GABEPRINZI

Gabapentin No Boost to Venlafaxine for Hot Flashes

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ATLANTA — Adding gabapentin to venlafaxine does not augment the effectiveness of the antidepressant to control hot flashes, according to a study presented at the annual meeting of the American Society of Clinical Oncology.

Separate, previously reported, randomized, controlled trials have shown that both gabapentin and newer antidepressants, such as venlafaxine, are each significantly more effective than placebo in preventing hot flashes. However, in this study, which combined the two, no potentiation of relief was noted, said Dr. Charles Loprinzi, codirector of the Mayo Clinic Cancer Center’s research program in cancer prevention and control in Rochester, Minn.

Vasomotor symptoms tend to be severe in breast cancer survivors because their estrogen supply is suddenly interrupted, and they may also be taking agents, such as tamoxifen, that are known to cause hot flashes. In addition, chemotherapy can cause abrupt menopause in a premenopausal woman, Dr. Loprinzi said in an interview.

The anticonvulsant gabapentin has been shown to reduce hot flashes when taken at 900 mg/day, compared with placebo. Similarly, venlafaxine (75 mg/day) has been shown to decrease hot flash episodes significantly more than placebo.

Dr. Loprinzi and his colleagues reasoned that it might be beneficial to add gabapentin to the regimen of women who continued to experience hot flashes despite receiving venlafaxine therapy. In a randomized 4-week study involving 113 women, one group of 57 patients continued on the antidepressant and added gabapentin to their regimen; the second group of 56 patients stopped taking venlafaxine when they started on gabapentin.

The majority of the women had a history of breast cancer and had been treated with tamoxifen, raloxifene, or an aromatase inhibitor within 4 weeks of entry into the study. A minority of the study population did not have breast cancer, but did not wish to take hormonal therapy. Women in the gabapentin group had an average age of 53 years (ranging from 39 to 72); those in the combination therapy group had an average age of 58 years (ranging from 41 to 81). At baseline, the women were suffering from a mean of 14 bothersome hot flashes a week. The investigators found that when gabapentin was added to venlafaxine, “there was about a 50% reduction in hot flashes, but the reduction was the same whether the women were on gabapentin alone, or on gabapentin and an antidepressant,” Dr. Loprinzi said.

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Vaccine Adverse Event Reporting System. In addition, vaccine recipients will be among those monitored in “real time” by the Vaccine Adverse Event Reporting System.

Many experts agree: the lowest daily dietary intake for vitamin D for adults at least 750-800 IU per day (25). Why Rx osteoporosis therapy still requires calcium and vitamin D

Rx treatments, including bisphosphonates, uniformly require sufficient calcium intake. However, as the use of these drugs has risen, a simultaneous decrease in the use of calcium supplements has occurred (25). This may be a result of patients believing that their Rx drug replaces their need for calcium. In addition, the majority of this population fails to consume the minimum recommended dietary intake of calcium, making calcium supplementation more critical.

Adequate vitamin D intake must also be taken into consideration (25). As noted in FDA’s official magazine, for those receiving osteoporosis treatments, calcium and vitamin D supplements can be essential. Yet, more than half of North American women receiving therapy to treat or prevent osteoporosis have inadequate levels of vitamin D (25). This population needs to understand the importance of getting the right amount of calcium and vitamin D every day.

When patients need more D, you need to recommend a supplement

Very few foods are natural sources of vitamin D. And while sunlight is an excellent source of vitamin D, many individuals limit sun exposure or use sunscreen, which interferes with vitamin D synthesis of the skin, putting them at increased risk of inadequate vitamin D levels. In addition, as many people age, their ability to produce vitamin D decreases. Calcium supplements with added vitamin D are an excellent way to help ensure patients get the D they need daily for optimal bone health. It’s never too late. The US Surgeon General states, “…[for those] not getting enough calcium and vitamin D in your diet, supplements can be bone savers.” (25)

Together, calcium and vitamin D intake can transform the future of bone health

References: