

Supplements for menopausal symptoms—solutions or snake oil?

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Women struggling with the change of life often head to the supplements

section of their pharmacy to deal with menopause symptoms like hot flashes and sleeplessness.

But experts say they'd be better off going to their doctor and asking for clinically proven treatments rather than relying on an [herbal remedy](#).

There's scant clinical evidence that supplements like black cohosh, soy isoflavone, Swedish pollen, magnolia bark and melatonin provide effective relief for [menopause symptoms](#), said Dr. Jennifer Howell, an obstetrician and gynecologist at Duke Health in Durham, N.C.

"The ingredients in most supplements have been studied and have not been shown to be better than placebo over time," Howell said. "Most of them are reasonably safe. You are fine to try them. But it is hard for me to endorse them."

The supplement most widely touted as a menopause remedy—black cohosh—has been shown in [two high-quality clinical trials](#) to be no better than placebo, according to the U.S. National Institutes of Health's (NIH) Office of Dietary Supplements.

Worse, in rare instances, black cohosh can cause liver damage.

"Some experts actively discourage it because there's no evidence that black cohosh works, and some patients will experience some liver inflammation from it," Howell said.

Soy isoflavones—essentially, plant-based estrogens—have had some mixed results in treating menopause symptoms, the NIH says. Howell cautions [women](#) who have an increased risk of cancer to talk with their doctor before trying [soy isoflavones](#), since estrogen can fuel some tumors.

An extract derived from the roots of rhapontic, or false rhubarb, is used in some proprietary herbal supplements for menopause. One [small-scale clinical trial](#) in Germany has shown some benefit for the extract compared to placebo, but no follow-up research has taken place.

One of the problems with these and other supplements is that they are not regulated by the U.S. Food and Drug Administration, Howell said.

"They can make claims and they don't have to be supported by vigorous scientific data as a pharmaceutical would," she said.

Experts also warn that there's little to no evidence for another "herbal" product increasingly used by [menopausal women](#)—marijuana.

Cannabis and wine are two remedies that women have turned to for decades when dealing with menopause, said Dr. Suzanne Fenske, an assistant clinical professor of obstetrics, gynecology and reproductive science at the Icahn School of Medicine at Mount Sinai, in New York City.

Marijuana legalization has led more women to try pot for menopause relief. A [study](#) presented at the 2020 meeting of the North American Menopause Society found that more than one-quarter of female U.S. veterans had used marijuana to treat their menopause, and another 10% planned to give it a try.

"People are still turning to wine and cannabis, and now we're finally kind of evaluating it," Fenske said.

But most research into marijuana and women's health has so far focused on pot use during pregnancy and breastfeeding, according to a 2021 evidence review in the journal [Cannabis and Cannabinoid Research](#).

"Although some users may find cannabis to be beneficial for ameliorating signs and symptoms commonly associated with menopause... (e.g., insomnia, irritability, joint pain, depression), there are few data on the efficacy and safety of cannabis use in this context," the review concluded.

Howell said her concerns about the use of marijuana to relieve menopause symptoms spring in part from her knowledge of the history of treatment during the change of life. For decades, women were diagnosed as neurotic and loaded up on tranquilizers if they were struggling with the transition.

"We've already been there and done that with addictive medicines given to women for menopause," Howell said. "I don't personally have a lot of interest in it. Women were prescribed barbiturates and highly addictive sedatives and sleeping pills for menopause in the past, which is really difficult and dangerous to stop."

Women who try supplements probably would be better off talking to their doctor about hormone replacement therapy, Fenske and Howell said.

Hormone replacement therapy delivers menopause symptom relief that's more significant than what is seen with supplements, Fenske said.

On top of that, "if hormone replacement therapy is initiated within 10 years of menopause, there are actually some benefits" to overall health, Fenske said. She noted that women who receive hormone therapy have a decreased risk of heart disease, colon cancer and osteoporosis.

Hormone therapy was widely used starting in the 1960s, and even touted as "like being feminine forever," until the 2002 Women's Health Initiative study raised concerns that the treatment could increase risk of

breast cancer, Fenske said.

Newer studies and re-analysis of older studies also have shown that healthy women who take [hormone replacement therapy](#) for a short time around their transition actually have a lower risk of premature death from all causes, Howell said. The therapy usually is limited to three to five years.

"I think it should be first-line for patients who are symptomatic around the time of [menopause](#)," Howell said. "It shouldn't be, 'Try everything else and then we'll let you use this.'"

A host of other medications have been shown to relieve specific symptoms like hot flashes or sleeplessness, including antidepressants and seizure medications, Howell said.

Another way women can help ease their symptoms is by changing up their eating habits, Fenske said.

"We know that nutrition is actually very important," she said. "You can have exacerbation of hot flashes and night sweats by what we put in our body."

For example, a lot of carbohydrates in your diet can worsen [hot flashes](#), as can drinking alcohol too close to bedtime, Fenske said.

More information: The Office on Women's Health has more about [menopause symptoms and relief](#).

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