By Barbara J. Silko, ARNP, PhD & Heidi Trott, MN, ARNP

Women’s Wellness Clinic patients often express frustration or mild discomfort with hot flashes. Hot flashes most commonly occur as a woman approaches menopause. For some women, the passage from perimenopause to menopause is a subtle transition marked by the reduction of estrogen produced by the ovaries and the discontinuation of menstrual periods. For others, however, the side effects associated with the transition to menopause are more noticeable and include many symptoms, with hot flashes being one of the most frequently experienced.

What Is a Hot Flash?

Hot flashes are described as a sudden onset of intense warmth or heat, usually starting in the face or chest and spreading to the neck, scalp, and upper back. They may be as brief as a minute, or may last up to five minutes, and they may cause perspiration. The exact mechanism at work is unknown, but it is thought that a change occurs in the way the body regulates hot and cold, possibly due to the drop in circulating estrogen.

Fluctuations in temperature regulation are called vasomotor shifts or hot flashes. Research has shown that they may be associated with the dilation of blood vessels at the skin’s surface, which allow the body to cool down. This cooling may lead to a fairly rapid drop in the body’s core temperature, which then leads to a feeling of being chilled or cold. A woman may actually shiver immediately after having a hot flash.

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Approximately 35 to 50 percent of perimenopausal women and 30 to 80 percent of menopausal women experience hot flashes. More than 80 percent of women who experience hot flashes will get them for at least a year. While hot flashes may persist for many years after menopause, for most women they occur less frequently, and may stop completely, after a year or two. Hot flashes can come during the day or night. Nighttime hot flashes can significantly impact sleep quality and quantity, and typically occur within the first four hours of sleep.

**Risk Factors & Demographics Matter**

Risk factors associated with hot flashes include obesity, cigarette smoking, alcohol intake, and reduced physical activity. Anxiety or depression, which may lead to sleep disturbances, can also contribute to increased hot flashes.

Asian women report having fewer hot flashes than other women, while African-American women report a higher incidence of hot flashes than Caucasian women. It is not clear that there is a hereditary component to hot flashes or other menopausal symptoms.

**Hot Flashes Finicky to Treatment**

Hot flashes are typically treated when a woman experiences severe vasomotor flushes that interfere with her ability to perform her usual activities or cause sleep deprivation problems. Since a drop in estrogen is associated with hot flashes, estrogen replacement may be used to treat severe hot flashes. However, this treatment may not be recommended for women who have had breast cancer or other estrogen-related cancers such as uterine or endometrial cancer. If estrogen replacement is recommended, women who have not had a hysterectomy should also take progesterone.

If estrogen replacement is not an option for hot flash treatment, we suggest non-hormonal methods that involve physical and environmental changes and over-the-counter or prescription medications.

Physical and environmental changes that can help include:

- Reducing the ambient temperature of the room
- Using a fan to circulate cool air
- Wearing layered clothing that includes cotton or breathable fabric
- Using a cooling pillow to control or limit night-time hot flashes
- Avoiding triggers known to cause hot flashes such as alcohol, caffeine, stress, and lack of sleep

Some over-the-counter products are available to reduce hot flashes. Many contain ingredients that are phytoestrogens, such as black cohosh. In general, these products are not recommended for women who have had breast cancer.

Prescription medications that do not contain hormones are also known to reduce hot flashes, and are prescribed frequently for breast cancer survivors. Gabapentin (Neurontin), venlafaxine hydrochloride (Effexor), and clonidine (Catapres, Kapvay, Nexiclon) are helpful in reducing hot flashes. Some antidepressants can also have the beneficial secondary effect of decreasing anxiety or improving sleep, which may indirectly decrease hot flashes.

There is evidence that acupuncture can help reduce hot flashes. In one study, acupuncture was found to be as effective in reducing hot flashes as Effexor, and was associated with additional benefits such as improved well-being and reduced insomnia. Many health insurance companies cover acupuncture treatments. Other complimentary methods, including self-hypnosis, may also be helpful.

The health benefits of exercise are well known among cancer survivors. Studies show that moderate, regular exercise, like brisk walking for 30 minutes can reduce hot flashes. If you start a new exercise program, expect that you may experience a few more hot flashes while your body adjusts to the exercise routine. Be sure to consult your health care provider for exercise recommendations if you’re just starting out.
Foods to Keep You Cool

By Gretchen Gruender, MS, RD, CD

Hot flashes are the most common symptom women in the United States experience during menopause, yet we are still trying to understand how to control them naturally. Some foods known to trigger these annoying events include alcohol, caffeine, sugar, and spicy foods. But what do we really know about how the foods we eat contribute to this process?

