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Dehydroepiandrosterone for the treatment of hot flashes: a pilot study

Debra L Barton [1], Charles Loprinzi, Pamela J Atherton, Lisa Kottschade, Mary Collins, Paul Carpenter, Alex Adjei, Teresa A Rummans, Tait Shanafelt, Brad Christensen, Jeff Sloan

Affiliations
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Abstract

Background: Published data regarding the negative risk-benefit ratio of traditional estrogen/progesterone hormone replacement therapy for menopausal symptoms have indicated the need for alternative treatments. Dietary supplements and herbal products are popularly used for menopausal control without a large evidence base. Therefore, a prospective pilot trial using 50 mg of dehydroepiandrosterone (DHEA) once daily for 4 weeks following a baseline week was developed to explore whether DHEA has any efficacy in reducing hot flashes. Safety issues were also evaluated.

Patients and methods: Twenty-eight women were enrolled in this study, 22 of whom are evaluable. The primary outcome was the reduction in hot flash score (frequency multiplied by average severity) from baseline as measured by validated self-report daily hot flash diaries.

Results: The mean hot flash score decreased 50% from baseline, and there were no side effects that were significantly worse compared with baseline. Quality of life related to hot flashes showed statistically significant improvement after 4 weeks of DHEA therapy.

Conclusion: This pilot study provides data supporting the hypothesis that DHEA is well tolerated and can reduce hot flashes. Dehydroepiandrosterone should be studied further in a larger, placebo-controlled trial.