Menopausal Symptoms

url: https://www.nccih.nih.gov/health/menopausal-symptoms-in-depth  
  
  
Menopausal Symptoms: In Depth  
What s the Bottom Line?  
What do we know about the effectiveness of complementary health approaches for menopause symptoms?  
Phytoestrogens, herbs, and other dietary supplements haven t been clearly shown to relieve menopause symptoms.  
Research on hypnotherapy and mindfulness meditation is in its early stages, but some studies have had promising results.  
Acupuncture has not been shown to be more effective than simulated acupuncture for relieving hot flashes.  
Yoga seems to be at least as effective as other types of exercise in relieving menopause symptoms.  
The evidence doesn t support claims that custom-mixed (compounded) bioidentical hormones are more effective than conventional hormone therapy.  
What do we know about the safety of complementary health approaches for menopause symptoms?  
Dietary supplements may have side effects or interact with drugs, and little is known about their long-term safety.  
Psychological and/or physical approaches such as acupuncture, hypnosis, meditation, and yoga generally have good safety records.  
Custom-mixed bioidentical hormones haven t been shown to be safer than other forms of hormone therapy, and their content may vary from batch to batch.  
Some Basics About Menopause  
Menopause is the time when a woman s menstrual periods stop permanently. It usually occurs naturally, at an average age of 51, but surgery or the use of certain medications can make it happen earlier. During the years around menopause (a time called perimenopause or menopausal transition), some women have hot flashes, night sweats, difficulty sleeping, or other troublesome symptoms.  
  
Conventional Treatment for Menopause Symptoms  
Hormone therapy, using either estrogen alone or estrogen and progestin, is the most effective therapy for menopausal hot flashes. However, hormone therapy may increase the risk of breast cancer, blood clots, and other serious medical problems. Therefore, if it s used at all, it should be used at the lowest dose and for the shortest period that will control symptoms. Women with certain medical conditions (such as breast cancer, liver disease, or a history of blood clots) shouldn t use hormone therapy.  
Non-hormonal medicines may also be used to treat menopause symptoms. In 2013, the U.S. Food and Drug Administration (FDA) approved a non-hormonal treatment for hot flashes and a treatment for vaginal symptoms associated with menopause.  
Visit the National Institute on Aging s webpage on menopause for more information.  
  
What the Science Says About Complementary Health Approaches for Menopause Symptoms  
Complementary approaches can be classified by their primary therapeutic input (how the therapy is taken in or delivered), which may be:  
  
Nutritional (e.g., special diets, dietary supplements, herbs, probiotics, and microbial-based therapies).  
Psychological (e.g., meditation, hypnosis, music therapies, relaxation therapies).  
Physical (e.g., acupuncture, massage, spinal manipulation).  
Combinations such as psychological and physical (e.g., yoga, tai chi, dance therapies, some forms of art therapy) or psychological and nutritional (e.g., mindful eating).  
Nutritional approaches include what the National Center for Complementary and Integrative Health (NCCIH) previously categorized as natural products, whereas psychological and/or physical approaches include what was referred to as mind and body practices.  
  
Nutritional Approaches  
Many nutritional approaches such as dietary supplements have been studied for menopause symptoms. However, none has clearly been shown to be helpful. There s little information on the long-term safety of dietary supplements, and some can have harmful side effects or interact with drugs. The sections below give more detail about several dietary supplements studied for menopause symptoms.  
  
Phytoestrogens  
Phytoestrogens are substances from plants that have chemical structures similar to those of the female hormone estrogen. The isoflavones found in soy and red clover are examples of phytoestrogens. Flaxseed is another phytoestrogen source.  
Studies that tested isoflavones from soy or red clover for their ability to relieve menopause symptoms have had inconsistent results. Studies of flaxseed products found them to be no more effective than a placebo (an inactive substance) in reducing hot flashes.  
Phytoestrogens appear to be safe for short-term use, but their long-term safety hasn t been established. Because phytoestrogen supplements may have effects like those of the hormone estrogen, they may not be safe for women who shouldn t take estrogen.  
See NCCIH s website for more information on soy, red clover, and flaxseed.  
  