The Women’s Health initiative found that women who followed a low-fat diet (in which less than 20 percent of the calories came from fat and included five servings of vegetables and fruit and six servings of whole grains daily) and lost at least 10 percent of their baseline weight in one year were more likely to end hot flashes altogether compared with the control group. Women who just made the diet changes but did not have significant weight loss were still likely to have a decrease in symptoms or elimination of hot flashes, as were women who lost 10 percent or more of their baseline weight but did not make the diet changes.

The Australian Longitudinal Study on Women’s Health found that women who followed a Mediterranean-style diet rich in foods like garlic, peppers, salad greens, and mushrooms, or who had high fruit intake experienced decreased symptoms of hot flashes. Diets high in sugar and fat increased symptoms.

Soy has also been studied for its potential beneficial effects on our hormones, partly due to the observation that women in Asian countries report few hot flashes. Soy and flaxseeds are rich sources of phytoestrogens, which are believed to mimic the effects of the body’s estrogen without the negative risks. To date, studies have not been conclusive about the benefits of soy in reducing hot flashes; however, both soy and flaxseeds are healthy foods to include in your diet.

Other foods and nutrients that have been studied for their potential benefits for hot flashes include vitamin E, magnesium, and pomegranate. While more studies are needed to understand their benefits for reducing the symptoms of hot flashes, you can include foods rich in these nutrients safely every day. Foods high in magnesium include dark leafy green vegetables such as chard, kale, and spinach; beans and lentils; nuts and seeds; fish, whole grains, avocado, and dark chocolate. Good sources of vitamin E include dark leafy green vegetables, nuts, sunflower seeds, avocado, fish, and soy.

Five Tips to Get Started:

1. Increase fiber in your diet. Eat at least 30 grams of fiber daily. Great fiber sources include beans, nuts, seeds, fruit, and non-starchy vegetables. Another way to increase fiber is by eating at least three cups of non-starchy vegetables a day. See the list of vegetable options below.
2. Eliminate or decrease caffeinated beverages like coffee and black tea. Try decaffeinated coffee and herbal teas instead.
3. Eat the whole fruit. Fruit has great sources of soluble and insoluble fiber, but these are removed by juicers. Try sprinkling some pomegranate seeds on your salad.
4. Avoid processed foods with sugar. Avoid foods high in concentrated sugar like candy, cookies, cake, soda, and ice cream.
5. Stay hydrated. Aim for a daily minimum of 64 ounces of fluid, preferably water.

Non-starchy vegetables:
- Artichoke
- Arugula
- Asparagus
- Bell peppers
- Bok choy
- Broccoli
- Brussel sprouts
- Cabbage
- Carrots
- Cauliflower
- Celery
- Cucumber
- Eggplant
- Garlic
- Green beans
- Jerusalem artichoke
- Jicama
- Kale
- Leeks
- Mushrooms
- Okra
- Onions
- Peppers
- Radishes
- Shallots
- Spinach
- Summer squash
- Swiss chard
- Tomatoes

References:


Open Research Studies

S1200 - Acupuncture to Reduce Joint Pain Related to Aromatase Inhibitors in Women with Early Stage Breast Cancer

This trial studies acupuncture to see how well it works compared to sham acupuncture or waitlist in treating patients with joint pain related to aromatase inhibitors in women with early-stage breast cancer.

To be eligible for this study, women must be post-menopausal with a previous diagnosis of stage I, II, or III breast cancer and have no evidence of recurrent or metastatic disease; and must be currently taking a third-generation aromatase inhibitor and experiencing significant joint pain as a side effect to the medication. Participants will be randomized to acupuncture (arm 1), sham acupuncture (arm 2), or a waitlist control (arm 3) for 12 weeks. For the first six weeks, arms 1 and 2 will receive acupuncture twice weekly and then once weekly for a total of 18 acupuncture sessions. At 24 weeks, all arms receive vouchers for 10 true acupuncture sessions. For questions or more information about the study, call Missy at (206) 288-7702.

Young and Strong: An Education and Supportive Care Intervention Study for Young Women with Breast Cancer

The purpose of this study is to address gaps in care of young women with breast cancer by determining whether educational interventions focusing on issues unique to young women with breast cancer and healthy lifestyles for women with breast cancer help to improve care of young breast cancer patients.

