

Weight loss may be associated with improvements in hot flushes in overweight and obese women

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Among overweight and obese women with bothersome hot flushes during menopause, an intensive weight loss intervention program may lead to improvements in flushing, according to a report in the July 12 issue of *Archives of Internal Medicine*, one of the JAMA/Archives journals.

"[Hot flushes](#) are among the most common concerns of women during menopause and persist for five or more years past menopause in as many as one-third of women," the authors write as background to the article. "In multiple observational studies, women with a higher [body mass index](#) (BMI; calculated as weight in kilograms divided by height in meters squared) have reported more frequent or severe hot flushes compared with women with a lower BMI."

Alison J. Huang, M.D., from the University of California, San Francisco, and colleagues in a six-month randomized [controlled trial](#), used self-administered questionnaires to assess bothersome hot flushes. The authors studied 338 women (average age 53) who were overweight or obese and had [urinary incontinence](#). Of the participants, 226 were randomized to the intensive weight loss intervention and 112 were randomized to the control group. Approximately half of the women in each group reported being at least slightly bothered by flushing at the beginning of the study. Compared to the control individuals, women randomized to the intervention group reported slightly greater physical

activity at baseline but the two study groups did not differ significantly with regard to other characteristics, including flushing.

Women in the intensive intervention group were assigned to a lifestyle and behavior change program designed to produce an average loss of 7 to 9 percent of initial body weight by six months. This included weekly one-hour group sessions with experts in nutrition, exercise and [behavior change](#) during which participants were encouraged to increase physical activity to at least 200 minutes per week using brisk walking or activities of a similar intensity. Women were also instructed to follow a reduced-calorie diet (1,200-1,500 calories) and were offered sample meal plans providing appropriate food selections as well as meal-replacement products.

According to the authors, in analyses of all women reporting bothersome hot flushes at the initial stages, decreases in weight, BMI and abdominal circumference were each associated with improvement in self-reported hot flushes during six months. However, there were no significant associations between changes in physical activity, calorie intake, blood pressure or overall self-reported physical and mental functioning and change in bothersome flushing.

Additionally, "among women who were at least slightly bothered by flushing at baseline, the intensive lifestyle intervention was associated with significantly greater decreases in weight, body mass index, abdominal circumference and systolic and diastolic blood pressure relative to the control group," the authors write. "No statistically significant effect of the intervention on self-reported physical activity, total calorie intake or overall physical or mental functioning was observed."

"Our findings indicate that women who are overweight or obese and experience bothersome hot flushes may also experience improvement in

these symptoms after pursuing behavioral weight loss strategies; however, improvements in weight or body composition may not be the only mediators of this effect," the authors conclude.

More information: Arch Intern Med. 2010;170[13]:1161-0

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