

CHAPTER 5

Hot Flashes and Night Sweats: The Thermostat Has Opinions

Relief has more than one measure.

If you only read one line:

There are treatments for hot flashes; you do not have to prove how much you can endure before asking for help.

You are sitting in a meeting. Nothing strenuous is happening. Someone is explaining a spreadsheet with the confidence of a person who has never been trapped in a meeting about a spreadsheet. Then the heat arrives.

Your face warms. Your clothes become a regrettable choice. Everyone else appears to be enjoying an ordinary indoor climate. Your body has booked a separate venue.

A hot flash can be brief and still take over the moment. At night, the same problem may come with a change of clothes and an unwanted view of the clock. The medical term is vasomotor symptoms: hot flashes and night sweats. They can involve heat, sweating and sometimes chills or a racing heartbeat. Their impact ranges from a nuisance to a major disruption of sleep and daily life. [The Menopause Society: hot flashes](#)

You do not need to find this funny while it is happening. The joke belongs to the situation. The discomfort belongs in the care plan.

And the disruption may be larger than the flash. Perhaps you are choosing clothes around it, worrying about the next meeting or wondering how to explain another bad night. From the outside, you may look perfectly fine. Keeping things going can hide how much effort it takes.

You are not the only person having to make room for this. You also do not have to wait until you are visibly struggling to say, “This is affecting me.”

The verdict

Evidence: Systemic hormone therapy has strong evidence for relieving hot flashes. There are also effective nonhormonal options. They differ in what they help, their side effects and who can safely use them. [Hormone therapy position statement](#), [Nonhormone therapy position statement](#)

Value: Judge an option by the benefit that matters to you, its burdens and its cost. A treatment that improves sleep may be worth more to you than a small change in a symptom count.

Best fit: A discussion that begins with your symptoms and medical history, then compares suitable choices. You are choosing care, not joining a team.

What is happening?

Think of the brain's temperature control as a thermostat whose comfortable range has become too narrow. Changes in estrogen signaling affect this system. Cooling responses can switch on when they are not welcome. One signal involved is called neurokinin B. Its role helps explain why a medicine can target hot flashes without supplying estrogen. The thermostat is a useful analogy, not a literal switch a clinician can reset. [FDA: fezolinetant and its mechanism](#)

You can know all the names and still be cross about the laundry. Understanding the process should make the choices clearer; it should not become another job.

Three different kinds of improvement

When a treatment “helps,” ask what changed. Did the flashes happen less often? Were they less intense? Or did they interfere less with sleep, work and the rest of life?

Those are separate outcomes. Menopause-specific cognitive behavioral therapy, or CBT, has evidence for reducing how much hot flashes bother people and disrupt their lives. That does not mean every study found fewer flashes. Clinical hypnosis has evidence for reducing frequency and severity. Neither is a claim that symptoms are imaginary. [Nonhormone therapy position statement](#)

An honest verdict tells you which improvement the research measured. “Participants felt better” is useful, but it leaves room for several very different stories.

Hormone therapy: a conversation, not a loyalty test

Systemic means that a treatment acts throughout the body. Estrogen used this way can treat hot flashes. Low-dose vaginal estrogen for local symptoms is a different treatment decision; it is not a substitute for systemic treatment of heat episodes. If you have a uterus, systemic estrogen usually needs an appropriate treatment to protect its lining. Your clinician checks the exact regimen. [Hormone therapy position statement](#)

A history of blood clots, stroke, certain cancers, liver disease or unexplained vaginal bleeding can change the decision substantially. Suitability also depends on age, time since menopause and other individual risks. This short list is not a screening tool. [Hormone therapy position statement](#)

In February 2026, the FDA approved changes to prominent warnings on six hormone therapy products. A change in labeling deserves explanation. It does not establish that every formulation is suitable for every person. [FDA labeling update](#)

The useful question is not whether hormone therapy is good or bad in the abstract. It is what a particular treatment offers you, what risks apply to you, and whether that balance fits your priorities.

