

HOT FLASHES/FLUSHES

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

Compiled by Charles (Chuck) Maack – Prostate Cancer Advocate/Activist

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient’s viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

HOT FLASHES/FLUSHES: I experienced Hot Flashes 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 discomfoting...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!)

“I’ll provide the best recommendation first, then you can read other suggestions, but this recommendation by top Medical Oncologist Stephen Strum, a specialist specifically in the treatment of recurring as well as advanced, high grade prostate cancer, should be the one to follow: ““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.”

Therefore, a 400mg Depo Provera intramuscular injection just once would be what I would have done were I experiencing hot flashes. **HOWEVER, IMPORTANT TO NOTE:** Depo Provera has also been known to cause gastrointestinal bleeding – and a low hct percentage can also be attributed to loss of blood. If you are experiencing fatigue and shortness of breath subsequent to Depo Provera, you may

be experiencing a blood loss with this GI bleeding and don't know it. Be sure your physician keeps an eye on red blood counts (RBC) as well as hgb and hct levels.

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."

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/yلفpvos> 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.

Soy supplements and Effexor/venlafaxine have been recommended for male hot flashes, but a recent (October 2013) research report from Wake Forest Baptist Medical Center (<http://tinyurl.com/nvubtn5>) determined that neither soy products nor the medication Venlafaxine/Effexor are effective for male hot flashes.

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.

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.

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.

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).**