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Hot Flashes: What Can I Do?

[Español](#)

Hot flashes, a common symptom of the [menopausal transition](#), are uncomfortable and can last for many years. When they happen at night, hot flashes are called night sweats. Some women find that hot flashes interrupt their daily lives. Research has shown that there can be different patterns of when women first experience hot flashes and for how long, and that African American and Hispanic women have hot flashes for more years than white and Asian women.

You may decide you don't need to change your lifestyle or investigate treatment options because your symptoms are mild. But, if you are bothered by hot flashes, there are some steps you can take. Try to take note of what triggers your hot flashes and how much they bother you. This can help you make better decisions about managing your symptoms. You can also visit [My Menoplan](#), an evidence-based tool developed by NIA-funded researchers, to identify treatment and coping strategies best suited for you.



Tips To Help Manage Menopause Symptoms



Lifestyle changes to improve hot flashes

Before considering medication, first try making changes to your lifestyle. If hot flashes [keep you up at night](#), lower the temperature in your bedroom and try drinking small amounts of cold water before bed. Layer your bedding so it can be adjusted as needed and turn on a fan. Here are some other lifestyle changes you can make:

- Dress in layers that can be removed at the start of a hot flash.
- Carry a portable fan to use when a hot flash strikes.
- Avoid [alcohol](#), spicy foods, and caffeine. These can make menopausal symptoms worse.
- [If you smoke, try to quit](#), not only for hot flashes, but for your overall health.
- Try to [maintain a healthy weight](#). Women who are overweight or obese may experience more frequent and severe hot flashes.
- Explore mind-body practices. Some early-stage [research](#) has shown that hypnotherapy and mindfulness meditation could help with management of hot flashes.

Find more [facts about hot flashes in this fact sheet](#) (PDF, 146KB) provided by the NIH-funded Study of Women's Health Across the Nation.

Nonhormonal medications to treat hot flashes

If lifestyle changes are not enough to improve your symptoms, nonhormone options for managing hot flashes may work for you. These may be a good choice if you are unable to take hormones for health reasons or if you are

worried about the potential risks.

The [U.S. Food and Drug Administration](#) (FDA) has approved the use of paroxetine (Brisdelle), selective serotonin reuptake inhibitor (SSRI) antidepressant, to treat hot flashes associated with menopause. Researchers are studying additional antidepressants that could be prescribed for off-label use to treat this symptom. People who take an antidepressant to help manage hot flashes generally take a lower dose than people who use the medication to treat depression or other psychiatric conditions.

FDA has also approved a medication called fezolinetant (Veoza) to help treat moderate to severe hot flashes caused by menopause. Fezolinetant is a type of drug known as a neurokinin 3 (NK3) receptor antagonist. It works in the part of the brain that regulates body temperature.

When considering any medication, talk with your doctor about whether it is the right medication for you and how you might manage any possible side effects.

Buyer beware: Unproven, nonscientific 'treatments' for hot flashes

You may have heard about black cohosh, DHEA, or soy isoflavones to treat hot flashes. These products are not proven to be effective, and some carry risks such as liver damage.

Phytoestrogens are estrogen-like substances found in some cereals, vegetables, and legumes (like soy), and herbs. They may work in the body like a weak form of estrogen, but they have not been consistently shown to be effective in research studies, and their long-term safety is unclear.

Always talk with your doctor before taking any [herb or supplement](#). Currently, it is unknown whether these herbs or other "natural" products are helpful or safe to treat your hot flashes or other menopausal symptoms. The benefits and risks are still being [studied](#).

Using hormones to treat hot flashes and night sweats

Some women may choose to take hormones to treat their hot flashes or night sweats. A hormone is a chemical substance made by an organ like the thyroid gland or ovary. During the menopausal transition, the ovaries begin to work less effectively, and the production of hormones like estrogen and progesterone declines over time. It is believed that such changes cause hot flashes and other menopausal symptoms.

Hormone therapy steadies the levels of estrogen and progesterone in the body. It is a very effective treatment for hot flashes in women who are able to use it. They can also help with [vaginal dryness](#), [sleep](#), and maintaining bone density.

Hormone treatments (sometimes called menopausal hormone therapy, or MHT) can take the form of pills, patches, rings, implants, gels, or creams. Patches, which stick to the skin, may be best for women with cardiac risk factors, such as a family history of heart disease.

There are risks associated with taking hormones, including increased risk of [heart attack](#), [stroke](#), blood clots, [breast cancer](#), gallbladder disease, and [dementia](#). Women are encouraged to discuss the risks with their health care provider. The risks vary by a woman's age and whether she has had a hysterectomy. Women who still have a uterus

would take estrogen combined with progesterone or another therapy to protect the uterus. Progesterone is added to estrogen to protect the uterus against cancer, but it also seems to increase the risk of blood clots and stroke.

Research on risks of menopause hormone therapy

In 2002, a study that was part of the Women's Health Initiative (WHI), funded by NIH, was stopped early because participants who received a certain combination and dosage of estrogen with progesterone were found to have a significantly higher risk of stroke, heart attacks, breast cancer, dementia, urinary incontinence, and gallbladder disease. This study raised significant concerns at the time and caused many women to become wary of using hormones.

However, research reported since then found that younger women are at less risk and have more potential benefits than was suggested by the WHI study. The negative effects of the WHI hormone treatments mostly affected women who were over age 60 and postmenopausal. Newer hormone formulations seem to have less risk and may provide benefits that outweigh possible risks for certain women during the menopausal transition. Studies continue to evaluate the benefit, risk, and long-term safety of hormone therapy.

Before taking hormones to treat menopause symptoms, [talk with your doctor](#) about your medical and family history and any concerns or questions about taking hormones. If hormone therapy is right for you, it should be at the lowest dose, for the shortest period of time it remains effective, and in consultation with a doctor.

You may also be interested in

- Reading [general information about menopause](#)
- Finding out more about [sleep problems and menopause](#)
- Downloading or sharing an infographic with tips for [staying healthy during and after menopause](#)

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For more information on treatments for hot flashes

National Institutes of Health Menopausal Hormone Therapy Information

www.nih.gov/PHTindex.htm

National Center for Complementary and Integrative Health

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866-464-3615 (TTY)

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www.nccih.nih.gov

North American Menopause Society

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