

IN EVERY ISSUE

Overheated

BY LACEY MEYER

Cooling hot flashes brought on by cancer treatments.

Hot flashes are experienced by both men and women when cancer or its treatment affects hormone levels, but there are ways to manage hot flashes that can improve a patient's quality of life.

Causes

When hormone levels fluctuate or dip below normal, a patient can experience very warm sensations in the upper chest and face, flushing, and sweating that can last from a few moments up to 30 minutes. The severity, frequency, and duration of hot flashes vary depending on the patient's age, cancer type, and treatment, among other factors.

Hot flashes tend to be more problematic for breast cancer patients and survivors than for women in general, says Charles Loprinzi, MD, a medical oncologist at Mayo Clinic Cancer Center in Rochester, Minnesota, because giving chemotherapy to premenopausal women can make their ovaries turn off rather abruptly. "And if women have an abrupt menopause, an abrupt decrease of estrogen, it usually causes more trouble with hot flashes than if they more gradually go through menopause."

Hot flashes can occur in breast and gynecologic cancer patients whose ovaries are removed as part of treatment as well as breast cancer patients who receive hormonal therapies—specifically tamoxifen, which blocks the effects of estrogen, and aromatase inhibitors, which further lower already low estrogen levels in postmenopausal women.

As for prostate cancer, rapidly taking away testosterone with surgery or hormonal therapies, such as Lupron Depot (leuprolide) and Zoladex (goserelin), that deprive prostate cancer cells of androgen hormones (including testosterone) can cause hot flashes similar to what women experience during menopause, Loprinzi says.

Hot flashes can also result from radiation therapy to the pelvic area, which may damage ovarian and testis tissue and decrease hormone levels.

Management

Most treatments that reduce hot flashes work equally well in men and women.

Hormone replacement therapy can significantly reduce hot flashes in women, but estrogen formulations are not recommended for women with a history of breast cancer because they may spur tumor growth. Replacing testosterone in men will resolve hot flashes, but that defeats the purpose of testosterone-reduction therapy for treating prostate cancer.

The blood pressure medication Catapres (clonidine) decreases hot flashes 10 to 15 percent more than a placebo, Loprinzi says, although the drug appears to be less effective in men compared with women. He adds that newer antidepressants known as serotonin and norepinephrine reuptake inhibitors (SNRIs), such as Effexor (venlafaxine), may work even better. “This drug decreases hot flashes by about 50 to 60 percent.”

Another type of antidepressant, selective serotonin reuptake inhibitors (SSRIs), such as Paxil (paroxetine) and Prozac (fluoxetine), can reduce hot flashes, but new research shows some SSRIs can interfere with the activity of tamoxifen, making it less effective.

Several placebo-controlled studies have shown that Neurontin (gabapentin), a drug used to treat seizures and nerve pain associated with peripheral neuropathy, also reduces hot flashes by up to 60 percent in both men and women.

Studies of integrative therapies are ongoing and new data suggest flax seed may be helpful in treating hot flashes, Loprinzi says.

Prevention

Simple lifestyle changes may help reduce the severity of hot flashes. Experts recommend trying to avoid circumstances or activities that may trigger hot flashes. Stress is a frequent trigger, so practicing stress-reduction techniques, such as meditation or yoga, may be helpful. Other suggestions include wearing lightweight cotton clothing and sleepwear, staying hydrated, and avoiding alcohol, caffeine, and spicy foods.