

# Gabapentin No Boost to Venlafaxine for Hot Flashes

BY FRAN LOWRY  
Orlando Bureau

ATLANTA — Adding gabapentin to venlafaxine does not augment the effectiveness of the antidepressant to control hot flashes, according to a study presented at the annual meeting of the American Society of Clinical Oncology.

Separate, previously reported, randomized, controlled trials have shown that both gabapentin and newer antidepressants, such as venlafaxine, are each significantly more effective than placebo in preventing hot flashes. However, in this study, which combined the two, no potentiation of relief was noted, said Dr. Charles Loprinzi,



**There was a 50% reduction in hot flashes whether gabapentin was used alone or in combination with an antidepressant.**

DR. LOPRINZI

codirector of the Mayo Clinic Cancer Center's research program in cancer prevention and control in Rochester, Minn.

Vasomotor symptoms tend to be severe in breast cancer survivors because their estrogen supply is suddenly interrupted, and they may also be taking agents, such as tamoxifen, that are known to cause hot flashes. In addition, chemotherapy can cause abrupt menopause in a premenopausal woman, Dr. Loprinzi said in an interview.

The anticonvulsant gabapentin has been shown to reduce hot flashes when taken

at 900 mg/day, compared with placebo. Similarly, venlafaxine (75 mg/day) has been shown to decrease hot flash episodes significantly more than placebo.

Dr. Loprinzi and his colleagues reasoned that it might be beneficial to add gabapentin to the regimen of women who continued to experience hot flashes despite receiving venlafaxine therapy.

In a randomized 4-week study involving 113 women, one group of 57 patients continued on the antidepressant and added

gabapentin to their regimen; the second group of 56 patients stopped taking venlafaxine when they started on gabapentin.

The majority of the women had a history of breast cancer and had been treated with tamoxifen, raloxifene, or an aromatase inhibitor within 4 weeks of entry into the study. A minority of the study population did not have breast cancer, but did not wish to take hormonal therapy. Women in the gabapentin group had an average age of 55 years (ranging from 39

to 72); those in the combination therapy group had an average age of 58 years (ranging from 41 to 81). At baseline, the women were suffering from a mean of 14 bothersome hot flashes a week. The investigators found that when gabapentin was added to venlafaxine, "there was about a 50% reduction in hot flashes, but the reduction was the same whether the women were on gabapentin alone, or on gabapentin and an antidepressant," Dr. Loprinzi said. ■

## Vitamin D—both its importance and the amount needed—cannot be underestimated for proper calcium absorption AND OPTIMAL BONE HEALTH

### How much proof is there that vitamin D is essential to bone health?

Volumes.

#### Vitamin D is critical

To help maintain normal blood levels of calcium and absorb the calcium needed to form and help maintain strong bones, vitamin D is essential.<sup>1</sup> Most calcium absorption occurs in the small intestine.<sup>2</sup> Without vitamin D, the small intestine absorbs only a fraction of dietary calcium. In a study by Heaney et al, vitamin D increased calcium absorption by as much as 65%.<sup>3</sup>

#### Vitamin D insufficiency is becoming an epidemic problem, especially for older Americans<sup>4,5</sup>

The majority of Americans do not achieve adequate vitamin D levels.<sup>6,7</sup> 90% of older adults aged 51 to 70 (and 98% of those over 70) are not getting adequate vitamin D from their diet.<sup>6,7</sup> But inadequate intake isn't limited to just postmenopausal women and the elderly. More than two thirds of adolescent and adult women do not meet the adequate intake of vitamin D from their diet.<sup>6,7</sup> Clearly, something needs to be done.

#### "...[current] recommendations are totally inadequate..."<sup>4</sup>

Current recommendations for daily vitamin D intake were established almost a decade ago. Many experts now agree that the daily recommended intake is too low.<sup>4,8-12</sup> The response to vitamin D supplementation in clinical trials is further evidence that patients can benefit from higher levels of vitamin D. Emerging research suggests that getting at least 750-800 IU of vitamin D daily is associated with improved bone and muscle health in the elderly.<sup>8,13</sup> Furthermore, a meta-analysis by Papadimitropoulos et al suggests, "Vitamin D decreases vertebral fractures and may decrease nonvertebral fractures."<sup>13</sup> Zittermann states, "Current estimations for an adequate oral intake are obviously much too low to achieve an optimal vitamin D status..."<sup>10</sup>

Many experts agree: *the lowest daily dietary intake for vitamin D for adults should be at least 750-800 IU per day.*<sup>4,8,11,12</sup>

#### Why Rx osteoporosis therapy still requires calcium and vitamin D

Rx treatments, including bisphosphonates, uniformly require sufficient calcium intake. However, as the use of these drugs has risen, a simultaneous decrease in the use of calcium supplements has occurred.<sup>14</sup> This may be a result of patients believing that their Rx drug replaces their need for calcium. In addition, the majority of this population fails to consume the minimum recommended dietary intake of calcium, making calcium supplementation more critical.

