Table 4

Summary of alternative approaches[3,7]

Lifestyle measures	Aerobic exercise Avoidance of triggers e.g. caffeine, alcohol, smoking and spicy foods Dressing in layers Lighter clothing Sleeping in a cooler room	Decrease vasomotor symptoms and psychological benefits
Non-pharmacological treatments for vaginal dryness	Gels/lubricants	Physiological replacement of vaginal moisture
Non-hormonal pharmacological interventions	Alpha-2 agonists (clonidine)	Not effective at relieving vasomotor symptoms in all trials and their use is limited because of the side effects, can be tried first line for women with hypertension
	SSRIs/SNRIs	Significantly better than placebo - best effect from venlafaxine (SNRI)
	Gabapentin	Effective in reducing hot flushes compared with placebo
	Cognitive behaviour therapy	Effective in the management of low mood or anxiety
Hormonal alternatives to traditional HRT	Progestogens	Effective in reducing hot flushes but increased breast cancer and VTE risk
	Topical progesterone cream	Conflicting evidence. Not suitable for use for endometrial protection
Complementary therapies	Phyto-oestrogens/soy/red clover	Conflicting evidence, should be avoided if history of breast cancer. Some evidence that isoflavones and black cohosh may relieve vasomotor symptoms[7] but preparations are unlicensed and variable. May interact with other drugs
	Herbal medicines e.g. St. John's Wort and evening primrose oil	No supporting evidence. May interact with other drugs
	Acupuncture/osteopathy/Reiki	No supporting evidence
Diet and supplements	Vitamins such as C and E	Limited evidence of benefit
Stellate ganglion blockade	Reduce symptoms such as excessive sweating	Promising, especially when all else contraindicated