

Hot flashes, night sweats last for 7+ years in many midlife women

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Frequent menopausal vasomotor symptoms (VMS), including hot flashes and night sweats, lasted for more than seven years during the transition to menopause for more than half of the women in a large study and African American women reported the longest total VMS duration, according to an article published online by *JAMA Internal Medicine*.

VMS are the hallmark of the menopausal transition and they can affect the quality of [women](#)'s lives. Up to 80 percent of women experience VMS during the transition to menopause and, despite the pervasiveness of these symptoms, robust estimates about how long VMS last are lacking.

Nancy E. Avis, Ph.D., of Wake Forest School of Medicine, Winston-Salem, N.C., and coauthors analyzed data from the Study of Women's Health Across the Nation (SWAN), a multiracial/multiethnic study of women transitioning to menopause that was conducted from February 1996 through April 2013. The analyses included 1,449 women with frequent VMS, which was defined as occurring at least six days in the previous two weeks.

Study results indicate that the median (midpoint) total VMS duration was 7.4 years. Women who were premenopausal or early perimenopausal when they first reported frequent VMS had the longest total VMS duration (median greater than 11.8 years) and persistence of frequent VMS after a final menstrual period (median of 9.4 years). Women who were postmenopausal at the onset of VMS had the shortest

total VMS duration after a final menstrual period (median of 3.4 years).

Compared with women of other racial/ethnic groups, African American women reported the longest total VMS duration (median of 10.1 years) and Japanese and Chinese women had the shortest VMS duration (median of 4.8 years and 5.4 years, respectively). The median total VMS durations were 6.5 years for non-Hispanic white women and 8.9 years for Hispanic women, according to the results.

Additional factors related to longer duration of VMS were younger age, lower educational attainment, greater perceived stress, greater sensitivity to symptoms, and higher depressive symptoms and anxiety at first report of VMS.

"These findings can help health care professionals counsel patients about expectations regarding VMS and assist women in making treatment decisions based on the probability of their VMS persisting. In addition, the median total VMS duration of 7.4 years highlights the limitations of guidance recommending short-term HT [hormone therapy] use and emphasizes the need to identify safe long-term therapies for the treatment of VMS," the study concludes.

In a related commentary, Gloria Richard-Davis, M.D., of the University of Arkansas Medical Sciences, Little Rock, and JoAnn E. Manson, M.D., Dr.P.H., of Brigham and Women's Hospital, Boston, write: "Despite the high prevalence of VMS among midlife women, surprisingly little research has been done on the underlying etiology, individual differences in symptom presentation, sociodemographic and clinical correlates, or duration of symptoms."

"The present study by Avis et al is highly informative and allows for a more individualized approach to counseling women about VMS, including cultural and racial/ethnic differences," they continue.

"In conclusion, recent research has overturned the dogma that VMS have a short duration, minimally affect women's health or quality of life and can be readily addressed by short-term approaches. The study by Avis et al contributes important information to facilitate a more personalized and informed approach to decision making and clinical care for midlife women. The good news is that women now have more options for managing VMS and more opportunities for shared decision making with their [health care professionals](#). Continued research in this area holds promise for further advances that will guide future care of women experiencing VMS," the authors conclude.

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