Black Cohosh  
Black cohosh is an herb native to North America. The roots and rhizomes (underground stems) of the plant are used in dietary supplements.  
Studies that tested black cohosh for menopause symptoms have had inconsistent results. A 2012 research review concluded that there s not enough evidence to support its use for menopause symptoms.  
Black cohosh generally has only mild side effects, if any. However, rare cases of liver damage some of them very serious have been reported in people taking commercial black cohosh products. It s uncertain whether black cohosh was responsible for the liver damage. Nevertheless, people with liver disorders should consult a health care provider before taking black cohosh products. Anyone who develops symptoms of liver trouble, such as abdominal pain, dark urine, or jaundice, while taking black cohosh should stop using it and consult a health care provider.  
See NCCIH s webpage on black cohosh for more information.  
  
DHEA  
Dehydroepiandrosterone (DHEA) is a substance that s naturally made in the body, where it s converted into the hormones testosterone and estrogen. DHEA production decreases as people grow older, but the significance of this change, including whether it affects aging and menopause symptoms, is unclear.  
It s uncertain whether DHEA is useful in treating menopause symptoms.  
The long-term safety of taking DHEA supplements is unknown. Some evidence suggests that even short-term use of these supplements may have harmful effects, including liver damage.  
Dong Quai  
In traditional Chinese medicine, the herb dong quai is often used for women s health problems, including menopause. However, very little research has been done on dong quai for menopausal symptoms, so no conclusions can be reached about its effects.  
Dong quai may interact with the anticoagulant (blood-thinning) drug warfarin (Coumadin).  
Vitamin E  
A few studies have suggested that vitamin E supplements might be helpful for menopause symptoms. However, the amount of research is small, and the effect is also small. For example, in one study, women taking vitamin E averaged one fewer hot flash per day.  
Vitamin E, in the high doses found in supplements, may increase the risk of bleeding (including strokes due to bleeding in the brain) and interact with anticoagulant (blood-thinning) medications such as warfarin (Coumadin).  
Other Dietary Supplements  
Other dietary supplements that have been studied for menopause symptoms include evening primrose oil, ginseng, kava, melatonin, and wild yam. However, very little research has been done on these products for menopausal symptoms, so no conclusions can be reached about their effectiveness. Kava supplements have been linked to a risk of severe liver disease.  
See NCCIH s Web site for more information on various herbal products.  
  
Psychological and Physical Approaches  
Only a small amount of research has been done on most psychological and physical approaches for menopause symptoms. However, the limited evidence currently available suggests that some of these approaches might help to relieve symptoms or make them less bothersome.  
  
Acupuncture  
Acupuncture is a technique in which practitioners stimulate specific points on the body, most often by inserting thin needles through the skin.  
In studies that compared acupuncture to no treatment, acupuncture reduced the frequency and severity of hot flashes. However, studies that compared acupuncture with simulated acupuncture, including a 2016 study from Australia, showed no difference between the effects of the two treatments. Acupuncture appears to be less effective than hormone therapy in reducing the frequency of hot flashes.  
Acupuncture is generally considered safe when performed by an experienced practitioner using sterile needles. Improperly performed acupuncture can cause potentially serious side effects.  
See NCCIH s fact sheet for more information on acupuncture.  
  
Hypnotherapy  
Hypnotherapy is the use of hypnosis for health-related purposes. Hypnosis is a state in which a person s attention is concentrated and focused. In this hypnotic state, people have a heightened responsiveness to verbal messages (suggestions).  
In a study funded by the National Center for Complementary and Integrative Health (NCCIH), hypnotherapy reduced the frequency of hot flashes in menopausal women who had hot flashes often. The women in the study also said that hot flashes didn t interfere with their lives as much and they slept better.  
Hypnosis is generally safe when practiced by trained, licensed health care providers. Side effects are rare, but hypnosis might worsen some types of psychological problems.  
See NCCIH s website for more information about on hypnosis.  
  
Mindfulness Meditation  
Mindfulness meditation is a type of meditation that involves completely focusing on experiences on a moment-to-moment basis.  
In an NCCIH-funded study, mindfulness meditation training reduced the bothersomeness of hot flashes in menopausal women and led to improvements in anxiety, perceived stress, self-reported sleep quality, and quality of life. However, the intensity of hot flashes did not change.  
Meditation is generally considered to be safe for healthy people. However, there have been reports that it might worsen symptoms in people with certain chronic physical or mental health problems. If you have an ongoing health issue, talk with your health care provider before starting meditation.  
See NCCIH s website for more information about on meditation.  
  