Nonhormonal does not mean risk-free

Certain antidepressants, gabapentin and oxybutynin have evidence for hot-flash relief. Their names may reflect another use: being offered an antidepressant for this purpose is not, by itself, a diagnosis of depression. Choice requires a check of side effects and interactions, including cancer medicines where relevant. [Nonhormone therapy position statement](#)

Fezolinetant is another prescription option. It has an important liver-injury warning and requires blood tests before and during treatment. Its safety follow-up is part of the treatment, not optional administration. [FDA fezolinetant safety communication](#)

Elinzanetant, sold as Lynkuet in the United States, received FDA approval in October 2025. Its label includes liver checks, possible drowsiness and impaired alertness, pregnancy restrictions, seizure cautions and drug interactions. These newer medicines have different requirements; one product's safety plan cannot be applied to the other. Approval and availability also need checking in your country. [FDA approval summary](#), [Lynkuet prescribing information](#)

Safety, without the small print

Safety: The labels for both medicines advise stopping the medicine and seeking prompt medical attention if signs of liver injury develop. These can include yellow skin or eyes, dark urine, pale stools, itching, nausea, unusual fatigue or abdominal pain. Follow the current product information and your prescriber's advice. [Fezolinetant warning](#), [Elinzanetant warning](#)

The fan can stay

Cooling clothes, a fan or lighter bedding may make an episode easier to tolerate. Evidence that cooling strategies reliably reduce hot flashes is limited. Comfort still has value. It just should not be sold as proof that an expensive gadget treats the underlying symptom. [The Menopause Society: hot flashes](#)

Keep the distinction when browsing. “Feels cool against the skin” is a modest claim. “Balances your hormones through advanced fabric technology” has apparently promoted the pajamas to endocrinologist. Ask for evidence for the second claim before paying for it.

When to get checked

Do not automatically label every night sweat as menopause. Arrange medical assessment if sweats regularly wake you or worry you, especially with fever, cough or unexplained weight loss. Medicines and other conditions can also cause sweating. [NHS: night sweats](#)

For an appointment, describe the practical impact: waking, changing clothes, losing concentration, avoiding activities. Bring a medicine and supplement list. Ask which options fit your history, what benefit is realistic, what monitoring is needed, and when you will review the result.

If the conversation ends at “It's normal,” you can bring it back to what you need: “I understand it can happen at this stage. It is affecting my sleep and my day. Can we discuss what might help?” You should not have to deliver a courtroom-quality argument from the examination chair. A clear account of your experience is a reasonable place to start.

Claim-by-claim companion

The overview above introduces the choices. These compact appraisals keep the claims separate. Each is a starting point for a medical discussion, not a treatment instruction.

Menopause-specific CBT for hot-flash interference

The verdict

B

Evidence: B — reduced bother and disruption. Structured menopause-specific CBT has supportive evidence for these outcomes. Do not read this as a promise to eliminate heat episodes. [Nonhormone therapy position statement](#)

Value: Access to a suitable program matters more than a general wellness label.

Best fit: Someone seeking help with symptom impact, alone or alongside other care.

Safety, without the small print

Safety: Use a qualified provider; severe mental-health symptoms or unexplained sweats need their own assessment. CBT does not make the physical symptom imaginary.

Clinical hypnosis for hot-flash frequency and severity

The verdict

B

Evidence: B — fewer or less severe episodes in studied programs. Evidence supports defined clinical hypnosis approaches, not every recording advertised for relaxation. [Nonhormone therapy position statement](#)

Value: Training, access and the actual program should be clear before paying.

Best fit: Someone interested in a non-drug approach with a qualified practitioner.

Safety, without the small print

Safety: Discuss relevant mental-health history and distress with the practitioner. Do not use a relaxation recording while driving or doing tasks that require full attention.

Oral gabapentin for hot flashes

The verdict

B

Evidence: B — frequency and severity with studied oral regimens. Supportive evidence does not extend automatically to every release formulation or to general fatigue. [Nonhormone therapy position statement](#)

Value: Relief has to be weighed against daytime drowsiness and other burdens.

Best fit: A prescription discussion after the medicine list and medical history are checked.

Safety, without the small print

Safety: Dizziness, drowsiness and impaired coordination matter. Kidney or lung disease, pregnancy and other sedating medicines need review; breathing problems can be serious. Report major mood changes or suicidal thoughts promptly. Do not stop prescribed gabapentin suddenly. [MedlinePlus: gabapentin](#)

Oral oxybutynin for hot flashes

The verdict

B

Evidence: B — symptom reduction in studied oral regimens. Trials support relief, with important tolerability limits. This does not grade transdermal use or long-term cognitive safety. [Nonhormone therapy position statement](#)

Value: Dry mouth, constipation and cognitive burden may outweigh relief for some people.

Best fit: A carefully selected patient after review of other anticholinergic medicines and personal risks.

Safety, without the small print

Safety: Urinary retention, certain glaucoma and gastrointestinal conditions can make it unsuitable. Drowsiness, blurred vision and reduced sweating can create risks, including overheating. Cognitive concerns are particularly relevant in older adults. A pharmacist should review interactions. [MedlinePlus: oxybutynin](#)

Oral fezolinetant for moderate to severe hot flashes

The verdict

A

Evidence: A — frequency and severity in the trial populations. Trials support relief of hot flashes. This grade does not extend to bone, sexual or general energy benefits. [SKYLIGHT 2](#)

Value: Include blood tests, visits and access in the cost.

Best fit: A patient whose prescriber confirms eligibility and reliable monitoring.

Safety, without the small print

Safety: Serious liver injury carries a boxed warning. Tests are required before treatment, monthly for the first three months, and at months six and nine. Known cirrhosis, severe kidney impairment and CYP1A2-inhibiting drugs are exclusions. Stop and seek prompt care for possible liver-injury symptoms, including jaundice, dark urine, pale stools, itching, unusual fatigue, nausea or abdominal pain. Pregnancy and breastfeeding need specific advice. [FDA warning](#), [Veozah prescribing information](#)

Oral elinzanetant for moderate to severe hot flashes

The verdict

A

Evidence: A — frequency and severity in the trial populations. Trials support relief of hot flashes. This does not establish treatment of insomnia from all causes. [OASIS 1 and 2](#)

Value: Compare relief with cost, monitoring and daytime alertness.

Best fit: A medically assessed patient able to follow this product's safety plan.

Safety, without the small print

Safety: The US label requires liver tests before treatment and at three months. Pregnancy is contraindicated; effective birth control is required when pregnancy is possible during treatment and for two weeks afterward. Drowsiness, seizure cautions, CYP3A4 interactions and grapefruit restrictions matter. It is not recommended with end-stage kidney disease or moderate or severe liver impairment. Stop and seek care for possible liver injury, including jaundice, dark urine, pale stools, itching, nausea, unusual fatigue or abdominal pain. [Lynkuet prescribing information](#)

Cooling clothes, fans and lighter bedding

The verdict

D

Evidence: D — reliably reducing the underlying frequency of hot flashes.

Comfort is a different outcome; these practical measures do not acquire a treatment grade from feeling pleasant. Individual gadgets need their own product evidence.

[Nonhormone therapy position statement](#)

Value: An inexpensive comfort measure may earn its place without a grand medical claim.

Best fit: Personal comfort while assessing whether additional treatment is wanted.

Safety, without the small print

Safety: Avoid extremes of heat or cold and follow device instructions. Comfort products must not delay assessment of unexplained sweating or replace a prescribed monitoring plan.

The broad hormone and antidepressant categories in the overview are navigation signposts, not pooled graded options. Their individual formulations and routes are appraised in the medical-treatment chapters. No class-wide badge is assigned here.

In one page

Hot flashes are common. They can still be hard to live with. Help can mean fewer flashes, milder flashes or less disruption. Ask which result a treatment is likely to offer.

Hormone treatment and other prescription options each need a personal safety check. A cooling product may offer comfort without treating the flashes. New or worrying night sweats deserve a medical review.

Start with the problem you most want help with. Your job is to explain what life is like. You do not need to arrive with the correct drug name.