

ONS Guidelines™ for Cancer Treatment–Related Hot Flashes in Women With Breast Cancer and Men With Prostate Cancer

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PURPOSE: Hot flashes are a common and troublesome side effect of surgery or endocrine therapy. They may lead to physical and psychological distress and negatively affect quality of life. This clinical practice guideline presents evidence-based recommendations for pharmacologic, behavioral, and natural health product interventions for treatment-related hot flashes in patients with breast or prostate cancer.

METHODOLOGIC APPROACH: An interprofessional panel of healthcare professionals with patient representation prioritized clinical questions and patient outcomes for the management of hot flashes. Systematic reviews of the literature were conducted. The GRADE (Grading of Recommendations Assessment, Development, and Evaluation) approach was used to assess the evidence and make recommendations.

FINDINGS: The panel agreed on 14 pharmacologic, behavioral, and natural health recommendations.

IMPLICATIONS FOR NURSING: Conditional recommendations include the use of antidepressants rather than no treatment, physical activity rather than no treatment, and the avoidance of gabapentin and dietary supplements in the treatment of hot flashes.

KEYWORDS hot flashes; breast cancer; prostate cancer; symptom management; antidepressants
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Hot flashes are a distressing and often prolonged side effect experienced by patients with cancer who are treated with hormone therapies or hormone-depleting surgeries. Hot flashes, also referred to as hot flushes or vasomotor symptoms, are recurrent sensations of intense heat and sweating on the face and upper body, which may be followed by chills. They occur suddenly and unpredictably, may be transient or persistent, and may be accompanied by heart palpitations and feelings of anxiety (Fisher et al., 2013; Jones et al., 2012; Reeves et al., 2018). Hot flashes have been described as “a subjective sensation of heat that is associated with objective signs of cutaneous vasodilation and a subsequent drop in core temperature” (Boekhout et al., 2006, p. 642). The frequency, intensity, and duration of hot flashes can affect sleep quality, energy, mood, and sexual function, and can be debilitating in women and men. Overall quality of life can diminish and lead to premature discontinuation of life-prolonging hormone therapies (Kadokia et al., 2012).

Hot flashes are reported to be much more frequent and severe in women treated for breast cancer than in women undergoing natural menopause (Carpenter, 2005; Kadokia et al., 2012). Estimates of the prevalence of hot flashes in women treated for breast cancer range from 51% to 81% (Fisher et al., 2013). In addition, almost 80% of men with prostate cancer treated with androgen deprivation therapies (ADTs) (i.e., drugs or orchiectomy) are reported to experience hot flashes, which can persist for years (Qan'ir et al., 2019).