Cognitive behavioral therapy is safe, effective for women having hot flushes, night sweats following breast cancer treat

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Hot flushes and night sweats (HFNS) affect 65-85% of women after breast cancer treatment; they are distressing, causing sleep problems and decreased quality of life. Hormone replacement therapy is often either undesirable or contraindicated. A new study published Online First by The *Lancet Oncology* shows that cognitive behavioural therapy (CBT) is a safe and effective treatment for these women, with additional benefits to mood, sleep, and quality of life. Furthermore, CBT could be incorporated into breast cancer survivorship programmes and delivered by trained breast cancer nurses, conclude the authors, led by Professor Myra Hunter, King's College London, Institute of Psychiatry, London, UK. The study was funded by Cancer Research UK.

In this randomised controlled trial, the authors recruited 96 women from breast clinics in London, UK, who had problematic HFNS (minimum ten problematic episodes a week) after breast-cancer treatment. Participants were randomly allocated to receive either usual care (49) or usual care plus group CBT (47). Group CBT comprised one 90 min session a week for 6 weeks, and included psycho-education, paced breathing, and cognitive and behavioural strategies to manage HFNS. Assessments were done at baseline, 9 weeks, and 26 weeks after randomisation. The primary outcome was the adjusted mean difference in HFNS problem rating (1-10) between CBT and usual care groups at 9 weeks after randomisation. Usual care is having access to nurses and oncologists, as well as survivorship telephone support programmes and cancer support

services.

The authors found that group CBT significantly reduced HFNS problem rating at 9 weeks after randomisation compared with usual care. Encouragingly, these improvements were maintained at 26 weeks. Scores out of 10 for CBT declined from an initial average of 6.5 to 3.5 at 9 weeks (46% reduction) and to 3.1 at 26 weeks (52% reduction); equivalent usual care scores were 6.1, 5.0 and 4.6 (representing reductions of 19% and 25%).

The authors conclude: "Our findings show that group CBT can reduce the effect of hot flushes and night sweats for women who have had breast cancer treatment. These reductions were sustained and associated with improvements in mood, sleep, and quality of life. Group CBT seems to be a safe, acceptable, and effective treatment option which can be incorporated into breast cancer survivorship programmes and delivered by trained breast cancer nurses."

In a linked Comment, Dr Holly G Prigerson, Center for Psycho-Oncology and Palliative Care Research, Dana-Farber Cancer Institute, Boston, MA, USA, says: "results of this study provide solid evidence on which to base recommendations for the use of cognitive restructuring techniques in the effective management of menopausal symptoms in breast cancer survivors."

She adds: "The adaptation of the examined face-to-face, group CBT intervention to an online, CBT-based self-management intervention might be more cost-effective, offer greater flexibility in the timing and location of participation, enhance access, and potentially prove more sustainable."

Professor Hunter is currently working on a study to develop a CBT online strategy specifically for women who have had breast cancer

treatment, with colleagues in the Netherlands.

More information: www.thelancet.com/journals/lan … (11)70364-3/abstract

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