Topics: Evening primrose oil (EPO), Gamma-linolenic acid (GLA), menopause, hot flashes

Background: Hot flashes are a common experience for menopausal women, and for many, are enough to significantly compromise their overall sense of well-being and quality of life. Hormone replacement therapy successfully relieves some menopausal symptoms including hot flashes. However, its use is contraindicated in those with a history of breast or endometrial cancer, thromboembolic disease and active liver disease.

Objective: To compare the efficacy of EPO with placebo in improvement of menopausal hot flashes.

Method: This 6-week double-blind, placebo-controlled clinical trial included 56 menopausal women aged 45-59 years who were randomly assigned to take two capsules per day (totally 90 capsules for 6 weeks) of placebo or EPO (500 mg) for continuous 6 weeks.

Inclusion criteria: Natural postmenopausal women over 40 years of age, with no menstrual period in 12 months prior to enrolment, who had a self-reported history of hot flashes (more than four times per day) with no previous therapy for it.

Exclusion criteria: Self-reported serious medical or psychiatric conditions, the use of other medications affecting hot flashes (i.e. hormone therapy and SSRI) or receiving and complementary and alternative medication for vascular symptoms including soy products and other phytoestrogens, or any mind-body techniques such as medication and yoga.

The following were completed before and after treatment:

Assessments:
1) Hot Flash Related Daily Interference Scale (HFRDIS) questionnaire to assess the impact of hot flashes on specific activities of daily life including work (at home or outside), social activities, leisure activities, sleep, mood, concentration, relations with others, sexuality, enjoyment of life and total quality of life.
2) Descriptive characteristics of their hot flashes (frequency over a 24 hour period, severity using a scale of 0 for not at all up to 10 for extreme and duration in minutes).

The improvement in hot flashes was compared between two groups using the paired t test. The percentage improvement after intervention was calculated for each of the subscores and the total HFRDIS score.

Findings: There was no difference between two arms with respect to their age, duration of menopause, marital status, education level and job. The percent improvement in hot flash frequency, severity and duration was 39, 42 and 19 %, in the EPO group compared with 32, 32 and 18 % in the placebo group, respectively. Although all three characters of hot flash were ameliorated in the EPO arm, only its severity was significantly better in this arm compared with placebo group (P < 0.05). All HFRDIS scores were significantly improved in both groups, but the percentage improvement in social activities, relations with others, and sexuality was significantly superior to placebo group (P < 0.05).

Conclusion: EPO decreases the intensity of hot flash attacks including frequency, severity and duration and significantly improves social activities, relations with others and sexuality.

Relevance to: Efamol Evening Primrose Oil

Evening Primrose Oil decreases the frequency, duration and intensity of hot flashes and enhances quality of life in menopausal women.

A new study confirming that evening primrose oil (EPO) reduces menopausal hot flashes from Shaheed Beheshti University of Medical Sciences, Tehran, Iran was recently published in the Archives of Gynecological Obstetrics.

The permanent cessation of the menstrual cycle sometimes results in hot flashes, night sweats, vaginal dryness, sleep disturbances, tenderness, depression and headaches caused by a dramatic decrease in estrogen levels. Approximate 75% of women experience these symptoms during menopausal transition and 40% of them seek medical advice. Hot flashes are the most common symptom for which women seek medical treatment. Hormone replacement therapy successfully relieves some menopausal symptoms including hot flashes. However, its use is contraindicated in those with a history of breast or endometrial cancer, thromboembolic disease and active liver disease. Therefore, safer treatment options are required.

This latest randomized, double-blind, placebo-controlled clinical trial showed that two 500 mg capsules per day of EPO for 6 weeks safely relieved hot flashes in 56 menopausal women aged 45-59 years. Before and after treatment the women were assessed using the Hot Flash Related Daily Interference Scale (HFRDIS) questionnaire to assess the impact of hot flashes on specific activities of daily life including work (at home or outside), social activities, leisure activities, sleep, mood, concentration, relations with others, sexuality, enjoyment of life and total quality of life. In addition, descriptive characteristics of their hot flashes (frequency over a 24 hour period, severity using a scale of 0 for not at all up to 10 for extreme and duration in minutes) were obtained before and after treatment.

The percent improvement in hot flash frequency, severity and duration was 39, 42 and 19 %, in the EPO group compared with 32, 32 and 18 % in the placebo group, respectively. All three characters of hot flash were improved in the EPO group, but only its severity was significantly better compared with the placebo group. All HFRDIS score were significantly improved in both groups with EPO producing a greater improvement relative to placebo in nearly all categories, but the percentage improvement in social activities, relations with others, and sexuality in particular was significantly superior in the EPO compared to the placebo group (P < 0.05).

Although, EPO is widely believed to be an effective treatment for hot flashes, very few studies have been completed to test its effectiveness. One study completed in 1994 reported that 8 capsules of Efamol EPO daily for six months significantly improved night time hot flushes in 56 menopausal women suffering hot flushes at least three times a day. This latest study adds significant strength to the evidence proving the benefits of EPO for menopausal women.

References: