

ABNORMAL GLUCOSE TOLERANCE MAY CONTRIBUTE TO OR CAUSE HOT FLASHES IN PERI / POSTMENOPAUSAL WOMEN: 2 CASE REPORTS.

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Little is known about causes or predictors of hot flashes in peri/postmenopausal women. Although hormonal changes are the primary influences, it is not well understood what some modifiable risk factors are or what impact targeted therapies may have. We present 2 cases of peri/postmenopausal women with vasomotor symptoms who had abnormal glucose tolerance tests (GTT) indicating hypoglycemia, and had significant improvements in hot flashes with dietary and nutritional supplement recommendations.

Case 1: A 46 yo female presented with a 1yr history of hot flashes, fatigue and seasonal allergies. An oral GTT found a 3-hr serum glucose of 45 mg/dL. Avoiding sugars and refined carbohydrates, balancing macronutrients, and eating 6 times/day, significantly improved hot flashes. Significant sugar and alcohol intake also caused recurrences of vasomotor symptoms.

Case 2: A 56 yo postmenopausal female presented with a recent onset of vasomotor symptoms as well as hypothyroidism, obsessive-compulsive disorder, season allergies and diverticulosis. As part of an oral GTT, her 3-hr glucose level was 42 mg/dL. Following dietary recommendations and adding chromium and a calcium/magnesium supplement, the patient reported that night sweats ceased within one week and did not return.

These 2 cases provide some evidence that abnormal glucose tolerance may contribute to or cause hot flashes in some perimenopausal/postmenopausal women. Significant future research is required to determine the prevalence of this relationship, markers to identify the subset of women who may be affected, and an effective nutritional treatment protocol.