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Complementary medicines for menopausal symptoms – part 1

The evidence for complementary medicines for the management of menopausal symptoms is still inconclusive. A number of agents have been studied; however the majority of clinical trials were poorly designed. Black cohosh and the phytoestrogens are the agents which have been studied the most. This E-bulletin will focus on black cohosh and a further edition will examine the effects of phytoestrogens.

Black cohosh

Black cohosh (also known as *Cimicifuga racemosa* and more recently as *Actaea racemosa*) is widely used for the management of menopausal symptoms. Opinions vary with regard to its mechanism of action. Some studies suggest a selective oestrogenic effect on certain tissues (e.g. bone), while other authors refute this and suggest that black cohosh has dopaminergic effects and serotonin-binding properties in the brain.

While numerous studies of black cohosh for the management of menopausal symptoms have been published, only relatively few have been randomised, controlled trials (RCTs). Two systematic reviews of RCTs found that given the limitations of the studies (e.g. small patient numbers, short durations, and the different doses and preparations of black cohosh used), the available evidence does not consistently demonstrate an effect of black cohosh on menopausal symptoms. It is possible that it may reduce the intensity but probably not the frequency of vasomotor symptoms, and that this effect may be more pronounced in perimenopausal compared with postmenopausal women.

In a systematic review the most common adverse effects of black cohosh were gastrointestinal symptoms, and musculoskeletal and connective tissue disorders. Others include rash, headache, dizziness, weight gain and cramping.

The question remains as to whether or not black cohosh has oestrogenic effects that could theoretically promote the growth of breast cancer cells, induce the development of endometrial hyperplasia or cancer, or potentially cause oestrogen-like adverse effects (e.g. increased risk of venous thromboembolism and cardiovascular disease).

Several case reports of hepatotoxicity (including acute liver failure) have been described in women taking black cohosh preparations either alone or in combination with other herbs. Most of these cases were poorly documented and do not provide conclusive evidence that black cohosh causes hepatotoxicity. In May 2007, the TGA issued a statement advising that there appeared to be a rare association between the use of black cohosh and liver damage. It was concluded that black cohosh was suitable for use but a revised warning statement on the medicine label was deemed necessary so that consumers were better informed regarding the risk of liver damage. The TGA also recommended that patients with a history of liver disease speak with their doctor before initiating black cohosh. Currently, there are no agreed guidelines for monitoring of liver function in women taking black cohosh. Some recommend monitoring liver function before and during black cohosh use, as judged appropriate on an individual case basis.

This E-Bulletin is based on work by Tania Colarco, Senior Clinical Pharmacist, DATIS, RGH

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