



A new meaning for "chill" pill

THE Anti- Depressant Quandary

THESE DRUGS MAY EASE SOME OF THE WORST SYMPTOMS OF MIDLIFE CHANGES—BUT ARE THE POTENTIAL SIDE EFFECTS WORTH IT?

by Deborah Skolnik

The roller coaster of symptoms that often accompany hormonal changes in your 40s, 50s and beyond can make for some uncomfortable months—or even years.

It's understandable that many women turn to hormone replacement therapy, known as HRT, for relief. But it's not for everyone. "There are conditions—such as certain cancers, blood clots and migraines with vision loss—that may preclude the use of systemic hormone replacement therapy," says Sarah Arnold,

MD, a National Certified Menopause Practitioner with Spectrum Health Medical Group. In those cases—or if a patient simply prefers not to take hormones—her physician might prescribe something else to get her over the hump: antidepressants, specifically selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs).

These drugs can help with hot flashes, night sweats and the emotional swings that often come with perimenopause and menopause. But do their side effects outweigh their benefits? Here's what the experts have to say.

Small Doses, Big Results

First, SSRIs and SNRIs aren't the new kids on the block when it comes to menopause treatment. "We've been using these medications for at least 15 to 20 years," says Barbara Soltes, MD, director of the Midlife Center and associate professor of obstetrics and gynecology at Rush Medical Center. "At small doses, they're very effective for treating hot flashes and night sweats."

Nor are SSRIs and SNRIs untested by the scientific community. "We have lots of studies [on these], especially about the SSRIs, in particular venlafaxine, which is also called Effexor," says Soltes. "That antidepressant, and also paroxetine, which is Paxil, have been tested over and over again." They can bring swift relief from symptoms, too. "In just eight weeks, a woman can have a dramatic change—almost a 50 percent decrease in the amount of hot flashes and night sweats," she explains. In 2013, paroxetine became the first nonhormonal treatment for moderate to severe hot flashes approved by the FDA. And a 2014 study at Harvard Medical School

Certain meds—ibuprofen, insulin, Prilosec—can also cause excessive sweating.

found Effexor is just as effective as HRT in easing hot flashes.

These antidepressants work by going right to the source: the brain itself. "As estrogen drops, there's a change in the neurotransmitters; that causes the instability of the thermoregulatory system," explains Soltes. "All of this is occurring in the part of the brain called the hypothalamus.

By changing these neurotransmitters, and particularly norepinephrine and serotonin, it helps bring back the stability of the thermoregulatory system." And it almost goes without saying that antidepressants can help regulate peri- or menopausal women's emotional temperature, too. "Patients will certainly have an

improvement of their moods. That feeling of being blue or down in the dumps is associated with the decrease in serotonin," says Soltes. "Serotonin drops as estrogen drops. These SSRIs or SNRIs will prevent serotonin reuptake and keep things a little more stable."

These drugs can also help with sleep. "During this period of time, we see more disruptions in sleep. And again, that has a lot to do with the neurotransmitters," says Soltes. With antidepressants, "there's also less anxiety, so women are able to sleep a little bit better. There are lots of positive cognitive and psychological things that come from being on [these medications]."

Possible Downsides

That said, like so many medications, SSRIs and SNRIs are far from

PRO TIP
Limit alcohol intake, which can have a greater effect when you're on antidepressants.



Exercise can counteract many of the side effects of antidepressants.

perfect. Though the doses required for treatment of menopause are relatively low, which lowers the risk of side effects, "some women who get started on them just don't feel well," says Soltes. Most of the time it's gastrointestinal symptoms, such as feeling nauseated, or there's a change in appetite or constipation. Some women also complain of headaches, dizziness, dry mouth and drowsiness. Since the same medication can affect people differently, some women may find they experience insomnia or agitation rather than tiredness.

"Another important side effect to consider is the potential for decreased sexual desire and possible decreased ability to orgasm," says Arnold. If the side effects prove intolerable, "we would just wean [the patient] off and then try something different," says Soltes (see sidebar).

Explore Your Options

If you find you can't tolerate SSRIs or SNRIs or just aren't comfortable taking them, there are other alternatives. "We've been using clonidine, an antihypertensive medication, for many years at very low doses," Soltes says. "If a woman already has very low blood pressure, or she's already on a blood pressure pill, then this has to be adjusted, or you have to discontinue one of the pills." While clonidine is very good at blocking hot flashes, it doesn't help with mood swings like antidepressants do.

A second alternative drug is Neurontin (aka gabapentin), a drug more commonly used for seizure disorders. "Many times we try all these other drugs before we go to Neurontin because it can make you drowsy or dizzy," says Soltes. There's a wide range of dosing for the drug, she adds, and it's typically started at a low dose at bedtime, due to its sedating effects.

There are some potentially useful nondrug alternatives as well, which

often come with fewer—or less significant—side effects.

Black cohosh An over-the-counter herb that has estrogen-like qualities, black cohosh has been used for hot flashes and other menopause symptoms. "That seems to be the only [herb] that really is effective," says Soltes. However, most of the studies conducted on it have not been of the highest quality, according to The National Center for Complementary and Integrative Health (NCCIH). Among the more recent research, one small, eight-week study conducted in 2013 in Iran found its use could ease many menopausal symptoms. The NCCIH is currently funding further research to identify the herb's active components and its effects. (Other research has shown it may work best when paired with St. John's wort; see page 76 for more info.)

Acupuncture "It's very effective for hot flashes," Soltes says, although the mechanisms aren't entirely clear. Studies have shown that it seems to have an effect on neurotransmitters in the brain, but more research is needed. The downside: You'll need weekly treatments for awhile and it may not be covered by insurance. **Yoga** In 2018, an Australian analysis of 13 studies, with a total of more than 1,300 participants, found yoga to be safe and effective for managing menopausal symptoms. "Any kind of stress-reducing techniques, like meditation or yoga, is very effective," Soltes confirms.

Expect even more options in the future. "The field of menopause is expanding, because we have so many women who are becoming menopausal," says Soltes. "We're learning more all the time."

Deborah Skolnik is a writer and editor whose work has appeared in major publications including The New York Times, Good Housekeeping and Parents.

The Right Way to Stop Taking Antidepressants

As anyone who's taken antidepressants knows, they can be hard to quit. "We can't have patients stop them abruptly, because there are lots of withdrawal symptoms that would be very disruptive to their life," warns Barbara Soltes, MD. "For instance, they'll get very dizzy and nauseated, maybe even throw up, and have headaches and feel like they're tingling everywhere. It's a horrible withdrawal."

The way to minimize or avoid these symptoms is through a very gradual tapering-off process. If someone's on a relatively low dose of an antidepressant, "I might cut that dose in half and keep her on it for maybe seven days," Soltes explains. "If she's still feeling a bit off, I might extend that to 10 days. Then I might have her take that half-dose every other day for another seven to 10 days until she's completely off the medicine." (Note: Every person is different; consult your physician before attempting to wean yourself from an antidepressant.)

If you're on a higher dose of antidepressant, it could take additional weeks, or even months, before you're fully off the drug. The good news? "You can wean everybody off this medicine," says Soltes. "It may just take longer."