

HOT FLASHES/FLUSHES

Taken from “ADT Side Effects” <http://tinyurl.com/5snxzx>

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I experienced them for awhile but at the time it seemed to just be a warming coming on like when one works up a light sweat, and never that discomforting...just something I could notice. They eventually just stopped occurring.

I read a remark provided by a PC patient: —I don't have hot flashes, I have short, private vacations in the Tropics!! (Humor is important in the healing process!) Men on ADT often ask —What is causing these hot flashes?! Some attribute the cause simply to loss of testosterone. I believe it is more complex than just this loss. Consider that when men have surgical castration/orchiectomy and can no longer produce testicular testosterone, though they may experience hot flashes, they are found to be much more subdued than those experienced by men when chemical castration is prescribed. As noted in one paper regarding LHRH agonists, —Hot flashes, similar to those which occur in women during menopause, are common and can often be more pronounced than those observed in patients who are treated by surgical orchiectomy.¶

This paper <http://tinyurl.com/ylyfpvos>

reports —Hot flashes are thought to result from an alteration in the feedback mechanism to the hypothalamus due to the lack of testosterone. An increase in catecholamine secretion in response to decreased endogenous peptide secretion stimulates the nearby thermoregulatory center of the hypothalamus, resulting in the perception of increased heat.¶ This would indicate that it is the effect from the LHRH agonist on the hypothalamus that brings about this —alteration.¶

Another cause can be attributed to LHRH agonist effect on lowering male estrogen levels, since low estrogen levels also bring about hot flashes. As noted in this paper <http://tinyurl.com/ykucmry> patients on transdermal estradiol (TDE) therapy did not experience hot flashes.

From: <http://www.eligard.com/dr-manyak/question-and-answer.aspx>

I hear hot flashes are a common side effect of hormonal prostate cancer therapy. What causes hot flashes?

It's not really understood how reducing testosterone brings on hot flashes. However, it's true that hot flashes are a common side effect of LHRH agonist therapy. Hot flashes can range from annoying to debilitating. Sometimes hot flashes are associated with facial flushing, redness, and increased sweating and may cause nausea or interruption of sleep. Hot flashes can be brought on by stress or heat, or they may occur for no apparent reason at all. Studies have shown that the majority of the hot flashes that men experience as a side effect of ELIGARD therapy are typically mild.

Below is information I saved wherein various of our PC friends suggested what worked for them with hot flashes/flushes: You might want to print this out and discuss with your family physician, your urologist, or your oncologist, particularly for those requiring a prescription. On the other hand, you might just want to print it out, hang it on the wall, throw a dart at it, and give the result of the dart point a try. If that doesn't work, throw another dart. Hopefully, eventually the dart will connect with the one that will work for you. In the meantime you will be enjoying yourself so much throwing darts that you'll forget about the hot flashes/flushes!

Renowned Medical Oncologist Stephen Strum, specializing specifically in the treatment of prostate cancer, and particularly recurring and advanced prostate cancer, regarding Hot Flashes: —I am not a user of Megace in this setting since it is metabolized to DHEA and then to androstenedione and then to testosterone. When the PSA is in good control and the testosterone is low, I use Depo-Provera intramuscular injection 400mg ONCE and that usually eliminates hot flashes forever.¶

Adding to NOT prescribing Megace is this commentary by Dr. A. Oliver Sartor: —"Megace® is used at times for patients who have hot flashes, and at times for patients to boost their appetite. But in prostate cancer, Megace may interact with the androgen receptor, particularly mutants, and cause excessive cancer growth. And you can actually get responses by withdrawing Megace. I do not prescribe the use of Megace in prostate

cancer patients (even for hot flashes), because I don't know who has a mutant and who doesn't."

Added this recently from patient Steve Jordan regarding Depo-Provera (medroxyprogesterone): —There is a clinical study on PubMed: Langenstroer P, et al., "Parenteral medroxyprogesterone for the management of luteinizing hormone releasing hormone induced hot flashes in men with advanced prostate cancer." Go to www.pubmed.gov and search on PubMed ID 16006929 PubMed is a service of the US National Library of Medicine.

"CONCLUSIONS: This study is the first multi-institutional evaluation of hot flashes demonstrating significant reduction in quantity and severity with MPA (medroxyprogesterone acetate). Based on these data we now manage hot flashes associated with LHRH analogues with 400 mg of MPA."

Note that they used 400 mg, but I understand from my own and others' experience that 208 mg (two pre-loaded 104 mg syringes, one in each anterior thigh) does the job.

NB: This is a progesterone analog. It can increase the adrenal production of testosterone precursors, so a careful watch on PSA would likely be prudent. In fact, I would recommend caution if PSA is higher than undetectable before starting.

