Torbay and South Devon
NHS Foundation Trust

PATIENT INFORMATION

Managing Menopausal Symptoms after Breast Cancer

Let's talk HRT

HRT is contraindicated after a diagnosis of breast cancer. Non-hormonal options are the first line of management. The use of systemic HRT is a shared decision, considering individual risk versus benefit.

Oestrogen positive breast cancer

Around 80% of breast cancers are oestrogen receptor positive. Using HRT can increase the risk of recurrence.

Oestrogen negative breast cancer

There remains a risk of recurrence, including new breast cancer in the opposite breast that could be oestrogen positive, or distant metastases that are oestrogen positive.

Triple negative breast cancer and bilateral mastectomies

Systemic HRT may be considered.

Ductal carcinoma in situ (DCIS)

Insufficient data to determine a risk.

Non-hormonal hot flush management options

Clonidine

25mcg twice a day for a couple of weeks, increase to 50mcg three times a day.

- **Side effects:** Sleep disturbance at higher doses, dry mouth.
- Reduce slowly. Avoid if low blood pressure.

SSRIs

- **paroxetine:** 10mg daily
- **citalopram:** Between 10 to 30mg daily

Steer clear of fluoxetine and paroxetine with tamoxifen. *N.B. three months to be fully effective.*

SNRIs

- **venlafaxine:** 37.5 to 75mg daily
- Reduces hot flushes up to 60%, fatigue, mood and sleep.
- **Side effects:** Dry mouth, can reduce libido, may cause dizziness on starting. Improvement in 10 days, full benefit in 8 weeks.
- Discontinue gradually.

Oxybutynin

2.5 to 5mg a day can help with overactive bladder symptoms.

- **Side effects:** Dry mouth, constipation and dry eyes.
- History of glaucoma – cannot take.
- Consider reducing after 2 years.

Gabapentin

Increase by 300mg weekly (max dose 1.2g daily).

- **Side effects:** Fatigue and drowsiness.

Pregabalin

75 to 150mg twice a day.

- **Side effects:** Fatigue and drowsiness.

Elinzanetant

Only available on private prescription. Still under trial but showing promising benefits for women after breast cancer needing non-hormonal management of hot flushes and sleep.

Supplements

Look out for the THR stamp (Traditional Herbal Remedy stamp). This means the product is registered with the MHRA (Medicines and Healthcare products Regulatory Agency). This validates its strength and quality.

Vitamin D

- **Daily dose:** 800 to 1000 international units is recommended.
- **Sources:** Oily fish, eggs and margarine.

Calcium

- **Daily dose:** 700mg recommended (1 pint of milk).
- **Sources:** Yogurt, cheese, nuts and leafy greens.
- *(Resource: Check out the Calcium Calculator from the Osteoporosis Society)*

Vitamin E

- **Benefits:** Improves immune function, may reduce hot flush severity and frequency.
- **Daily dose:** 15mg (22IU).
- **Sources:** Plant oils, nuts, seeds, spinach and kiwis.
- Can interact with tamoxifen.

Omega 3

- **Benefits:** Reduces inflammation, helps joint pain and improves bone strength.
- **Daily dose:** 1g from diet or supplements.
- **Sources:** Oily fish, walnuts, chia seeds, spinach and eggs.
- Interacts with tamoxifen.
- With vitamin E can reduce the frequency of hot flushes.

Turmeric

- **Benefits:** Helps with mood, joint aches and hot flushes.
- **Daily dose:** Over 1000mg daily.
- Can cause mild indigestion.
- Interacts with tamoxifen, blood thinners, BP medication, antiepileptic medications.

Collagen

- **Benefits:** Improves joint pain, skin and nail strength.
- **Recommended amount:** 2.5 to 15g daily.
- **Fact:** 30% of dermal collagen is lost within five years of menopause.

Magnesium glycinate

- **Benefits:** Improves sleep and mood.
- **Recommended amount:** 350mg daily.
- **Sources:** Dark chocolate, beans, lentils, nuts, seeds and leafy greens.
- **Fact:** 80% of menopausal women have low magnesium levels.

Other supplements (limited evidence)

- **Sage:** Reduces flushes by up to 40%, improves cognition (300mg daily).
- **Pollen extract:** May improve hot flushes and sleep.
- **Milk thistle:** Reduces frequency and intensity of hot flushes.

