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## Black Cohosh a Flash in the Pan for Menopause Symptoms

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### MedPage Today Action Points

- Explain to patients experiencing hot flashes associated with menopause that non-medical remedies include dressing in layers, sleeping in a cooler room, keeping ice water and a fan nearby, and avoiding possible triggers such as very hot liquids or alcohol.

### Review

SEATTLE, Dec. 18 -- Black cohosh is a washout as a remedy for hot flashes and other symptoms of menopause, found investigators here.

In a study comparing black cohosh alone or with other botanical therapies with hormone therapy or placebo, there were no significant differences in vasomotor symptom frequency or intensity between women who received black cohosh or placebo, revealed the Herbal Alternatives for Menopause (HALT) trial.

In fact, women who took a combination of botanical supplements plus soy actually had significantly more severe symptoms of menopause at one year than women on placebo, reported Katherine M. Newton, Ph.D., of Group Health, a Seattle-based health system, and colleagues, in the Dec. 19 issue of the *Annals of Internal Medicine*.

"We were disappointed by the findings because many women want an alternative to hormone therapy, and many have assumed that black cohosh is a safe, effective choice," said Dr. Newton. "While hormone therapy is still the most effective treatment for hot flashes, recent studies have shown that it poses serious risks."

Although the news may be disappointing for women approaching or experiencing menopause, the results of the HALT trial also offer some good news about the natural history of menopausal symptoms, wrote Carol M. Mangione, M.D., M.S.P.H., of UCLA, in an accompanying editorial.

"Women in the placebo group experienced an approximately 30% reduction in the severity and frequency of vasomotor symptoms during the 12-month follow-up period," she wrote. "This finding is consistent with the observed 30% to 35% decline in vasomotor symptoms among the placebo groups in a number of the large, well-designed clinical trials."

The authors enrolled 351 peri-menopausal or post-menopausal women from the ages of 45 to 55. The participants were randomly assigned in a double-blinded fashion to one of five treatment groups:

- Black cohosh at 160 mg daily.
- Multibotanical supplement, including black cohosh at 200 mg daily, alfalfa, boron, chaste tree, dong quai, false unicorn, licorice, oats,

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### Learning Objectives

Upon successful completion of this educational program, the reader should be able to:

1. Discuss the results of this study
2. Review the relevance and significance of the study in the broader context of clinical care

### Disclosures

Neil Osterweil and Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco, have disclosed that

pomegranate, and Siberian ginseng.

- Multibotanical supplement plus diet counseling to increase consumption of soy.
- Menopausal hormone therapy, consisting of conjugated equine estrogen at 0.625 mg daily with (for women who had not undergone hysterectomy) medroxyprogesterone acetate at 2.5 mg.
- Placebo.

The women were followed at three, six and 12 months for rate and intensity of vasomotor symptoms on a three-point scale, with 1=mild and 3=severe, and with the Wiklund Vasomotor Symptom subscale.

They found that there were no significant differences except one between any of the herbal interventions and placebo in either vasomotor symptoms per day, symptom intensity, or Wiklund score at any of the three time points, nor when the three time points were averaged ( $P<0.05$  for all comparisons).

The exception occurred at 12 months for women who were taking the multibotanical supplement plus soy, who had significantly worse symptom intensity compared with women on placebo ( $P=0.016$ ).

The absolute differences in vasomotor symptoms between the women on black cohosh or the herbal combinations and women on placebo were about one-half fewer episodes per day for women on the herbals.

In comparison, women on hormone therapy had 4.06 fewer hot flashes or other vasomotor symptoms per day for the average over all the follow-up time points (95% confidence interval -5.93 to -2.19 episodes/day,  $P<0.001$ ).

"Black cohosh used in isolation, or as part of a multibotanical regimen, shows little potential as an important therapy for relief of vasomotor symptoms," the authors wrote.

Dr. Newton suggests that women with vasomotor symptoms associated with menopause may find relief by dressing in layers, sleeping in a cooler room, keeping ice water and a fan nearby, and avoiding possible triggers such as very hot liquids or alcohol.

She noted that in this and other studies hot flashes decreased over time in all groups.

"We call this the 'tincture of time' -- that is, over time, hot flashes nearly always go away on their own," she said.

The authors acknowledged that "the trials did not simulate the whole person approach used by naturopathic physicians. Differences between treatment groups smaller than 1.5 vasomotor symptoms per day cannot be rule out," they wrote.

The study was funded by the National Institute on Aging and the National Center for Complementary and Alternative Medicine. Neither the study authors nor Dr. Mangione had any financial disclosures.

**Primary source:** Annals of Internal Medicine

**Source reference:**

Newton KM et al. "Treatment of Vasomotor Symptoms of Menopause with Black Cohosh, Multibotanicals, Soy, Hormone Therapy, or Placebo." *Ann Intern Med* 2006; 14:869-879.

**Additional source:** Annals of Internal Medicine

**Source reference:**

Mangione CM. "A Randomized Trial of Alternative Medicines for Vasomotor Symptoms of Menopause." *Ann Intern Med* 2006; 14:924-925.

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