

# Managing menopausal symptoms after Breast Cancer

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## Setting the scene

- ▶ Breast cancer is the most common malignancy in women in the UK, with an average lifetime risk of 1 in 8.
- ▶ Although the incidence of the disease has risen by 6% over the last 10 years, mortality rates have steadily fallen, and currently 80% of patients with early breast cancer have a projected survival of >10 years.
- ▶ As a result, the number of patients living beyond a breast cancer diagnosis has steadily grown; there were estimated to be 500 000 breast cancer "survivors" in the UK in 2010 but this number is expected to reach 2 million by 2040.

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## Survivorship

The word "survivorship" means different things to different people. Common definitions include:

- ▶ Having no signs of cancer after finishing treatment.
- ▶ Living with, through, and beyond cancer. According to this definition, cancer survivorship begins at diagnosis and includes people who continue to have treatment over the long term, to either reduce the risk of recurrence or to manage chronic disease.
- ▶ Many breast cancer treatments can induce menopausal symptoms that may be more severe than those of the physiological menopause, and significantly affect quality of life.

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## Survivorship

- ▶ Every survivor has individual concerns and challenges. With any challenge, a good first step is being able to recognize your fears and talk about them.

Effective coping requires:

- ▶ Understanding the challenge you are facing
- ▶ Thinking through solutions
- ▶ Asking for and allowing the support of others
- ▶ Feeling comfortable with the course of action you choose.

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## Understanding principles of early breast cancer management

- ▶ The majority of women presenting with breast cancer have early stage disease.
- ▶ Management therefore consists of ;  
Local control of disease with surgery and radiotherapy.

Adjunctive Systemic treatment to prevent development of distant metastases, treatments include chemotherapy anti oestrogenic endocrine therapy, GnRH analogues and targeted therapy such as Herceptin.

- ▶ This is individualised for each patient depending on their receptor status and prognostic factors and age. Most women have a combination of therapies

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## Management of symptoms

- ▶ For many women opportunity to have an informed discussion with a health care professional about the reasons for symptom development and their duration can be of therapeutic benefit in itself.
- ▶ However these discussions may be difficult if the clinician has little knowledge concerning either the management of breast cancer or the menopause.
- ▶ It is now recommended that breast cancer patients are referred to health care professionals with an expertise in menopause for the management of menopause symptoms which often involves liaison with the patients breast care team.

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## Development of side effects and menopausal symptoms.

- ▶ As a result of breast cancer diagnosis HRT may have been discontinued and a women may start to experience a return of menopausal symptoms.
- ▶ Treatments and therapies may themselves give rise to side effects causing symptoms.
- ▶ Treatments and therapies may result in a women becoming menopausal and developing symptoms. Chemotherapy and radiotherapy have a cytotoxic effect on ovarian follicles and ovarian function may temporarily or permanently cease.

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## Symptoms: Cancer Treatments ? Menopause ?

- ▶ Many breast cancer treatments have side effects that are also possible menopause symptoms.
  - Tiredness ,Fatigue, Insomnia
  - Headaches, Attention concentration and Memory issues .
  - Loss of confidence, Anxiety ,Low mood.
  - Muscle aches and pains.
  - Vulval Vaginal atrophy.
  - Vasomotor symptoms.
- ▶ Many breast cancer treatments can induce menopausal symptoms that may be more severe than those of the physiological menopause, and significantly affect quality of life.

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## Treatment options

- ▶ The treatments and conjunctive therapies used in the treatment of breast cancer are the key to survival. Stopping treatments will usually be associated with an increased risk of recurrence of disease and avoided if possible.
- ▶ If side effects are causing significant quality of life issues consider if it may be possible to change to other treatment options.
- ▶ Treatment of the symptoms with other interventions or therapies.
- ▶ Holistic and individualised approach is essential. Patients wishes should always be taken into consideration.

