

---

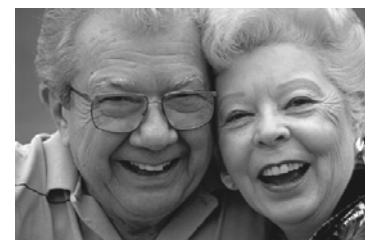
**Comments,  
Feedback?**

**Contact Patient and Professional Education**  
519-685-8742

**Email:** [lrcpeducation@lhsc.on.ca](mailto:lrcpeducation@lhsc.on.ca)

---

# Patient Information on the Management of Hot Flashes



**London Health Sciences Centre**

London Regional Cancer Program

790 Commissioners Road East

London, Ontario N6A 4L6

519-685-8600

[www.lhsc.on.ca/About\\_Us/LRCP/](http://www.lhsc.on.ca/About_Us/LRCP/)





---

## Patient Information

# Hot Flashes

### What are hot flashes?

Hot flashes are feelings of intense warmth. Reddening or flushing of the skin, sweating, and an increased heart rate may also occur. Hot flash symptoms range from mild to severe and may also come with:

- Anxiety
- Sleep disturbances
- Mood changes and irritability
- Feeling out of control

### Who gets hot flashes?



Both men and women can have hot flashes.

About 85% of all women will have hot flashes at some point in their lives. Hot flashes vary widely from one woman to another. These flashes can be more severe in women who have had surgery, chemotherapy, or radiation therapy that has caused an end to the monthly menstrual cycle or “period”. Women who have previously been treated with hormone replacement therapy (for menopausal symptoms) may have severe hot flashes for a longer period of time once medication is stopped. Hot flashes can even begin again in older women who went through menopause already

---

## References

- Boekhout, A., Beijnen, J., and Schellens, J. (2006). Symptoms and treatment in cancer therapy induced early menopause. *The Oncologist*, 11: 641-654
- Crandall, C., Peterson, L., Ganz, P., and Greendale, G. (2004). Association of breast cancer and its therapy with menopause-related symptoms. *Menopause*, 11(5): 519-530
- Nelson, H.D., Vesco, K., Haney, E., Fu, R., Nedrow, A., Miller, J., Nicolaidis, C., Walker, M., and Humphrey, L. (2006). Nonhormonal therapies for menopausal hot flashes: systematic review and meta-analysis. *Journal of the American Medical Association*, 295(17): 2057-2071.
- Kligman, L., and Younus, J (2010). Management of hot flashes in women with breast cancer. *Current Oncology*, 17(1): 81-86.



---

Both men and women may have similar symptoms:

- Redness and warmth on the skin of the scalp, face, neck, shoulders and upper chest
- Pounding heartbeat
- Sweating (mild to heavy) of the scalp, face, neck, and chest, followed by a feeling of deep unpleasant chilling
- Sometimes an odor may be present

### **What are some other symptoms that woman have?**

- Irregular or absent of menstrual periods
- Vaginal dryness
- Painful intercourse
- Decreased interest in sex
- Urinary changes such as the need to urinate more often even when the bladder isn't full

### **What are some symptoms that men have?**

- The inability to have or sustain an erection
- A hot flash may last much longer for men

### **How long will I have hot flashes?**

After 3 to 6 months of anti-hormone treatment the strength of the hot flashes may lessen. But, for some women and men severe hot flashes will continue much longer. Once the therapy is stopped hot flashes will usually slowly decrease.

---

Aging normally causes a loss of bone mass. But for men and women on hormone treatments for cancer, there is an increased risk for osteoporosis.

Osteoporosis makes bones weaker and make them more likely to break. It is a "silent" condition that can go unnoticed until a bone breaks. Any bone can be



affected. Broken bones most often occur in the hip, spine, and wrist. Talk to your doctor or nurse practitioner about whether you need to take extra calcium and vitamin D.

Women have a lower risk of developing heart disease due to the protective effect of estrogen. Ten years after menopause this risk becomes equal to men. Both women and men can reduce their risk of heart disease by maintaining a healthy weight, controlling their blood pressure, and controlling blood sugar.