Yoga  
Yoga has historical origins in ancient Indian philosophy. Various styles of yoga typically combine physical postures and movement, breathing techniques, and meditation or relaxation.  
A 2018 evaluation of 13 studies (more than 1,300 participants) of yoga for menopause symptoms found that yoga reduced physical symptoms, such as hot flashes, as well as psychological symptoms, such as anxiety or depression. It seemed at least as effective as other types of exercise for relieving menopause symptoms.  
Overall, people who practice yoga have a low rate of side effects. However, injuries some of them serious have been reported. People with health conditions may need to modify or avoid some yoga poses.  
See NCCIH s website for more information about yoga.  
  
Other Complementary Approaches  
Bioidentical Hormones  
Bioidentical hormones are hormones from plant sources that are chemically similar or identical to hormones produced in the human body. Two kinds of bioidentical hormone products are used to treat menopause symptoms: (1) those that have gone through the same FDA approval process as other types of hormone therapy, and (2) custom-mixed preparations that compounding pharmacies prepare individually for patients. This fact sheet discusses only the custom-mixed products.  
It s been claimed that custom-mixed bioidentical hormone preparations are more effective and safer than conventional hormone therapy, but scientific evidence to support this idea is lacking. Custom-mixed bioidentical hormones may actually be riskier than conventional treatment because less is known about their safety. Also, no regulatory agency oversees their preparation, and therefore their content may vary from batch to batch.  
Clinical Practice Guidelines for Treating Menopause Symptoms  
Several professional organizations have issued guidelines for health care providers on how to treat menopause symptoms. The guidelines discuss certain complementary health approaches.  
  
A 2015 position statement from the North American Menopause Society recommends hypnotherapy but acknowledges that the evidence favoring it is limited, conditionally recommends mindfulness-based therapies, and does not recommend acupuncture, yoga, or any natural products for managing hot flashes.  
Guidelines from the American College of Obstetricians and Gynecologists say that conventional hormone therapy is preferred over custom-mixed bioidentical hormones, and that phytoestrogens and herbal supplements have not been shown to be helpful for treating hot flashes.  
Guidelines from the American Association of Clinical Endocrinologists recommend against the use of custom-mixed bioidentical hormones and advise caution in the use of dietary supplements because of possible side effects and drug interactions. The guidelines also say that the effects of phytoestrogens are inconsistent and caution that women with a personal or strong family history of blood clots, cardiovascular disease, or breast, uterine, or ovarian cancer should not use soy-based treatments.  
Guidelines issued by a task force from several professional societies recommend against the routine use of DHEA.  
NCCIH-Funded Research  
NCCIH-funded researchers are studying a variety of topics related to menopause, including:  
  
The effects of acupuncture on hot flashes  
Whether hypnotherapy is a practical way to improve sleep in women with menopause symptoms  
The actions of phytoestrogens at the molecular and cellular level.  
More To Consider  
Keep in mind that although many dietary supplements come from natural sources, natural does not always mean safe. Also, a manufacturer s use of the term standardized (or verified or certified ) does not necessarily guarantee product quality or consistency. For more information, see NCCIH s resources on dietary supplements.  
  
Tell all your health care providers about any complementary or integrative health approaches you use. Give them a full picture of what you do to manage your health. This will help ensure coordinated and safe care.  
  
For More Information  
NCCIH Clearinghouse  
The NCCIH Clearinghouse provides information on NCCIH and complementary and integrative health approaches, including publications and searches of Federal databases of scientific and medical literature. The Clearinghouse does not provide medical advice, treatment recommendations, or referrals to practitioners.  
  
Toll-free in the U.S.: 1-888-644-6226  
  
Telecommunications relay service (TRS): 7-1-1  
  
Website: https://www.nccih.nih.gov  
  
Email: info@nccih.nih.gov(link sends email)  
  
Know the Science  
NCCIH and the National Institutes of Health (NIH) provide tools to help you understand the basics and terminology of scientific research so you can make well-informed decisions about your health. Know the Science features a variety of materials, including interactive modules, quizzes, and videos, as well as links to informative content from Federal resources designed to help consumers make sense of health information.  
  
