Venlafaxine for the Control of Hot Flashes: Results of a Longitudinal Continuation Study

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Purpose/Objectives: To evaluate the intermediate term efficacy and toxicity of the use of venlafaxine for the control of hot flashes.

Design: An open-label continuation phase study following a double-blind, randomized, placebo-controlled clinical trial that tested three doses of venlafaxine for the control of hot flashes.

Setting: North Central Cancer Treatment Group institutions.

Sample: 102 postmenopausal women.

Methods: Women could titrate venlafaxine to optimum efficacy while recording daily hot flash counts and weekly toxicity information.

Main Research Variables: Hot flash frequency, hot flash score.

Findings: The reduction in hot flashes previously reported in the randomized study phase was maintained during the open-label study. Toxicity did not appear to increase over time.

Conclusions: The data from this study provides evidence that venlafaxine has intermediate term efficacy and good tolerability as a treatment for hot flashes.

Implications for Nursing Practice: Nurses can inform symptomatic women that an effective nonhormonal alternative exists to control their hot flashes.

Key Points . . .

- Hot flashes are a major problem for postmenopausal women, and as a result, effective nonhormonal alternatives are needed for those unable or unwilling to take estrogen.
- Several nonhormonal alternatives tested to date have less than 50% efficacy against hot flashes, but newer antidepressant agents targeting specific neurotransmitters offer new hope for the management of hot flashes.
- In a dose of 75 mg per day, extended-release venlafaxine offers a mean 60% reduction in baseline hot flashes.
- Venlafaxine appears to have intermediate term efficacy against hot flashes with minimal side effects (e.g., mild appetite loss, dry mouth, dissipating nausea).

All women will experience menopause at some point in their lives. Some will experience this prematurely as a result of chemotherapy or hormonal treatment for breast cancer. For many of these women, hot flashes, accompanied by emotional perceptions and behavioral consequences, will be their primary and most disturbing symptom associated with this change (Carpenter & Andrykowski, 1999; Fenlon, 1995; Finck, Barton, Loprinzi, Quella, & Sloan, 1998). Because of the concern that estrogen may lead to the growth of breast cancer cells, women who have had breast cancer often are denied the option of estrogen to control menopausal symptoms, such as hot flashes ("Treatment of Estrogen Deficiency," 1998). A recent study indicated that the antidepressant venlafaxine reduced hot flash activity by 60% over a four-week period (Loprinzi et al., 2000). This article reports the efficacy and toxicity of venlafaxine for a longitudinal

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Digital Object Identifier: 10.1188/02.ONF.33-40