Anecdote Alert: I had the 208-mg injections a few years ago and my hot flushes were totally relieved within a couple of weeks. This was the result for about half of the study cohort. Overall, over 90% had some relief.¶

Yet another regarding 0.025 estradiol patches: Renowned Medical Oncologist Charles E —Snuffy¶ Myers prescribes this dosage with a Vivelle dot changed every 3 ½ days.

Soy can also serve to stop hot flashes. The importance of soy is its phytoestrogens content. So one should look for phytoestrogens content that include at least 200mg per day.

Another Email suggested the following that can be purchased at Costco (probably available elsewhere as well) and did the trick: TruNature Soy Isoflavones 50mg

200 Softgels Take one Softgel two times daily, preferably with a meal. Cost \$15.99
Item # 485069 plus S&H ISoy Extract (Glycine max)(bean) 125mg (Standardized
to 40% (50mg) Isoflavones) *Daily value not established. Ingredients: Soybean
Oil, Soy Bean Extract, Gelatin, Sorbitol, Glycerin, Water, Yellow Beeswax,
Lecithin Oil, Artificial Colors (Caramel, Titanium Dioxide)

The intake of soy supplements with 200mg of phytoestrogens per day, and the
single estradiol Vivelle patch 0.025mg changed every 3 ½ days appears the most
appropriate to consider for discussion with your physician. Dr. Myers discusses the
use of these medications for hot flashes in his Prostate Forum Volume 11, number
6 Issue of October 2009. I would recommend all dealing with prostate cancer
subscribe to the Prostate Forum Newsletter that always contains a wealth of
important prostate cancer information. To do so, email
rivannahealth@earthlink.net or telephone (434) 220-3774.

This may be another —hot one! to consider: A medication prescribed for women
experiencing hot flashes, Gabapentin, has been effective and I would think could
be prescribed to men as well. Best to talk to your physician about this drug.
Gabapentin was approved by the FDA in 1994 for the treatment of epileptic
seizures. It has also been used to treat headaches and pain from shingles, as well as
other medical conditions. Scientists speculate Gabapentin may reduce hot flashes
by controlling the flow of calcium in and out of cells. This is one of the methods
used by the body to control temperature. Read more: <http://tinyurl.com/32kgy8>.
And <http://www.theannals.com/cgi/content/abstract/36/3/433> concludes: Hot
flashes resulting from antiandrogen or GnRH analog therapy are often difficult to
treat and leave many patients disabled. Gabapentin has been shown to markedly
reduce the severity, frequency, and duration of these hot flashes. Controlled trials
are necessary to evaluate Gabapentin against other therapeutic modalities.
From a PubMed report: Effexor (Venlafaxine hydrochloride) appears to represent
an efficacious new method for alleviating hot flashes in men undergoing androgen
ablation therapy. Further evaluation of this compound for alleviating hot flashes is
indicated.

Another I found while visiting the PCRI Insights January 1999 issue were the following recommendations for hot flashes/flushes:

Soy,

Genistein,

Megace®, (**MY NOTE...BUT DON'T FORGET THE EARLIER WARNING IN THIS PAPER REGARDING MEGACE**)

Depo-provera®,

DES,

Effexor ®

- found at

http://www.prostate-cancer.org/education/sidefx/Strum_ADS.html

by scrolling down to near the end of Table 2a. Entire URL regards Androgen Deprivation Syndrome, by Stephen B. Strum, M.D., FACP, Medical Oncologist Specializing in Prostate Cancer since 1983 and co-author of "A Primer on Prostate Cancer - The Empowered Patient's Guide." Another post: For hot flashes ask your physician about 200mg Depo Provera injection or the use of Effexor 12.5mg twice a day or a combination (see above regarding Effexor). If 200mg dosage for Depo Provera is insufficient, could be increased to 400mg.

Another Email commented that the wife found the following in a women's magazine that worked well for him: 3 cups of sage tea daily.

Dale S. in a post to a PC website list commented: I've been on intermittent Lupron since 04/96. Started having hot flashes soon after I started. Someone recommended a tofu/soy milk/ chocolate mix (blender), drinking a glass a day. Since starting that, I haven't had any more hot flashes. He said: I use one quart Silk Soy Milk, 12.3 oz. Mori Silken Tofu and a couple tablespoons of Nestles Chocolate milk mix. I blend the above together in a blender. This mix provides enough for one glass a morning for four days. I don't think brand name is important. I usually find the ingredients at WalMart. Another patient posted: I have become involved in a clinical study using acupuncture. After seven sessions I can report that the number of flashes have been reduced, but more importantly the depth (severity) has declined.