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## Treatment options

- ▶ Lifestyle
- ▶ Cognitive behavioural therapy
- ▶ Non hormonal Prescribed options
- ▶ Complimentary therapies
- ▶ Dietary and herbal
- ▶ Modification and or changes to Adjunctive treatments

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## Management of symptoms Lifestyle

### Hot Flashes and sweats

- ▶ Consider Trigger factors,
  - Caffeine , Alcohol , spicy food.
  - Feeling under pressure, Stress , Anxiety.
  - Smoking,
  - Intense exercise
  - Changing temperatures , Hot drinks, baths, Hot rooms , hairdryers.

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## Management of symptoms Lifestyle

### Hot Flashes and sweats

- ▶ Wear layers of clothing, avoid tight fitting and synthetic clothes.
- ▶ Consider Yoga or meditation to reduce stress and anxiety.
- ▶ Cooling sprays , wipes.
- ▶ Fans at bedside or on desk at work. Mini fan in handbag.
- ▶ Cooling pillows, turn radiator off in bedrooms.
- ▶ Clothing and bed linen designed to absorb moisture and promote cooling.

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## Management of symptoms; Lifestyle

### Weight management

- ▶ Obesity gives increased vasomotor symptoms
- ▶ Obesity increases risk for cancer.
- ▶ Increases risks for CVD VTE
- ▶ Increased arthralgia in joints.

### Exercise

- ▶ Helps to control weight
- ▶ Yoga meditation Improves mood, wellbeing and sleep
- ▶ Aerobic exercise Cardio protective, protects bone health and improves sleep.
- ▶ Improves memory, concentration
- ▶ Helps reduce anxiety .

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## Understanding the risks of breast cancer

A comparison of lifestyle risk factors versus Hormone Replacement Therapy (HRT) treatment.

**Difference in breast cancer incidence per 1,000 women aged 50-59.**

Approximate number of women developing breast cancer over the next five years.

**23 cases of breast cancer diagnosed in the UK general population**

An additional four cases in women on combined hormone replacement therapy (HRT)

Four fewer cases in women on oestrogen only Hormone Replacement Therapy (HRT)

An additional four cases in women on combined hormonal contraceptives (the pill)

An additional four cases in women who drink 4 or more units of alcohol per day

An additional 26 cases in women who are overweight or obese (BMI equal or greater than 30)

Seven fewer cases in women who take at least 2 1/2 hours moderate exercise per week

Women's Health Concern is the patient arm of the NHS.

We are an independent charity, funded by the National Cancer Research Institute.

For more information visit [www.womens-health-concern.org](http://www.womens-health-concern.org)

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## CBT

### Cognitive behavioural therapy

Cognitive behavioural Therapy based on self management skills has been demonstrated to be effective in helping women who are experiencing problematic menopause symptoms.

Recommended by NICE 2015

Suitable for

- ▶ Anxiety and Stress
- ▶ Depressed mood
- ▶ Hot flushes and night sweats
- ▶ Sleep problems and Insomnia

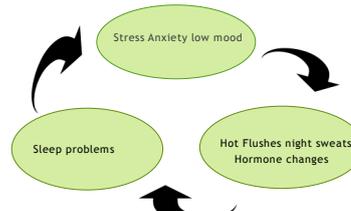
### Who can provide CBT

GPs Counsellors Psychologists and Trained Nurses, with training can provide these low intensity therapies.

Self help books also available

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## Cognitive Behavioural Therapy



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## Cognitive Behavioural Therapy NICE 2015

### Anxiety Stress

- ▶ Women feeling anxiety due to unpredictable hot flushes and sweats, this can lead to social embarrassment and can be associated with palpitations.
- ▶ This may lead to avoidance of social and other activities.
- ▶ Bearing these issues in mind CBT can adapt protocols for social and general anxiety.

### Hot Flushes and Sweats.

- ▶ CBT developed specifically for managing menopause can help women to manage hot flushes and sweats. It has been found to be effective in three clinical trials for women going through the menopause and for breast cancer patients.