To be eligible for this study, women must be between 18 and 45 years of age and have newly diagnosed stage I, II, or III invasive breast cancer without known recurrence or metastatic disease. Participants will complete a survey when starting the study and will complete three online surveys at specific time intervals. For questions or more information about the study, call Mike at (206) 288-2234.

Team Survivor Northwest Annual Fitness Retreat

January 24 to 26, 2014
Fort Warden, Port Townsend, WA

The retreat is an amazing weekend for all women cancer survivors and women living with cancer. It’s a time when women make new friends, renew old acquaintances, learn the latest in cancer research, and try new exercises and activities. Most of all, it’s YOUR weekend. You can participate as much or as little as you want.

Enjoy beautiful surroundings, set your own pace—do as little or as much as you want, find balance in your life.

Registration will open in late 2013. Check back at www.teamsurvivornw.org for more information.
Star of the Quarter

Each quarter we like to recognize the outstanding achievements of one of our Women’s Wellness Clinic patients. This quarter, Vickie Grams is our Star of the Quarter.

“I can’t thank Dr. Julie Gralow and Seattle Cancer Care Alliance (SCCA) enough for saving my life,” said Vickie, who at age 60 is nearing the 10-year anniversary of her breast cancer diagnosis and treatment. “When I wake up, I want my face to be the face of gratitude. I am grateful to be here.”

After the death of a friend and fellow cancer patient in March of 2013, Vickie took stock of her life and her health. “I got in touch with myself from the inside out,” she said. The loss of her friend resulted in Vickie’s decision to devote more energy to her own health and wellness. Her first change was to join Team Survivor Northwest (TSNW) and expand her exercise program. Vickie now works out weekly with a TSNW coach at the Active Women Healthy Women class, dances three times a week with Zumba, lifts weights twice a week, power walks, and practices Tai Chi.

“Since I’ve intensified my workouts, I have lost 42 pounds and regained 5.1 percent of the bone density in my spine and hips,” she said. Recently, she stopped taking exemestane (Aromasin), a drug that lowers estrogen levels and potentially slows the growth of certain types of breast cancer.

Vickie also graduated to annual visits to the Women’s Wellness Clinic this year. She said she’ll miss seeing Heidi Trott, a registered nurse practitioner at the Women’s Wellness Clinic, as frequently, but the reduction in visits to the clinic is another sign that her new recovery protocol is working.

“Increasing my commitment to my health has opened doors to many new experiences,” Vickie said. “I am particularly looking forward to climbing Mt. Adams with TSNW teammates in the spring. I work hard every day. I am inspired by Dr. Gralow, who says that ‘cancer is about living, not dying.’ I’m thrilled with the results of this year.”

Winter Quinoa Salad

Adapted from a recipe by Mary Shaw. Serves 4.

- 1 cup quinoa
- 1 ¾ cup water
- ½ cup walnuts
- 3 tablespoons extra virgin olive oil
- 1 tablespoon sherry vinegar
- 3 tablespoons lemon juice
- ½ teaspoon sea salt
- 2 tablespoons parsley, chopped
- 2 tablespoons marjoram or basil, chopped
- 1 clove garlic, minced
- 2 tablespoons red onion, diced
- ¼ cup kalamata olives, chopped
- 1 tart apple, chopped (optional)
- 2 cups red cabbage, finely chopped or shredded

1. Rinse quinoa with warm water and drain. Place quinoa, water, and a pinch of sea salt in a pot and bring to a boil. Reduce heat to low and cover. Let simmer for 15 to 20 minutes, until water is absorbed.
2. While quinoa is simmering, roast the walnuts in a 350-degree oven for five to seven minutes.
3. In a large serving bowl, whisk together the oil, vinegar, lemon juice, and salt.
4. Stir the fresh herbs, garlic, and red onion into the dressing.
5. Fold in the remaining ingredients.
6. Serve at room temperature.
Contact Us

To make an appointment at the Women’s Wellness Clinic, call (206) 288-6576. To share comments about your experience with the Women’s Wellness Clinic or to suggest articles and features to improve this newsletter, contact Katie Fitzmaurice at (206) 288-6342 or kfitzmau@seattlecca.org.

Read past issues of the Women’s Wellness Newsletter online at [www.seattlecca.org/womens-wellness-clinic-newsletter.cfm](http://www.seattlecca.org/womens-wellness-clinic-newsletter.cfm).