Here is interesting information provided by Geoff Golner that could be considered: —My alternative practitioner gave me an herbal formula for hot flashes that has worked well for me while on ADT (Lupron & Proscar, at present). I asked him if it would be useful for other men on ADT. He said yes and gave me a "generic" formula for the "average patient." (The proportions would probably vary a little if tailored for a specific individual.) The formula is 11 parts Dioscorea (wild yam root) powder to 18.4 parts Pueraria root (kudzu root) powder.

The dose is 2 teaspoons at once, every other day. My sources are:

Dioscorea: http://www.voigtglobal.com/herbs_botanicals_w-x.htm Item No. 209619-51.

Pueraria root (Chinese name Ge Gen):

http://www.ancientway.com/catalog/product_info.php?products_id=1710&osCsid=d97d200481a9c159375e4b33c5dd06a8 Its taste is pretty mild when mixed with water. I've used it for more than a year with no apparent problems. When I ran out temporarily, my hot flashes returned (temporarily).|

Jim Waldenfels, a friend of mine traveling pretty much the identical path I have been on and an extremely knowledgeable fellow regarding our disease, sent the below email to a patient regarding HIS dealing with hot flashes:

—Regarding hot flashes, two non-medical approaches have worked well for the relatively mild-to-moderate flashes and sweats I have experienced: fans, particularly when aimed at the head and neck and to move air around my head during the night, and zippered sweatshirts that allow for convenient adjustments to cope with changes in temperature. I also have taken soy supplements, like those that women take for flashes, for a long time. I am positive the fans and sweatshirts help, and I believe the soy helps, at least in my case. By the way, based on the research by Dr. Maha Hussain, MD, cited by Dr. Charles Myers previously in the Prostate Forum and mentioned in his recent book,

I'm now stepping up soy supplements to 200 units per day.¶ (**So here again is this mention of soy at 200 units (mg) per day....that is 200mg of phytoestrogens.**) And for licorice lovers: To cool off hot flashes, nibble on the herb, licorice. It's delicious and often works better than hormonal drugs! (**MY NOTE: Received other word saying in rare cases licorice can cause an increase in blood pressure, so, something to beware).**)

From the foregoing, there are obviously many methods of treating hot flashes/flushes that work well for some but not at all for others.

Hopefully one day just one medication will be known as the —one for all, all for one¶ to curtail —hot flashes.¶

And I'll close this subject with the below consideration that appears to work for women who experience hot flashes approaching menopause that may be a consideration for we men, as well:

ScienceDaily (July 14, 2010) — With an estimated 85 percent of women experiencing hot flashes as they approach menopause, researchers are concentrating on finding effective treatments that do not include hormonal or other pharmaceutical therapies. Now, a new Baylor University study has shown that women who specifically pictured images associated with coolness during hypnotherapy had a dramatic decrease in hot flashes. The results appear in the *International Journal of Clinical and Experimental Hypnosis*.

"This is an interesting finding because it begins to shed light on what is it, specifically, about hypnotic relaxation therapy that reduces the hot flashes," said Dr. Gary Elkins, professor of psychology and neuroscience at Baylor's College of Arts and Sciences, who has conducted several studies on hypnotic relaxation therapy. "The finding may indicate that areas of the brain activated by imagery may be identical to those activated by actual perceived events. Consequently, it may be that while a woman suffering hot flashes imagines a cool place, she also feels cool rather than the heat of a hot flash."

While a previous Baylor study has shown that hot flashes can be reduced by up to 68 percent in breast cancer survivors by utilizing hypnotic relaxation therapy, the specific mental imagery used by women for reduction of hot flashes is a new finding.

The Baylor researchers surveyed the 51 breast cancer survivors who participated in a hypnosis intervention study for the treatment of their hot flashes. Participants were asked to identify their own personal preferences for mental imagery for reduction of hot flashes prior to each session. Some participants described actual places they had visited, while other described generalized imagery they preferred. The results show:

- All participants showed a preference for images associated with coolness, while none used imagery associated with warmth. In fact, when a participant used mental imagery associated with a warm fire, she became relaxed, however the hot flashes did not decrease.
- The most common themes utilized by the participants included cool mountains, water, air or wind, snow, trees, leaves and forests.
- Of the themes, 27 percent of participants visualized water associated with coolness such as a cool waterfall or rain shower. 17.6 percent pictured cool air or wind and 16.2 percent pictured cool mountains. 11.5 percent visualized a cool forest or leaves and 6.8 percent pictured snow. 20.9 percent pictured other things like a cool movie theater or frost on a winter morning.

"These findings really give guidance to what women respond to," Elkins said.

"This study supports the idea that the most effective images are those that are generated by the participant themselves, in relation to their own perceptions and life experiences." **(It would appear the results of this study may also give reason for the same effect for men in dealing with hot flashes induced by hormonal deprivation medications).**