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## Non Hormonal prescribed options

Selective Serotonin re uptake Inhibitors (SSRI) and Selective norepinephrine reuptake inhibitors (SNRI)

- ▶ Venlafaxine (SNRI) 37.5mg-75mg daily. Titrated up to maximum of 150mg daily

Treatment for Hot Flushes and Sweats. May also improve fatigue, mental health and sleep disturbance.

High doses may give side effect of hot flushes and are associated with more side effects.

- ▶ Citalopram (SSRI) 10-30mg daily.

Both preparations are not licensed for this use and evidence is limited for effectiveness in reducing hot flushes and sweats. However individual women do benefit from these treatments.

Non hormonal based treatments for Menopausal symptoms.  
NICE consensus document: 2017 - Weyka R Tonia

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## NICE Guidance on the use of SSRIs SNRIs

- ▶ NICE guideline NG101 Early and locally advanced breast cancer: diagnosis and management  
Consider selective serotonin reuptake inhibitor (SSRI) antidepressants for women with breast cancer for relieving menopausal symptoms, particularly hot flushes. [2009, amended 2018]
- ▶ NICE guideline NG23 Menopause: diagnosis and management 2015  
Offer menopausal women with, or at high risk of, breast cancer information. SSRIs paroxetine and fluoxetine should not be offered to women with breast cancer who are taking tamoxifen due to potential interactions.

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## Non Hormonal Prescribed Options

- ▶ **Clonidine** licensed for the treatment of hot flushes and sweats.  
Evidence base is contradictory and limited. One study showed significant reduction in hot flushes in breast cancer survivors.  
DOSE 25-50mcg BD 2 weeks increased to maximum of 50mcg TDS
- ▶ Caution with patients with cardiac and renal disorders.
- ▶ May not be appropriate if patients are already taking medication for high blood pressure, or those with low blood pressure.
- ▶ Withdraw slowly as abrupt cessation can cause rebound hypertension.

*Non hormonal based treatments for menopausal symptoms.  
BMS consensus statement 2017 J Woyka N Tanna*

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## Non Hormonal Prescribed Options

- ▶ **Gabapentin** unlicensed ( N.B class C drug from April 2019)  
300mg daily increasing to 300mgs maximum three times a day.  
May be as effective as Venlafaxine but most patients prefer Venlafaxine  
Side effects common at higher doses dry mouth, dizziness, drowsiness
- ▶ **Pregabalin** unlicensed  
75mg-150mgs twice daily.  
shows statistically significant improvement in hot flushes .  
Dose dependent side effects weight gain dry mouth, dizziness, drowsiness.

*Non hormonal based treatments for menopausal symptoms.  
BMS consensus statement 2017 J Woyka N Tanna*

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## Herbal Therapies

- ▶ **St John's Wort**  
Advise women with a history of, or at high risk of, breast cancer that, although there is some evidence that St John's wort may be of benefit in the relief of vasomotor symptoms, there is uncertainty about:
  - ▶ appropriate doses
  - ▶ persistence of effect
  - ▶ variation in the nature and potency of preparations
  - ▶ Potential serious interactions with other drugs (including tamoxifen, anticoagulants and anticonvulsants).

*Menopause: diagnosis and management  
NICE guideline NG23 2015*

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## Herbal and dietary therapies

- ▶ **Isoflavones and soy products.**  
Phytoestrogens can form a large part of dietary intake in certain ethnic groups. These patients can be advised to continue what is considered to be normal levels of dietary intake
- ▶ Most studies evaluating effectiveness of phytoestrogens as a dietary supplement are of poor quality.
- ▶ Data on phytoestrogens safety and survival benefits in breast cancer patients are inconsistent and as they are known to have oestrogenic activities, isoflavones including Red Clover are not currently recommended for breast cancer survivors.

