

Nonhormonal Therapies Don't Quell Hot Flashes

BY MARY ANN MOON
Contributing Writer

Despite the 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, identified all randomized, placebo-controlled trials of nonhormonal treatments for hot flashes in the English literature and compared the efficacy and adverse effects of agents other than estrogens, progestins, progesterone, or androgens.

From an initial screening of 4,249 abstracts, they narrowed their focus to 43 trials with adequate study designs. However, even these trials were often flawed by high dropout rates, small study samples,

short follow-up periods, and methodologic failings, they noted (JAMA 2006;295:2057-71).

The selected studies included 10 that assessed antidepressants, 10 assessing clonidine, 6 assessing other prescription drugs, and 17 assessing isoflavone extracts.

Eleven of the trials included women with breast cancer, many of whom were receiving tamoxifen. This is a population in whom hot flashes are particularly common and for whom estrogen therapy is

contraindicated, the researchers said.

A metaanalysis was conducted using 24 of the 43 studies.

Overall, there was some evidence that selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors, clonidine, and gabapentin reduce the severity and frequency of hot flashes. However, none of these agents approached the effectiveness of hormone therapy.

"Although these therapies may be most useful for highly symptomatic women who cannot take estrogen, they are not optimal choices for most women." Their safety as treatments for hot flashes has not been adequately studied, and the adverse effects they cause as well as their cost will make their use prohibitive for many women, Dr. Nelson and her associates said.

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. ■

Testosterone Doesn't Improve Cognition: Study

CHICAGO — Exogenous testosterone, either alone or with finasteride for 36 months, did not significantly improve cognition in a randomized, placebo-controlled trial involving healthy older men, Dr. Camille Vaughan said at the annual meeting of the American Geriatrics Society.

She presented data from a study in which 70 healthy men, ages 65-83 years, with low levels of testosterone (less than 350 ng/dL) and normal performance on the Mini-Mental State Examination were randomly assigned to receive one of three regimens: 200 mg of IM testosterone every 2 weeks with placebo pills, 200 mg of IM testosterone every 2 weeks with 5 mg of finasteride daily, or placebo injections and placebo pills.

Cognitive testing was performed at baseline, 4 months, and 36 months. Serum hormone levels also were measured at the indicated intervals. Of 69 men who completed baseline testing, 46 completed the study. Serum total testosterone, bioavailable testosterone, and estradiol levels increased significantly in the treatment groups throughout the study period. Hormone levels did not change for the placebo group at any time.

The three groups didn't demonstrate significant differences in cognitive performance on any of the tests at the 4-month or 36-month evaluations, reported Dr. Vaughan of Emory University in Atlanta.

There was a trend in the active treatment groups toward improved performance in the Benton Visual Retention Test and in visuospatial skills on the Visual Patterns Test. But scores were not significantly different from the placebo group at any time.

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