

Proposal to replace HRT with anti-depressants

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It's what doctors and menopausal women say they want: a proven non-hormonal therapy for the tyranny of hot flashes, night sweats and mood swings.

Canadian women abandoned hormone replacement therapy in huge numbers when serious health concerns were raised in 2002. Physicians cite women's reluctance to return as the main reason more evidence-backed alternatives are needed. Given current research, they're apprehensive about naturopathic remedies, and both women and doctors in a recent survey cite a need to reduce risks and side-effects as the primary reason for needing more proven non-hormonal therapies.

There are few good treatment options to manage menopause, says B.C.-based Dr. Shelley Ross, past-president of the Federation of Medical Women of Canada, which partnered with the drug company Wyeth Canada in the survey of 2,049 women and their attitudes.

A lot of women are still "pretty anxious" about HRT, but there's not a lot of "good science" about herbal remedies, says Ross.

"Clinical trial results are insufficient to either support or refute efficacy for soy foods and isoflavone supplements (from either soy or red clover), black cohosh, or vitamin E," says the website of the North American Menopause Society. "However, no serious side-effects have been associated with short-term use of these therapies. Single clinical trials have found no benefit for dong quai, evening primrose oil, ginseng, a Chinese herbal mixture, acupuncture or magnet therapy.

"I don't think we're ever going to see hormone replacement therapy the way it was 10 years ago," Ross says. "So it would be very welcome if they were developing something that was non-hormonal that was effective."

Wyeth Canada saw its sales of hormonal drugs plummet when news of serious health risks overturned conventional menopause treatment five years ago. By 2006, the number of hormone replacement prescriptions in Canada had fallen from 12.5 million in 2001 to 5.5 million.

Now the company wants to market a lower-dose version of its best-selling antidepressant Effexor as a treatment for hot flashes, under the name Pristiq.

Health Canada is reviewing Pristiq as a new treatment for hot flashes and night-time awakenings due to hot flashes, says Wyeth Canada spokeswoman Lisa Ross.

Approval was expected in late July from the U.S. Food and Drug Administration, but in a surprise move, the FDA called for more research concerning liver and heart function that will significantly delay approval.



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Andrea Swan, a menopause educator, displays some good choices for controlling menopause symptoms on the left, and a few bad choices on the right.

Andrea Swan, who co-authored *Transitions Through the Perimenopausal Years* and is a longtime menopause educator in Victoria, sees Wyeth's approach as "clearly a drug company in search of a market."

It echoes the 1960s approach, when menopausal women were widely prescribed Valium and became addicted to the mood-altering drug, she says.

"I don't think there are many women longing to trade HRT for an antidepressant drug as their new hot-flash friend," she says.

When women say non-hormonal therapy, they mean herbal preparations or plant-based phyto-estrogens, Swan suggests. She has talked to local women about Effexor for menopause, but it's not her impression that it's popular --partly due to the social stigma of taking antidepressants.

The FDA decision mystifies Dr. Wulf Utian, executive director of the North American Menopause Society -- a non-profit scientific organization. Many similar drugs approved for depression are widely marketed at higher doses than Pristiq.

"All the data put together showed Pristiq was effective (but) not as effective as estrogen or estrogen-progesterone. The truth is, there's nothing at all that's available anywhere that is as effective as estrogen and progesterone."

But a lot of women will not or cannot take hormones and should have an alternative, he adds.

The Society of Obstetricians and Gynecologists of Canada recommends hormone therapy for moderate to severe hot flashes, night sweats and mood swings.

Swan agrees for only the 15 per cent of women who experience a menopause that is "just awful." For them, the increased risk of heart attack, breast cancer and stroke is outweighed by the havoc played on quality of life.

Still, herbal remedies are worth trying for women who inform themselves of the risks, even though large-scale studies of benefits are not available, Swan says.

Swan used neither hormonal nor herbal formulations when she went through menopause.

She was just very aware that certain things, such as stress, alcohol and coffee led to hot flashes, which in turn led to sleepless nights. Which didn't make her give up wine. She just had to ask herself: "Do I want to sleep tonight?" Weekend alcohol, OK; work nights, no way.

It's so important to get rest, exercise and eat healthy foods, she says, and none of that comes in a pill, prescription or herbal remedy.