Explaining How Research Works (NIH)  
  
Know the Science: How To Make Sense of a Scientific Journal Article  
  
Understanding Clinical Studies (NIH)  
  
PubMed   
A service of the National Library of Medicine, PubMed contains publication information and (in most cases) brief summaries of articles from scientific and medical journals. For guidance from NCCIH on using PubMed, see How To Find Information About Complementary Health Approaches on PubMed.  
  
Website: https://pubmed.ncbi.nlm.nih.gov/  
  
MedlinePlus  
To provide resources that help answer health questions, MedlinePlus (a service of the National Library of Medicine) brings together authoritative information from the National Institutes of Health as well as other Government agencies and health-related organizations.  
  
Website: https://www.medlineplus.gov  
  
National Institute on Aging (NIA)  
NIA is the NIH institute that focuses on supporting and conducting high-quality research on aging processes, age-related diseases, and special problems and needs of the aged. NIA publications include Hormones and Menopause: Tips from the National Institute on Aging.  
  
Website: https://www.nia.nih.gov  
  
National Women's Health Information Center (NWHIC)  
NWHIC, a service of the Office of Women s Health in the U.S. Department of Health and Human Services (HHS), provides information to help advance women s health research, services, and public and health professional education. NWHIC coordinates the efforts of all HHS agencies and offices involved in women s health.  
  