*Non hormonal based treatments for menopausal symptoms.  
BMS consensus statement 2017 J Woyka N Tanna*

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## Herbal and over the counter preparations

- ▶ Herbal preparations are often very complex and may contain many different active compounds.
- ▶ Consequently there are many ways in which these products may interact with drugs.
- ▶ Women may wrongly believe that as they are over the counter products and not prescribed medications they must be safe to use.
- ▶ Any product that has oestrogenic properties may reduce the effectiveness of the adjunctive anti oestrogen preparations used in breast cancer patients.
- ▶ Research into many of the over the counter/herbal products is limited and of low quality and therefore the use of these products is often not recommended.

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## Herbal and over the counter preparations.

Do not recommend black cohosh, vitamin E or magnetic devices to treat menopausal symptoms in women with breast cancer. NG 101 [July 2018]

- ▶ Black Cohosh may interfere with Tamoxifen activity and might work on the oestrogenic pathway.
- ▶ No evidence for Magnets
- ▶ Vitamin E -Marginal benefit (Barton 1998)
- ▶ Sage- ? Small positive effect in some studies (Bommer 2011)
- ▶ Ginseng - good for mood (Cochrane 2014)
- ▶ Dong Quai -no positive effects (Hirata 1997)
- ▶ Oil of evening Primrose -no effect on flushes and sweats (Cheynoy1994)

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## Therapeutic Options

- ▶ Acupuncture  
*Limited but some evidence for relief of hot flushes and sweats.*

- ▶ Aromatherapy
- ▶ Reflexology
- ▶ Relaxation Therapy

*Women should be encouraged to consult registered practitioners .*

*Time spent with someone who listens, offers empathy and helps with relaxation provides therapy in itself.*

- ▶ Homeopathy -not recommended as unknown constituents being used in treatments.

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## Management of Hot Flushes and Sweats

### Summary

Flushes and sweats may reduce after 3-6 months if they persist and quality of life is impacted consider interventions.

- ▶ Lifestyle changes
- ▶ Cognitive behavioural therapy
- ▶ Non hormonal prescribed options
- ▶ Therapeutic options
- ▶ Switching from an aromatase inhibitor to tamoxifen may be beneficial for some patients. Switching to a different aromatase inhibitor may be of benefit for some patients.

*No changes to breast cancer medication should be initiated by anyone other than the breast specialist team. As changes could potentially affect disease free survival particularly in high risk women*

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## Management of Joint and musculoskeletal symptoms

Musculoskeletal symptoms associated with the use of aromatase inhibitors is estimated to affect half the women who use them. They develop within a few months of starting treatment and usually persist throughout treatment.

Both oestrogen deficiency and the use of the aromatase inhibitors may cause symptoms of stiffness and pain of multiple joints.

- ▶ First line treatment would be to recommend low impact exercise, yoga weight loss as appropriate.
- ▶ Simple analgesics such as paracetamol and NSAIDs such as either delivered systemically or locally.

*The diagnosis of the menopause and management of oestrogen deficiency symptoms and arthralgia in women treated for breast cancer. BMS consensus statement November 2018*

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## Management of Joint and musculoskeletal symptoms

- ▶ Switching between non steroidal aromatase inhibitors ( letrozole anastrozole) to steroidal ( exemestane ) may be of benefit
- ▶ Switching patients to tamoxifen from an aromatase inhibitor may be of benefit

*No changes to breast cancer medication should be initiated by anyone other than the breast specialist team. As changes could potentially affect disease free survival particularly in high risk women*

*The diagnosis of the menopause and management of oestrogen deficiency symptoms and arthralgia in women treated for breast cancer. BMS consensus statement November 2018*

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## What evidence is available regarding the use of HRT for menopausal symptom relief in breast cancer survivors

**The treatment of oestrogen deficiency symptoms with HRT is contra indicated in women with a history of breast cancer .**

*"Definitive evidence from clinical trials in women with previous breast cancer exposed to systemic HRT or topical oestrogen is lacking."*

