Low-Dose Estrogens Effective for Hot Flashes

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WASHINGTON — A 0.45-mg daily dose of synthetic conjugated estrogens-A improves moderate to severe menopausal vasomotor symptoms, compared with placebo, according to data presented at the annual meeting of the American College of Obstetricians and Gynecologists.

The results indicate that postmenopausal women who start estrogen therapy at a low dose may be able to gain the efficacy of higher-dose treatments while having minimal side effects, Dr. James A. Simon of George Washington University in Washington and Dr. Sam S. Miller of the SAM Clinical Research Center in San Antonio wrote in a poster presented at the ACOG meeting.

At week 12 of therapy, nearly 18% of patients taking synthetic conjugated estrogens-A (SCE-A) reported no moderate to severe vasomotor symptoms vs. 7.8% of patients taking placebo, according to the researchers. In addition, the 0.45-mg daily dose of SCE-A reduced the mean weekly frequency of moderate to severe vasomotor symptoms by 6.8% from a baseline of 95.9 at 12 weeks, compared with a mean drop of 42.9 among placebo patients from the same baseline score.

The multicenter, double-blind trial included postmenopausal women, with or without a uterus, who had experienced at least 60 moderate to severe vasomotor symptoms per week. A total of 104 patients were randomized to receive either the 0.45-mg dose of SCE-A or placebo daily for 12 weeks. Approximately 91% of the patients taking SCE-A and 67% of the patients taking placebo completed the full 12 weeks of the study.

The subjects were asked to keep a daily diary of the number of their symptoms. Patients also had vital signs, body weight, and adverse events evaluated during six office visits. The investigators assessed the safety and tolerability of the treatment through standard laboratory evaluations at screening and at week 12 of the study.

The research was supported by Duramed Research Inc. of Haledon, N.J., which markets SCE-A under the trade name Cenestin. Duramed is a wholly owned subsidiary of Barr Pharmaceuticals. Cenestin 0.45 mg is not approved by the Food and Drug Administration in 2004 for the treatment of moderate to severe menopausal symptoms. The patients recruited for the study were healthy women ages 30-80 years who had experienced spontaneous amenorrhea for 12 months before screening or had a bilateral oophorectomy, with or without hysterectomy, at least 6 weeks before screening.

Patients taking SCE-A had a greater reduction in frequency of symptoms starting at week 2 and reaching statistical significance from week 4 on. The drug also resulted in greater reduction in severity of symptoms at week 2, reaching statistical significance from week 5 on.

Nonhormonal Tx For Hot Flashes Rated Not So Hot

Despite avid interest in finding nonhormonal therapies for menopausal hot flashes, most alternative treatments have demonstrated only limited efficacy, and their safety remains in question, according to a systematic review of the literature.

Dr. Heidi D. Nelson and her associates at Oregon Health and Science University, Portland, compared all randomized, placebo-controlled trials of nonhormonal treatments for hot flashes with the efficacy and adverse effects of agents other than estrogens, progesterones, progesterone, or androgens (JAMA 2006;295:2057-71).

A metaanalysis was conducted using 24 of 43 selected studies. Overall, there was some evidence that selective serotonin reuptake inhibitors (SSRIs), serotonin non-epinephrine reuptake inhibitors (SNRIs), clonidine, and gabapentin reduce the severity and frequency of hot flashes. However, none of these agents approached the effectiveness of hormone therapy. Dr. Nelson and her associated noted.

The evidence for soy isoflavone extracts was contradictory “even among the largest and highest quality trials,” they noted.

There was no evidence to support the efficacy of red clover isoflavone extracts.

—Mary Ann Moon