

# Managing Your Menopause after Breast Cancer

<http://womenshealth.med.monash.edu.au>

The majority of women diagnosed with breast cancer will be postmenopausal or close to menopause at diagnosis. Those women who have not yet reached menopause at the time they are diagnosed often become menopausal as a result of their treatment (chemotherapy) or an active decision, particularly in younger women, to have their ovaries removed (surgical menopause) to reduce their chance of breast cancer recurrence.

## What menopausal symptoms might I experience?

Menopausal symptoms can be quite disabling with the most common being **hot flushes and night sweats**. Other common symptoms include **sleep disturbance, vaginal dryness** resulting in painful intercourse, mood changes, anxiety and joint pain. Some women may actually experience new onset depression with menopause and sexual problems are not uncommon.

Bone loss occurs at an accelerated rate at menopause, and this may be worsened by the use of some treatments such as the aromatase inhibitors. However, if recognized this can be managed.

Another problem many women encounter is weight gain. At menopause women commonly notice mid-abdominal weight gain, or a 'spare tyre' and many women are frustrated that despite sensible diet and exercise the 'spare tyre' stays.

Oestrogen has a protective effect against depositing fat around the abdomen. This is why young women tend to have a 'pear shaped' body. Loss of oestrogen results in fat being redistributed to the abdomen and this can happen with absolutely no change in body weight. Although this can be managed by being more attentive to diet and activity, the central weight gain at midlife is a challenge for many women.

Women who have hormone receptor positive breast cancer and are treated with drugs that block oestrogen, such as tamoxifen or an aromatase inhibitor, are more likely to have severe menopausal symptoms. This is because in the case of tamoxifen oestrogen action is being blocked throughout the body, and in the case of the aromatase inhibitors, oestrogen production throughout the body is blocked.

## Are hormones ever safe after breast cancer?

In general the types of hormone therapy used by women with breast cancer to alleviate menopausal symptoms are not recommended for women with breast cancer. There are rare exceptions when a decision is made by a woman in consultation with her specialists that she will take postmenopausal hormone therapy. It is extremely important that women are aware that hormonal treatments labelled as 'bioidentical' should not be considered any safer for women with breast cancer than oestrogen/progestin therapies that are approved by government agencies (in Australia this is the TGA). It is also important that your specialist knows about all the medication that you are taking, including over-the-counter therapies and alternative and complementary medicines.

Some women may be prescribed vaginal oestrogen by their doctor to manage vaginal dryness and /or urinary tract symptoms. This is discussed below.

## Options for managing menopausal symptoms and improving general health after breast cancer

### 1. Lifestyle

Review your lifestyle

#### Do you smoke?

If so at a minimum cut down, but ideally stopped. Cigarette smoking is not only associated with an increased risk of a second primary non-breast cancer, but has been associated with a substantially greater risk of lung cancer following radiotherapy after both mastectomy and breast conserving surgery.



### Do you drink alcohol?

Alcohol consumption has been associated with increased breast cancer risk. Drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Consider how much you drink alcohol and how often.

100ml wine = 1 standard drink (the average restaurant serving is 150ml)

1 can low strength 2.7% beer = 0.8 standard drink

1 nip (30ml) spirit (37-40%) = 1 standard drink

### Are you doing enough exercise?

Regular exercise improves sleep patterns, reduces cardiovascular disease risk, protects against bone loss and in some women may reduce hot flushes. Women who exercise at least three hours per week have a lower risk of developing breast cancer. Whether this apparent protective effect extends to women who have had breast cancer is not known.

### Are you managing your stress?

Stress is always difficult to quantify – what is stressful for one person may be exciting for another.

A complete health plan should include approaches to dealing with anxiety, depression, stress and unresolved feelings about your diagnosis of cancer. Any of these may play a role in specific menopausal symptoms as well as low libido which is a common problem

Assess how much stress you have in your life and consider ways to manage it. For some, this may be dealt with by exercise, others find practices like yoga and meditation very helpful. No matter what approach you take it is important that you find some time in the day, every day, for yourself.

