HEALTH BASICS

Managing hot flashes

Practical ways to track, discuss, and manage sudden episodes of heat and sweating

WHAT IT IS
Sudden waves of heat linked to changing temperature control

WHERE IT COMES UP
Perimenopause, menopause, and some medical treatments

WHY IT MATTERS
Sleep and daily comfort may be disrupted

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care clinician, gynecologist, or menopause specialist

HOW IT IS CHECKED
Symptom history and assessment for other causes

Overview

A hot flash is a sudden feeling of heat, often across the face, neck, and chest. Your skin may become red or sweaty, and your heart may feel as if it is beating faster. A hot flash during sleep is often called a night sweat.

Hot flashes are not a disease or diagnosis. They are a common experience during perimenopause, the transition leading up to menopause, and after menopause. They can also happen when medicines or medical treatments change the body's sex hormone levels. For example, some treatments for breast or prostate cancer can cause them.

Episodes may last from less than a minute to several minutes. Their timing, strength, and effect on daily life differ from person to person. Some people need no treatment. Others want help because hot flashes interrupt sleep, work, exercise, or social activities.

How it works

Your brain helps keep body temperature within a comfortable range. During the menopausal transition, changing estrogen levels can make that range narrower. A small rise in body temperature may then trigger sweating and increased blood flow to the skin. These responses

help release heat but also create the familiar sudden warmth of a hot flash.

Brain signalling chemicals are involved, including one called neurokinin B. Some nonhormonal medicines work by changing these temperature-control signals.

A hot room, stress, alcohol, caffeine, or spicy food may trigger an episode for some people. These factors do not cause menopause, and avoiding them does not always stop hot flashes. Personal triggers are more useful than a standard list of foods or activities to avoid.

Why it matters for your health

Hot flashes do not usually damage the body. Their main health effect comes from how often they happen and how much they disrupt your life.

Repeated night sweats can break up sleep. Poor sleep may contribute to daytime tiredness, difficulty concentrating, irritability, or lower mood. Sweating can also be uncomfortable or embarrassing and may interfere with work, travel, exercise, or intimacy.

Hot flashes can sometimes be confused with fever, medication effects, low blood sugar, panic symptoms, or other causes of flushing and sweating. A clinical review can help when the pattern is unusual or the cause is unclear.

What can go wrong

Hot flashes linked to the menopausal transition often have a recognizable pattern. However, not every episode of warmth or sweating is menopausal.

An overactive thyroid, called hyperthyroidism, can cause heat intolerance, sweating, tremor, weight loss, and a fast heartbeat. Infections can cause fever and sweating. Low blood sugar can cause sweating, shaking, hunger, or confusion, especially in someone using glucose-lowering medicine. Some antidepressants like sertraline or fluoxetine , pain medicines, steroids like prednisone or hydrocortisone , and other medicines may also affect sweating or temperature control.

Drenching night sweats accompanied by fever, swollen glands, or unexplained weight loss need medical assessment. These features do not automatically mean a serious condition, but they should not simply be assumed to be menopause.

Treatment can also cause problems if it is not matched to your health history. Systemic menopausal hormone therapy affects the whole body and is not suitable for everyone. Its risks and benefits are influenced by factors such as age, time since menopause, whether you have a

uterus, and any history of blood clots, stroke, heart disease, liver disease, unexplained vaginal bleeding, or hormone-sensitive cancer.

Nonhormonal medicines have their own side effects and interactions. For example, some can cause sleepiness, dizziness, dry mouth, or blood pressure changes. Fezolinetant, a medicine that acts on temperature-control signalling in the brain, can affect the liver and requires blood-test monitoring.

Arrange a prompt clinical appointment if hot flashes begin well before the usual menopausal transition, start after a long symptom-free period, or occur with fever, unexplained weight loss, or persistent palpitations. Bleeding after menopause also needs prompt assessment, whether or not you use hormone therapy.

Call emergency services for chest pain, severe trouble breathing, fainting, or sudden weakness, facial drooping, or difficulty speaking. Do not assume these symptoms are part of a hot flash.

What you can do

Start by recording what happens. For two to four weeks, note when episodes occur, what you were doing, possible triggers, sleep disruption, menstrual changes, and any medicines or supplements you take. This can show patterns and make a clinical discussion more useful.

Simple comfort measures may help you cope with an episode, although they may not reduce how often hot flashes occur:

Ask a clinician about treatment if hot flashes are affecting sleep, work, mood, or everyday activities. You can discuss how much relief you want, your health history, possible side effects, and whether you prefer hormonal or nonhormonal care.

Systemic hormone therapy is the most effective treatment for menopause-related hot flashes. It usually contains estrogen. If you have a uterus, a progestogen is generally added to protect the uterine lining. People who have had their uterus removed may not need that protection. The medicine, dose, and route-such as a tablet or skin patch-should be selected through an individual risk-and-benefit discussion.

Low-dose vaginal estrogen is intended mainly for vaginal and urinary symptoms. Because little reaches the rest of the body, it is not a treatment for hot flashes.

Nonhormonal prescription choices include certain antidepressants, gabapentin, oxybutynin, and fezolinetant. These medicines work in different ways and have different monitoring needs. Ask which option fits your other medicines, health conditions, and most troublesome symptoms.

Menopause-specific cognitive behavioral therapy, or CBT, can help reduce how troublesome hot flashes and night sweats feel. It can also support sleep. Clinical hypnosis has evidence of benefit for some people when delivered by a trained professional.

Herbal products and compounded "bioidentical" hormones are not automatically safer than regulated medicines. Product strength may be inconsistent, evidence of benefit may be limited, and supplements can interact with medicines. Tell your clinician or pharmacist what you use.

- Wear removable layers and use breathable bedding
- Keep cool water or a fan nearby
- Test suspected triggers rather than avoiding foods unnecessarily
- Use slow breathing or relaxation techniques during an episode
- Keep a record of sleep and menstrual bleeding changes

Common questions

Do I need tests for hot flashes?

Often, no test confirms a menopausal hot flash. A clinician usually considers your age, menstrual pattern, treatment history, medicines, and the description of the episodes. Blood tests may be useful if the cause is unclear or another condition, such as a thyroid disorder, is suspected.

Should I have my hormone levels checked?

Hormone levels can rise and fall unpredictably during perimenopause, so a single test may not explain your symptoms. Testing is more likely to be considered when menstrual changes happen unusually early, periods have stopped for another possible reason, or the clinical picture is uncertain.

Will avoiding caffeine or spicy food stop the episodes?

Only if they are personal triggers. Keeping a short record is more useful than removing many foods at once. Avoiding a suspected trigger is reasonable if it clearly and repeatedly brings on episodes.

How long will hot flashes continue?

There is no reliable way to predict this for one person. The pattern can change over time, and treatment can be reviewed as your needs and health change. Arrange routine follow-up if symptoms are no longer controlled, side effects appear, or you want to reconsider treatment.

Can I manage them without medicine?

Yes, if they are mild or you prefer not to use medicine. Cooling strategies may improve comfort, while menopause-specific CBT can reduce distress and sleep disruption. If these measures are not enough, prescription options remain available.

Sources

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