

DURING AND AFTER TREATMENT

Hot Flashes: Common Side Effect

Suzanne M. Mahon, DNS, RN, AOCN®, AGN-BC, FAAN, and Ellen Carr, PhD, RN, AOCN®

For hot flashes, standards of care are based on established evidence-based practice.

Definition

- Hot flashes are a sensation of heat that can be accompanied by facial flushing, perspiration, chills, heart palpitations, night sweats, and anxiety.

Incidence

- Hot flashes occur in 51%–82% of women treated for breast cancer and 80% of men treated for prostate cancer with surgical or chemical castration.

Assessment Tools and Recommended Intervals

- Assess for hot flashes at each visit.
- Self-reported hot flash diaries can be used to describe the frequency, severity, and intensity of daily hot flashes and how they interfere with daily activities.

Prevention Measures

- Recommend physical activity interventions (e.g., exercise, yoga).

Evidence-Based Interventions and Management

- For women with breast cancer, recommend venlafaxine, paroxetine, or clonidine for symptom management.
- For men with prostate cancer, recommend paroxetine or clonidine for symptoms management.
- Hypnosis, cognitive behavioral therapy, acupuncture, and electroacupuncture can be used in the context of a clinical trial.

Agents and Interventions to Avoid

- Hormone replacement therapy is contraindicated in women with hormone-dependent malignancies.
- Advise against gabapentinoids because of the limited benefit and side effect profile.
- Recommend against the use of paroxetine with tamoxifen.
- Discourage the use of dietary or herbal supplements because understanding is limited regarding the benefits and safety profile.

Evidence-Based Resources for Providers

- ONS Guidelines™ for Cancer Treatment–Related Hot Flashes in Women With Breast Cancer and Men With Prostate Cancer (Kaplan et al., 2020)
- NCCN Clinical Practice Guidelines in Oncology: Survivorship (NCCN, 2021)

Evidence-Based Resources for Patients and Family

- Oncology Nursing Society Get Up, Get Moving campaign (www.ons.org/make-a-difference/quality-improvement/get-up-get-moving)

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Suzanne M. Mahon, DNS, RN, AOCN®, AGN-BC, FAAN, is a professor in the Department of Internal Medicine in the Division of Hematology/Oncology and in the Trudy Busch Valentine School of Nursing at Saint Louis University in Missouri and Ellen Carr, PhD, RN, AOCN®, is the editor of the *Clinical Journal of Oncology Nursing* at the Oncology Nursing Society in Pittsburgh, PA. The authors take full responsibility for this content. The article has been reviewed by independent peer reviewers to ensure that it is objective and free from bias. Mahon can be reached at suzanne.mahon@health.slu.edu, with copy to CJONEditor@ons.org. (Submitted June 2021. Accepted August 26, 2021.)

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