### Have you reviewed your diet?

Many women make changes to their diet after being diagnosed with breast cancer. Some women cut down on meat, some increase their intake of fruit and vegetables. The single most important thing is to consume a healthy diet with plenty of fruit and vegetables, complex carbohydrates and sufficient protein. It has been suggested that cutting out all dairy may be beneficial. There is no evidence to support this. Indeed, no specific diet has been shown to influence breast cancer survival.

- make sure you get enough calcium – discuss with your doctor how much you are getting from your diet and whether or not you should consider a calcium supplement.

Vitamin D protects against bone loss: although there is a general belief that Vitamin D deficiency is rare, it is being increasingly detected in Australian women because of sun avoidance. Recent data also indicates that Vitamin D may play a role in breast cancer protection.

- have your vitamin D level checked
- if it is low, (less than 70nmol/L) you should discuss with your doctor with a not you should be on a vitamin D supplements

**Think about how what you eat affects your heart:** reduce saturated (animal) fat and salt intake.

**Make sure you are getting enough iron** particularly if you are experiencing, or who have a recent history of heavy periods.

### Are you avoiding factors that precipitate hot flushes?

- such as alcohol or hot drinks or over heated rooms
- dressed in layers

## Non hormonal therapies for symptom relief

### Selective serotonin re-uptake inhibitors (SSRIs)

Researchers have reported a marked reduction in hot flushes in postmenopausal breast cancer survivors with venlafaxine (Efexor) therapy in a short duration placebo-controlled study. A dose of 37.5mg was effective, with a greater effect with the 75mg dose. A dose of 150mg was no more effective and was associated with a greater rate of side effects (nausea, dry mouth, constipation). This approach is extremely useful for some women experiencing flushes symptoms on tamoxifen. However NOT all women benefit. A more recent study did not show any benefit of this approach to treatment over placebo therapy.

Not all SSRIs are the same-some may interfere with the action of tamoxifen. If you are taking an SSRI and tamoxifen make sure your oncologist knows.

### Clonidine

This is a drug originally developed for the treatment of high blood pressure and sometimes used in migraine therapy. Women who flush appear to have greater sympathetic nervous system activity and the drug Clonidine appears to act by elevating the “flush threshold”.

Clonidine has been used for many years to alleviate hot flushes with limited effectiveness. Some women experience side effects at very low doses (dry mouth). Still, some women may find Clonidine useful.

### Gabapentin

Gabapentin was developed for the treatment of epilepsy. It is also used for neurogenic pain, restless-leg syndrome, essential tremor, bipolar disorder and migraine prevention. However doses of 300-900mg at night will alleviate hot flushes and sweats in a proportion of women. It is a relatively safe drug with few side effects and drug interactions. The main side effect is drowsiness, hence it is best taken at night. Some withdrawal symptoms can present after 1-2 days upon abrupt discontinuation after chronic use within young to middle-aged patients – symptoms mimic that of alcohol and benzodiazepine withdrawal purportedly due to a similar mechanism of action.

### Acupuncture

Acupuncture may alleviate menopausal flushes in women who have had breast cancer. This may not be effective for all women but certainly should be considered.

### Nonhormonal options for managing vaginal dryness

Simple and easily available options include the use of vegetable oils (such as safflower or oil or olive oil) as lubricants and vaginal moisturisers such as Replens®. The latter is used several times a week and can be as effective as vaginal oestrogen.

### Traditional Herbal Medicines

Many women take herbal remedies to combat their menopause symptoms. Various herbal therapies are recommended for the treatment of menopausal symptoms by a variety of practitioners with a knowledge of these herbs. The most commonly used herbal medicines by women for menopausal symptoms include black cohosh, red clover, dong quai (dang gui), evening Primrose oil and sometimes ginseng.

There is little to support the benefits of such therapies in terms of randomised placebo-controlled trials

- little is known about safety of these treatments or how they interact with other proven treatments.

