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Hot flushes are going unrecognised leaving women vulnerable

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Hot flushes are one of the most distressing conditions faced by women who have been treated for breast cancer, but they are not being adequately addressed by healthcare professionals and some women consider giving up their post cancer medication to try and stop them, a new study has shown.

More than 70 per cent of women who have had breast cancer experience menopausal problems, and hot flushes in particular, which are among the most prevalent and potentially distressing problems following breast cancer treatment. These can also be long lasting, persisting for more than five years once cancer treatment has ended and affecting all aspects of life, including sleep, social situations, intimate relationships and ability to work.

But research has shown that there are differences between what the patient experiences and what is recognised, and then managed, by healthcare professionals.

Led by Dr Debbie Fenlon at the University of Southampton, the study conducted two surveys with specialist health professionals and women who had been treated for breast cancer.

While clinicians recognised that their patients experienced hot flushes and their quality of life is diminished, the way that they treated the condition was mixed. The majority (94 per cent) of respondents agreed or strongly agreed that hot flushes are an unmet need.

Results from the women's survey showed that they perceived the impact of hot flushes as being much greater than the healthcare professionals reported. The majority of the healthcare professions reported that only 10 to 30 per cent of breast cancer patients have severe hot flushes that affect daily living and quality of sleep. In contrast, when the women were asked to give a problem rating (one to 10) for their hot flushes in the past week, the majority of respondents rated flushes between six and 10 (out of 10) as to how much of a problem they are and six and 10 (out of 10) for how distressed they were by flushing.

Furthermore, of 666 women who responded to the questionnaire, 94 per cent said that they suffered from hot flushes and 75 per cent rated them as a major problem in their life. However only 25 per cent had ever been spoken to by a health professional about their hot flushes.

Dr Fenlon comments: "It is clear from our surveys that clinicians are left making individual decisions based on personal experience and availability of local services. This has led to a patchy and inequitable position for patients in the management of this troubling problem. There is a need for research to understand the physiology of flushing and to develop and test new interventions to address this intractable problem, which continues to be a cause of considerable distress to many women after breast cancer."

A troubling result from the women's survey was that a third of women having hot flushes considered stopping taking their oestrogen blocking drugs to prevent the flushes from happening.

Dr Fenlon explained: "Endocrine therapies generally work by preventing the production of oestrogen, a hormone that encourages breast cancer to grow and spread. This says much for how bad and distressing hot flushes can be that women are considering not taking their oestrogen blocking drugs to try and stop them.

"There are no agreed guidelines for managing hot flushes after breast cancer, which may limit the access and availability of appropriate interventions. There is also little evidence to support a variety of interventions, none of which are entirely effective at removing hot flushes, other than Hormone Replacement Therapy, which is contraindicated. This needs to be changed to ensure this patient group is not left vulnerable."

Provided by University of Southampton

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