

DURING AND AFTER TREATMENT

Hot Flashes: Common Side Effect

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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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