

**SSRIs ineffective for hot flushes**

**Clinical question** Are citalopram and fluoxetine effective therapies for vasomotor symptoms in menopausal women?

**Bottom line** Neither citalopram nor fluoxetine improved the vasomotor symptoms (hot flushes) of menopausal women more than placebo. As in other well-designed clinical trials of treatments for hot flushes there was a marked placebo effect and improvement in all groups over time.

**Synopsis** To date, only oestrogen-based therapies have been conclusively shown to be effective for hot flushes in peri- and postmenopausal women. In this well-designed double-blind trial (with concealed allocation) 150 symptomatic, naturally menopausal women were assigned to one of three treatments: citalopram 10mg, fluoxetine 10mg or placebo. Women were instructed to take one dose daily for the first month, two doses daily for the next five months, and three doses daily after the sixth month, with permission to reduce back to two doses if experiencing bothersome side effects. Only 30 women (approximately 60 per cent) from each group completed the nine-month study period, which was sufficient to detect a 20 per cent difference in the principle outcome, the Kupperman index score

(a menopause symptom index). No difference was found in the Kupperman index scores during the study. No dose-response effect was observed with dose increases. No differences were found in other secondary measures, including number of hot flushes and Beck Depression Inventory score. Insomnia improved more in the citalopram group than in the placebo group. As in other studies of menopausal vasomotor symptoms, improvement over time was noted in all groups with approximately 60 per cent of women reporting that vasomotor symptoms had decreased by half or more at six months in all groups.

**Level of evidence** 1b (RCT with narrow confidence interval)

**Reference** Suvanto-Luukkonen E, Koivunen R, Sundstrom H, et al. Citalopram and fluoxetine in the treatment of postmenopausal symptoms: a prospective, randomised, 9-month, placebo-controlled, double-blind study. *Menopause* 2005;12:18-26.

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