**Black cohosh** is often recommended for the treatment of flushes. Black cohosh is not an oestrogenic compound. Overall, results of quality studies do not suggest black cohosh is useful. High dose black cohosh in one study did significantly reduce the number of hot flushes in patients with breast cancer on tamoxifen.

Black cohosh may have serious side effects: Black cohosh has been associated with liver inflammation and several cases of liver failure resulting in liver transplant. One animal study showed that rodents with mammary carcinomas treated with black cohosh were more likely to develop metastases than those not treated with black cohosh.

**Phytoestrogens** are found in a wide variety of edible plants and may display both oestrogen-like and anti-oestrogen effects. Commonly available phytoestrogens are **soy** and **red clover**.

Population studies, primarily comparing Asian and Western populations, have been interpreted to indicate that eating a phytoestrogen-rich diet prevents symptoms of oestrogen deficiency in postmenopausal women and may protect against breast cancer, bone loss and cardiovascular disease.

- Most studies show little or no benefit of treatment with phytoestrogens over placebo in terms of hot flushes.
- Phytoestrogens do not improve other symptoms of menopause such as anxiety, mood changes, joint and muscle pains and headaches.
- Not all studies support favourable effects of phytoestrogens in terms of breast cancer prevention in postmenopausal women. Two studies, one conducted in Singaporean women, and another in Chinese women, did not show any risk reduction in breast cancer in postmenopausal women in association with high soy intake.
- Phytoestrogens may act as weak oestrogens under some circumstances. Of some concern, cell studies suggest that the addition of phytoestrogens in the setting of tamoxifen results in interference in the action of tamoxifen on the breast cancer cells.

In summary, phytoestrogens in low to moderate concentrations, that is, an amount obtainable from supplements, may stimulate breast cell growth. It is possible that very high dose phytoestrogens may have an inhibitory effect on breast cancer cell growth. This needs to be further researched.

Women on tamoxifen at this point in time should be advised not to take additional phytoestrogens apart from that obtained from a diet of a variety of fruit, vegetables and grains.

There is **no evidence** from large well conducted studies over-the-counter products containing **multibotanicals** are effective in the management of menopausal symptoms. There is also little evidence for **dong quai, evening primrose oil, wild yam, chaste tree, hops, or sage**. In addition, dong quai and ginseng can interfere with the anti-clotting drug warfarin.

## Hormone therapy after breast cancer

In most instances hormone therapy after breast cancer cannot be recommended.

Some breast cancer survivors suffer severe menopausal symptoms that impair their quality of life, and choose to take HT. Each physician will have their own opinion regarding this issue and their own approach.

### Vaginal oestrogen

Whether or not the use of vaginal oestrogen is safe after breast cancer remains unclear. The potential safety also varies according to whether or not a woman is hormone receptor positive or is taking tamoxifen or an aromatase inhibitor. The main concern has been raised regarding the use of vaginal oestrogen in women on aromatase inhibitors. In most instances the prescription of vaginal oestrogen to women not on aromatase inhibitor therapy would be considered okay. Vaginal oestrogen can either be in the form of oestradiol or oestriol. As oestriol is a much less potent oestrogen and cannot be converted to a potent oestrogen, it is generally the preferred option. It can be prescribed as a pessary or as a cream.

### Treatment with testosterone and breast cancer

Testosterone is being increasingly used by women with loss of libido. Many women report this as a problem after breast cancer. This may be due to the physical and emotional stress of the experience of having breast cancer. However hormonal changes due to therapy are also important.

There is still no evidence that the use of testosterone after breast cancer is safe. Although testosterone may have anti-oestrogenic effects on the breast, testosterone can also be converted by cells into oestrogen. Therefore, in general, the use of testosterone by women after breast cancer cannot be recommended. However, if a woman is also taking tamoxifen, the combination of testosterone plus tamoxifen may be reasonable, as tamoxifen provides a buffer for testosterone in the body. However the actual safety is not known.