State of the Science: Hot Flashes and Cancer, Part 2: Management and Future Directions

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Purpose/Objectives: To critically evaluate and synthesize intervention research related to hot flashes in the context of cancer and to identify implications and future directions for policy, research, and practice.

Data Sources: Published, peer-reviewed articles and textbooks; editorials; and computerized databases.

Data Synthesis: Although a variety of pharmacologic and nonpharmacologic treatments are available, they may not be appropriate or effective for all individuals.

Conclusions: The large and diverse evidence base and current national attention on hot flash treatment highlight the importance of the symptom to healthcare professionals, including oncology nurses.

Implications for Nursing: Using existing research to understand, assess, and manage hot flashes in the context of cancer can prevent patient discomfort and improve the delivery of evidence-based care.

Interventions

Pharmacologic and nonpharmacologic treatments for hot flashes are reviewed here and summarized in Tables 1 and 2. Although an exhaustive review was attempted, additional reviews by nationally known scientists will be forthcoming in peer-reviewed journals as a result of the 2005 National Institute on Aging conference on the management of menopause-related symptoms. In addition, several existing reviews are acknowledged (Barton & Loprinzi, 2004; Barton, Loprinzi, & Gostout, 2002; Carpenter, 2000; Clemons, Clamp, & Anderson, 2002; Holzbeierlein, Castle, & Thrasher, 2004; North American Menopause Society, 2004).

Most of the studies reviewed in this article are limited in two ways. First, most studies focused on healthy women or women with breast cancer. Findings from healthy women may not generalize to women with breast cancer or other populations because of differences in the underlying etiology of hot flashes (Moyad, 2002). In addition, although hot flashes in the groups appear to be physiologically similar (Carpenter, Gilchrist, Chen, Gautam, & Freedman, 2004), the higher frequency and severity of hot flashes experienced in breast cancer survivors (Carpenter, Johnson, Wagner, &

Andrykowski, 2002; Harris, Remington, Trentham-Dietz, Allen, & Newcomb, 2002) may require more intensive therapies. Thus, in general, additional testing in more diverse groups, with attention to gender effects, is warranted.

A second limitation of existing studies is that they have not differentiated the perceived impact of interventions from the physiologic effects. In most studies, hot flash frequency was measured only subjectively using self-reports without objective measurement. Although self-reports provide valuable information about whether subjects perceive an intervention to be effective, self-reports do not provide any evidence of physiologic effects. Changes in self-reports are not necessarily synonymous with physiologic effect. For example, women may report fewer hot flashes over time, making it appear as though hot flashes are decreasing when, in fact, such reporting changes may be caused by intervention expectancy effects, memory recall biases, or personal characteristics such as mood and not by a true decrease in the physiologic occurrence of the symptom (Carpenter, Azzouz, Monahan, Storniolo, & Ridner, in press; Pedhazur & Schmelkin, 1991). Furthermore, the inaccuracies of self-reported hot flash frequency have been

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