- 
- Choose the coolest places to sit in meetings, theatres, etc. Try sitting near air vents, doors, and at the ends of rows;
  - Maintain a healthy weight or lose weight if heavy;
  - Exercise! Besides reducing hot flashes, there are added benefits. A recent study of breast cancer patients has shown that exercising for thirty minutes, three times a week reduces the risk of breast cancer from coming back.
  - Quit smoking and use less caffeine.

Frequent and severe hot flashes may require a different approach. For women, hormone replacement therapy (HRT) reduces hot flashes. Unfortunately results from several large studies have shown that HRT is not recommended for women who have had breast cancer.

There are other medications that have shown to be of benefit and the London Regional Cancer Program participates in studies on treating hot flashes. Talk to your doctor, nurse practitioner or primary nurse about these treatment options.

**You can also ask for a referral to the Hot Flash Clinic at the cancer centre.**

### **What other health problems are related to hormonal cancer treatments?**

Long-term hormonal therapy can have an effect on your bones and heart. Your doctor will talk with you about this before starting hormonal treatment.

---

### **What causes hot flashes?**



No one knows for certain what causes hot flashes. The *likely* cause is a decrease in a hormone called estrogen. Both men and women produce estrogen. Estrogen affects the part of the brain that controls the body's temperature. Many cancer treatments cause a decrease in estrogen levels.

This decrease in estrogen directly affects the hypothalamus (HI-POH-THAH-LA-MUS) . This part of the brain controls things like appetite, sleep cycles, and body temperature. When there is a decrease in estrogen, it seems like the brain "thinks" the body is too hot. The hypothalamus then produces chemicals to help correct this false body temperature. As a result, the body begins a process to cool itself. The heart beats faster, the blood vessels in the skin enlarge to let heat escape, and sweat is produced to cool the skin.

This process is uncomfortable. The skin temperature can rise by six degrees centigrade (6°C) and then suddenly cool as sweating occurs. In the space of a few minutes the body can become flushed, perspire and become soaking wet. The chilling sensation after a hot flash is just as disturbing. Sometimes it may be felt as deep internal chilling with shivering.

---

## What makes hot flashes worse?



Smoking can cause the blood vessels to lose some of their ability to release heat and may "trigger" (or cause) more severe hot flashes.



Hot drinks, caffeine, stress, spicy food, and alcohol can also cause hot flashes and make them stronger.

Use a journal to keep track of when your hot flashes occur and note what you were doing before the event. This will help you to understand if you have a "trigger" that can be avoided.

## How are hot flashes diagnosed?

There are no tests to diagnose hot flashes or to measure their severity.

Keeping a hot flash diary is the best way to find out the frequency and severity of hot flashes. This information helps your doctor or nurse practitioner choose the best method of treatment and will also help in measuring how well the treatment works.

## How are hot flashes treated?

Treatment starts by identifying the triggers for hot flashes. Common triggers include:

- Stress
- Alcohol
- Caffeine
- Spicy food
- Smoking
- Hot tubs, saunas, and hot showers
- Hot beds, flannel pyjamas and sheets
- Hot drinks
- Hot weather

Hot flashes are divided into mild, moderate, and severe. Only you can decide the severity of your hot flashes. The reason is that hot flashes cannot be compared from one person to the next. Keep a record for one week of when they occur, what you were doing, and how long they lasted (see the Hot Flash Diary on page 11).



## How can I manage my hot flashes?

Simple lifestyle changes without medication may be all that is needed. Some of these changes may include:

- Dress in layers, so clothing can be removed one layer after another;
- Avoid wool, synthetic, and silk clothing. Better choices include cotton, linen, and rayon;
- Avoid turtlenecks. Wear open-neck shirts, sleeveless tops that can be layered with a jacket or loose top;
- Keep ice water nearby to sip as needed and cool the body inside;
- Lower the thermostat when possible (provide other household members with a sweater);
- Wear cotton pyjamas or a nightgown. If perspiration at night is a problem, nightclothes are easier to change than sheets;
- Use cotton sheets and avoiding synthetic or flannelette. A bigger bed may help if your partner is warming your side as well;
- Take a cool shower before bed;
- Practice imagery and relaxation;