Adequate vitamin D intake must also be taken into consideration.<sup>15</sup> As noted in FDA's official magazine, for those receiving osteoporosis treatments, calcium and vitamin D supplements can be essential.<sup>16</sup> Yet, more than half of North American women receiving therapy to treat or prevent osteoporosis have inadequate levels of vitamin D.<sup>17</sup> This population needs to understand the importance of getting the right amount of calcium and vitamin D every day.

#### When patients need more D, you need to recommend a supplement

Very few foods are natural sources of vitamin D. And while sunlight is an excellent source of vitamin D, many individuals limit sun exposure or use sunscreen, which interferes with vitamin D synthesis of the skin, putting them at increased risk of inadequate vitamin D levels. In addition, as many people age, their ability to produce vitamin D decreases. Calcium supplements with added vitamin D are an excellent way to help ensure patients get the D they need daily for optimal bone health. It's never too soon to improve bone health. And it's never too late. The US Surgeon General states, "...[for those] not getting enough calcium and vitamin D in your diet, supplements can be bone savers."<sup>18</sup>

#### Together, calcium and vitamin D can transform the future of bone health

**References:** 1. National Institutes of Health. Office of Dietary Supplements. Available at: <http://ods.od.nih.gov/factsheets/vitaminD.asp>. Accessed April 6, 2006. 2. Wasserman RH. *J. Nutr.* 2004;134:3137-3139. 3. Heaney RP et al. *J Am Coll Nutr.* 2003;22:142-146. 4. Holick MF. *Am J Clin Nutr.* 2004;79:362-371. 5. Holick MF. *J Nutr.* 2005;135:2739S-2748S. 6. Moore C et al. *J Am Diet Assoc.* 2004;104:980-983. 7. 2005 Dietary Guidelines Advisory Committee Report. Available at: [www.health.gov/dietaryguidelines/dga2005/report/html/D1\\_adequacy.htm](http://www.health.gov/dietaryguidelines/dga2005/report/html/D1_adequacy.htm). Accessed March 22, 2006. 8. Hanley DA, Davison KS. *J Nutr.* 2005;135:332-337. 9. Pick M. Available at: <http://www.womentowomen.com/nutritionandweightloss/vitaminD.asp>. Accessed March 8, 2006. 10. Zittermann A. *Br J Nutr.* 2003;89:552-572. 11. Hollis BW. *J Nutr.* 2005;135:317-322. 12. Dawson-Hughes B et al. *Osteoporos Int.* 2005;16:713-716. 13. Papadimitropoulos E et al. *Endocr Rev.* 2002;23:560-569. 14. Stafford RS et al. *Arch Intern Med.* 2004;164:1525-1530. 15. Sunyecz JA, Weisman SM. *J Womens Health.* 2005;14:180-192. 16. US Food and Drug Administration. Available at: [http://www.fda.gov/fdac/features/796\\_bone.html](http://www.fda.gov/fdac/features/796_bone.html). Accessed March 28, 2006. 17. Holick MF et al. *J Clin Endocrinol Metab.* 2005;90:3215-3224. 18. US Department of Health and Human Services. *The 2004 Surgeon General's Report on Bone Health and Osteoporosis: What It Means To You.* Office of the Surgeon General; 2004.

Sponsored by Wyeth Consumer Healthcare, makers of Caltrate®.

608438

06/06

Continued from previous page

Vaccine Adverse Event Reporting System. In addition, vaccine recipients will be among those monitored in "real time" by the CDC and a group of eight large managed care organizations that make up the Vaccine Safety Datalink, the CDC's Dr. John Iskander said.

ACIP also voted to include Gardasil in the federally funded Vaccines for Children program. The vaccine will cost \$360 for the three-dose series (\$120 per dose) in the private sector; the public contract price has not yet been determined.

Although Gardasil is costly, an analysis presented by CDC economist Harrell Chesson, Ph.D., suggests it likely will be cost-saving in terms of cost per life-year saved, similar to the hepatitis B, DTaP, and varicella vaccines, and far more cost-effective than the pneumococcal and meningococcal conjugate vaccines currently given to infants and adolescents, respectively.

ACOG liaison Dr. Gall hailed the arrival of the HPV vaccine as the landmark that will encourage ob.gyns. to begin treating more adolescents, a goal that ACOG has formally endorsed (OB. GYN. NEWS, June 1, 2006, p. 1). "I hope ob.gyns. will begin embracing the adolescent visit. It's really a great way to expand medical care and to attract additional patients to your office," he said. ■