Little evidence for:

- **Ashwagandha:** Reduces stress, improves sleep and brain function.
- **Maca:** Boosts energy, mood and hormonal balance.
- **Lion's mane:** Improves memory, reduces inflammation, lowers cholesterol.

Avoid in previous breast cancer

- **Isoflavones (red clover, soya extract):** Mimics oestrogen.
- **Testosterone:** Converts to oestrogen.
- **Phytoestrogens:** Use with caution.
- **Black cohosh:** Interacts with aspirin, blood pressure medications, tamoxifen (reduces their efficacy).
- **Agnus castus:** Interacts with HRT, oral contraceptives, tamoxifen.
- **St John's wort:** Interacts with tamoxifen, anti-epileptics.
- **Ginseng:** Mimics oestrogen, interacts with tamoxifen.
- **Evening primrose and starflower oil:** No clear evidence of increase in oestrogen levels. Interacts with blood thinners, blood pressure medications, antidepressants, asthma and antiepileptics.

Sleep advice

- Avoid daytime naps
- Avoid alcohol before bed
- Limit caffeine and nicotine
- Practice relaxation techniques
- Maintain regular sleep schedules
- Exercise regularly (not late evening)
- Avoid screens and eating before bed
- Maintain healthy weight and stop smoking
- Keep a cool, dark, quiet sleep environment

Common sleep disruptors

- **Hot flushes:** 80% of hot flushes disturb sleep.
- **Emotional challenges:** Anxiety, depression and stress can be quite overwhelming.
- **Sleep disorders:** Conditions like apnoea and restless legs causing further interruptions.

Chronic insomnia (> 3 months)

- Start with Cognitive Behavioural Therapy for sleep improvement.
- Introduce melatonin (for individuals over 55 for up to 13 weeks).
- Consider mirtazapine (when there is an accompanying mood disorder).
- Daridorexant (after trying CBT) – can be prescribed by your GP.

Vaginal symptoms of oestrogen deficiency

- 1 in 5 women stop anti-oestrogen therapy due to menopausal effects.
- 80% of women taking aromatase inhibitors have vaginal symptoms.

Symptoms

- Urgency and frequency
- Recurring infections
- All around discomfort

Remedy toolkit

- Moisture with emollients (such as Epaderm or Cetraben)
- Use vaginal moisturisers (YES Hylofemme)
- Lubricants for intimacy (YES Lubricants)

Or

- Coconut oil or vitamin E capsules (inserted into the vagina or applied to the vulva)
- Ospemifene 60mg orally (not during active breast cancer treatment)
- D-mannose for UTI symptoms
- Prasterone (DHEA)

Vaginal oestrogen

Triple negative breast cancer or with tamoxifen – safe to use. Research shows barely any systemic absorption.

If severe vaginal atrophy – local absorption higher during loading doses – theoretically absorbing more in the first few weeks.

For those on anti-oestrogen therapy:

- Start with non-hormonal treatments.
- Consider a switch to tamoxifen if the recurrence risk is low.
- If symptoms persist, consider low-dose oestriol (Imvaggis, Blissel, Ovestin).

Joint pain

- Graduated exercise
- Regular paracetamol
- Consider duloxetine
- Amitriptyline

Resources

- **Women's Health Concerns:** Factsheets for patients. Women's Health Concern (WHC) the patient arm of the BMS.
- **Macmillan Cancer Support:** Managing the late effects of breast cancer treatment.
- **Menopause and Cancer with Dani Binnington:** https://menopauseandcancer.org
- **Your Body Intimacy and Sex:** breastcancernow.org

Recommended reading (available in the Torbay Breast Unit Library to borrow)

- *The Complete Guide to Breast Cancer* – Trisha Greenhalgh, Liz O'Riordan
- *Moving Through Cancer* – Dr Kathryn Schmitz
- *Under the Knife* – Liz O'Riordan
- *Me and My Menopausal Vagina* – Jane Lewis
- *Living Well through the Menopause* – Myra Hunter, Melanie Smith
- *Navigating Menopause after Cancer* – Dani Binnington

Self-referral

- **For CBT:** TALKWORKS for Menopause / Managing Symptoms (dpt.nhs.uk)

Sleep

- **Sleepio:** Recognised by the NHS – a payable app.
- **Sleepful:** A free app to download.
- **Calm:** App for stress / sleep.
- **Resting well – steps to a good night's sleep:** An evidence-based workbook (CBT) from the University of Exeter.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

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