

# RGH Pharmacy E-Bulletin

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A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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## Complementary medicines for menopausal symptoms – part 2

Phytoestrogens are non-steroidal plant compounds that are found in many fruits, vegetables and grains. The most common types of phytoestrogens are coumestans, lignans and isoflavones. These compounds have weak oestrogenic and anti-oestrogenic activity. The major dietary soy isoflavones, genistein and daidzein, are found in legumes including soybeans, chick peas, lentils and beans. Red clover is another source of isoflavones.

A 2007 Cochrane Collaboration systematic review assessed the efficacy and safety of food products or dietary supplements containing phytoestrogens for vasomotor menopausal symptoms. Meta-analysis of the five trials that assessed Promensil<sup>®</sup> (the most widely studied phytoestrogen supplement) found there was no significant difference overall in the frequency of hot flushes between Promensil<sup>®</sup> and placebo. Many of the remaining trials were of low quality, underpowered and had inconsistent results. The variability in results was found not to be related to the amount of isoflavone in the active treatment arm, baseline severity of vasomotor symptoms nor trial quality. There was also a strong placebo effect in most of the trials, with a reduction in frequency of hot flushes with placebo ranging from 1-59%. Overall, it was found that there was no evidence that consuming soy extracts or a high dietary intake of soy phytoestrogens had a positive effect on hot flush frequency or severity. These findings largely accord with other published reviews and recent trials assessing phytoestrogen efficacy.

The limited safety data available suggests that phytoestrogens are well tolerated. Administered orally, red clover is thought to be well tolerated. Adverse effects include rash, myalgia, headache, nausea and vaginal spotting. There is some concern that red clover might increase the risk of endometrial hyperplasia due to its potential oestrogenic effects. A few cases of venous thromboembolism have been reported; however, randomised controlled trials (RCTs) assessing whether phytoestrogens increase the risk of venous thromboembolism have not been undertaken.

RCTs that have assessed the efficacy and safety of phytoestrogens in women after a diagnosis of breast cancer are limited. No significant benefit on menopausal symptoms was observed in four short term trials. Data on whether dietary soy or isoflavone supplementation has an effect on breast cell proliferation or mammographic density is conflicting. As there are concerns that phytoestrogens may stimulate breast cancer cell growth and interfere with the efficacy of tamoxifen and aromatase inhibitors, these products cannot be recommended for the management of menopausal symptoms in women with a history of breast cancer until studies assessing the long term safety in such women are conducted.

With respect to other complementary products that have been advocated for the management of menopausal symptoms, limited studies suggest that dong quai, wild yam topical cream, ginseng and vitamin E have no benefit in reducing hot flushes associated with the menopause.

This E-Bulletin is based on work by Tania Colarco, Senior Clinical Pharmacist, DATIS, RGH

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