*"Breast cancer treatment and chemoprevention trials confirm oestrogen deprivation or antagonism reduces the risk of the recurrence of hormone sensitive but not insensitive breast cancer."*

*"Concern exists therefore that HRT use will increase the risk of recurrence in oestrogen receptor positive cancer."*

*"It may be incorrect to assume HRT is risk free in women with oestrogen negative disease as there is a small risk of diagnosis of an oestrogen receptor positive recurrence or a contralateral breast primary in this patient group"*

*The diagnosis of the menopause and management of oestrogen deficiency symptoms and arthralgia in women treated for breast cancer. BMS consensus statement November 2018*

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## What evidence is available regarding the use of HRT for menopausal symptom relief in breast cancer survivors

- ▶ Additional factors, which could influence risk, include time from breast cancer diagnosis, extent of breast surgery and concurrent use of tamoxifen.
- ▶ However, these, along with cancer oestrogen receptor status have not been confirmed or refuted in published clinical evidence to date.
- ▶ A final consideration is whether HRT is efficacious in symptomatic women taking tamoxifen. One breast cancer chemoprevention trial found that systemic HRT was not but randomised trials of HRT in breast cancer patients suggests otherwise.
- ▶ Some patients, after trying alternatives to HRT for symptom relief unsuccessfully, may request to have systemic or local oestrogen. A multi disciplinary approach to counselling such women would be recommended

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## Vaginal Symptoms and Sexual dysfunction

Treatment options include.

- ▶ Lubricants
- ▶ Moisturizers
- ▶ Vaginal oestrogens
- ▶ Laser therapies

Very important covered at length in a separate session

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## Cardiac Health

- ▶ Premature menopause can put women at increased risk of cardiovascular disease earlier in life.
  - ▶ Cardiovascular disease kills many more post menopausal women of any age than breast cancer
- UK Deaths
- 120,000 women die due to CVD per year
  - 12,000 women die due to breast cancer per year
- ▶ To reduce breast cancer recurrence and reduce cardiovascular disease women can be educated and encouraged with weight management diet and exercise.
  - ▶ Stop smoking.
  - ▶ Reduce alcohol intake.
  - ▶ Regular checks for Blood pressure diabetes cholesterol.

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## Bone health

- ▶ Breast cancer patients may be at higher risk for osteoporosis
  - Premature menopause*
  - Breast cancer treatment-induced bone loss*
- ▶ Bisphosphonates may be prescribed in the management of breast cancer treatment-induced bone loss
- ▶ Recent clinical trial data have also shown reductions in bone recurrence and breast cancer mortality in postmenopausal women.
- ▶ It is now recommended adjuvant bisphosphonate therapy is offered to postmenopausal women with lymph node positive breast cancer and considered in postmenopausal patients, without nodal involvement but whose cancers have other prognostic features, placing them at high risk of recurrence.

The diagnosis of the menopause and management of oestrogen deficiency symptoms and arthralgia in women treated for breast cancer. BMS consensus statement November 2018

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## Bone health

- ▶ Bone density monitoring may be used to monitor treatment and affect of cancer treatments.
- ▶ Diet recommendations needed for bone health
  - Calcium Intake 1000mg daily for patients who are postmenopausal or women who have osteoporosis.
  - Vitamin D : at least 400iu a day
- ▶ Weight bearing exercise- increase bone density
- ▶ General exercise -reduction falls

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## Useful references/Documents

- ▶ The diagnosis and management of oestrogen deficiency symptoms and arthralgia in women treated for breast cancer. BMS consensus statement 2018.
- ▶ Early and locally advanced breast cancer : Diagnosis and management  
Nice Guideline (NG 101) July 2018.
- ▶ Menopause diagnosis and management. Nice Guideline ( NG23)  
November 2015.
- ▶ Risks and Benefits of HRT before and after a Breast Cancer Diagnosis  
BMS Consensus statement 2020
- ▶ Non -Hormonal based treatments for menopausal symptoms  
BMS consensus statement Mar 2020

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Thank you