Website: https://www.womenshealth.gov/  
  
Key References  
American College of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 141: management of menopausal symptoms. Obstetrics and Gynecology. 2014;123(1):202 216.  
Carmody J, Crawford S, Salmoirago-Blotcher E, et al. Mindfulness training for coping with hot flashes: results of a randomized trial. Menopause. 2011;18(6):611 620.  
Cramer H, Peng W, Lauche R. Yoga for menopausal symptoms a systematic review and meta-analysis. Maturitas. 2018;109:13 25.  
Dodin S, Blanchet C, Marc I, et al. Acupuncture for menopausal hot flushes. Cochrane Database of Systematic Reviews. 2013;(7):CD007410. Accessed at www.cochranelibrary.com on February 17, 2016.  
Ee C, Xue C, Chondros P, et al. Acupuncture for menopausal hot flashes. A randomized trial. Annals of Internal Medicine. 2016;164(3):146 154.  
Elkins GR, Fisher WI, Johnson AK, et al. Clinical hypnosis in the treatment of postmenopausal hot flashes: a randomized controlled trial. Menopause. 2013;20(3):291 298.  
Files JA, Ko MG, Pruthi S. Bioidentical hormone therapy. Mayo Clinic Proceedings. 2011;86(7):673 680.  
Goodman NF, Cobin RH, Ginzburg SB, et al. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the diagnosis and treatment of menopause. Endocrine Practice. 2011;17(Suppl 6):1 25.  
Kelley KW, Carroll DG. Evaluating the evidence for over-the-counter alternatives for relief of hot flashes in menopausal women. Journal of the American Pharmacists Association. 2010;50(5):e106 e115.  
Leach MJ, Moore V. Black cohosh (Cimicifuga spp.) for menopausal symptoms. Cochrane Database of Systematic Reviews. 2012;(9):CD007244. Accessed at www.cochranelibrary.com on February 17, 2016.  
Lethaby A, Marjoribanks J, Kronenberg F, et al. Phytoestrogens for menopausal vasomotor symptoms. Cochrane Database of Systematic Reviews. 2013;(12):CD001395. Accessed at www.cochranelibrary.com on February 17, 2016.  
Scheffers CS, Armstrong S, Cantineau AEP, et al. Dehydroepiandrosterone for women in the peri- or postmenopausal phase. Cochrane Database of Systematic Reviews. 2015;(1):CD011066. Accessed at www.cochranelibrary.com on February 17, 2016.  
The North American Menopause Society. Nonhormonal management of menopause-associated vasomotor symptoms: 2015 position statement of The North American Menopause Society. Menopause. 2015;22(11):1155 1172.  
Wierman ME, Arlt W, Basson R, et al. Androgen therapy in women: a reappraisal: an Endocrine Society clinical practice guideline. Journal of Clinical Endocrinology and Metabolism. 2014;99(10):3489 3510.  
All Other References  
Barton DL, Loprinzi C, Atherton PJ, et al. Dehydroepiandrosterone for the treatment of hot flashes: a pilot study. Supportive Cancer Therapy. 2006;3(2):91 97.  
Birdee GS, Legedza AT, Saper RB, et al. Characteristics of yoga users: results of a national survey. Journal of General Internal Medicine. 2008;23(10):1653 1658.  
Chiu H-Y, Pan C-H, Shyu Y-K, et al. Effects of acupuncture on menopause-related symptoms and quality of life in women in natural menopause: a meta-analysis of randomized controlled trials. Menopause. 2015;22(2):234 244.  
Dew TP, Williamson G. Controlled flax interventions for the improvement of menopausal symptoms and postmenopausal bone health: a systematic review. Menopause. 2013;20(11):1207 1215.  
Elraiyah T, Sonbol MB, Wang Z, et al. The benefits and harms of systemic dehydroepiandrosterone (DHEA) in postmenopausal women with normal adrenal function: a systematic review and meta-analysis. Journal of Clinical Endocrinology and Metabolism. 2014;99(10):3536 3542.  
Ernst E. Acupuncture a critical analysis. Journal of Internal Medicine. 2006;259(2):125 137.  
Fabricant DS, Krause EC, Farnsworth NR. Black cohosh. In: Coates PM, Betz JM, Blackman MR, et al., eds. Encyclopedia of Dietary Supplements. 2nd ed. New York, NY: Informa Healthcare; 2010:60 74.  
Innes KE, Selfe TK, Vishnu A. Mind-body therapies for menopausal symptoms: a systematic review. Maturitas. 2010;66(2):135 149.  
Kim M-S, Lim H-J, Yang HJ, et al. Ginseng for managing menopause symptoms: a systematic review of randomized clinical trials. Journal of Ginseng Research. 2013;37(1):30 36.  
Lao L. Safety issues in acupuncture. Journal of Alternative and Complementary Medicine. 1996;2(1):27 31.  
Lipton L. Using yoga to treat disease: an evidence-based review. JAAPA. 2008;21(2):34 36, 38, 41.  
Lustyk MK, Chawla N, Nolan RS, et al. Mindfulness meditation research: issues of participant screening, safety procedures, and researcher training. Advances in Mind-Body Medicine. 2009;24(1):20 30.  
Menopause: menopause basics. Office on Women s Health Web site. Accessed on February 17, 2016.  
National Institute on Aging. Menopause: Time for a Change. National Institute on Aging Web site. Accessed on February 17, 2016.  
National Institute on Aging. Menopause: Treatment for Symptoms: Tips from the National Institute on Aging. National Institute on Aging Web site. Accessed on February 17, 2016.  
Oken BS, Zajdel D, Kishiyama S, et al. Randomized, controlled, six-month trial of yoga in healthy seniors: effects on cognition and quality of life. Alternative Therapies in Health and Medicine. 2006;12(1):40 47.  
Office of Dietary Supplements. Black Cohosh: Fact Sheet for Health Professionals. Office of Dietary Supplements Web site. Accessed at https://ods.od.nih.gov/factsheets/BlackCohosh-HealthProfessional/ on February 17, 2016.  
Office of Dietary Supplements. Vitamin E Fact Sheet for Consumers. Office of Dietary Supplements Web site. Accessed at https://ods.od.nih.gov/pdf/factsheets/VitaminE-Consumer.pdf on February 17, 2016.  
U.S. Food and Drug Administration. Menopause & Hormones. Common Questions. U.S. Food and Drug Administration Web site. Accessed at https://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM383404.pdf on February 17, 2016.  
Upton R. Dong quai. In: Coates PM, Betz JM, Blackman MR, et al., eds. Encyclopedia of Dietary Supplements. 2nd ed. New York, NY: Informa Healthcare; 2010:208 216.  
Vickers A, Zollman C, Payne DK. Hypnosis and relaxation therapies. Western Journal of Medicine. 2001;175(4):269 272.  
Xu S, Wang L, Cooper E, et al. Adverse events of acupuncture: a systematic review of case reports. Evidence-Based Complementary and Alternative Medicine. 2013;2013:581203.  
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