking Tamoxifen
Citalopram (Escitalopram)	**Added benefit**	**Adverse effect**
• Dosage 20 mg – baseline benefit 40-50%	• Class effect of SSRIs are of antidepressant benefit and improved quality of life	• Much less effect on enzyme cytochrome P450 so can be used by patients on Tamoxifen
Sertraline	**Added benefit**	**Adverse effect**
• Dosage 25-50 mg – little information on baseline benefit	• Sertraline is the best anti-anxiety SSRI	• The least well tolerated with an increase in anxiety at the outset

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SNRI SSRI Venlafaxine	Added benefit	Adverse effect
• Dosage 37.5 mg – 150 mg sustained release preparations recommended - baseline benefit quoted 20-66%	• Improved quality of life and antidepressant effect	• Often poorly tolerated at outset with dizziness and other associated SSRI side effects including sexual dysfunction, slow titration may be the answer • NO interaction with cytochrome P450 so may be safest choice for patients on Tamoxifen

Fezolinetant	Added benefit	Adverse effect
• Neurokin antagonist, dosage 45 mg daily • Under review by NICE for NHS use	• An NK3 receptor antagonist that works by blocking the activity of neurokinin B (NKB) signalling in the brain to treat menopausal symptoms like hot flushes and night sweats	• Baseline and ongoing liver function tests needed

Gabapentin	Added benefit	Adverse effect
• Gamma amino-butyric acid analogue used to treat epilepsy, neurogenic pain and migraine • Reduces hot flushes at a dose of 900 mg per day in about 50% of patients	• Improved quality of sleep • Reduced pain	• Dry mouth, dizziness and drowsiness with a very specific dose related component • Patients will find their own level • Weight gain • Schedule 3 controlled drug • Prescribing precautions see BNF

Clonidine	Added benefit	Adverse effect
• Dosage 25-50 micrograms bd up to a maximum of 75 micrograms bd or 50 mcg tds	• May complement other anti-hypertensive drugs • Only licensed option	• Interaction with anti-hypertensive drugs and not suitable for patients with baseline low blood pressure • Must be reduced gradually otherwise causes rebound hypertension • Dose related side-effects include sleep disturbance in at least 50% of patients, dry mouth, nausea and fatigue

Pregabalin	Added benefit	Adverse effect
• Dosage 50-300 mg in divided doses - baseline improvement similar to Gabapentin	• Improved quality of life and note now Pregabalin is used as an antidepressant	• Similar to Gabapentin but less marked and therefore better tolerated • More expensive • Schedule 3 controlled drug • Prescribing precautions see BNF

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This BMS Tool for Clinicians has been developed by the medical advisory council of the British Menopause Society. It will be updated when guidance changes and/or new data becomes available.

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