



A free guide

Hot flashes & your heart

What to mention, what to check, and how to get relief



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Please read the Important Medical Disclaimer at the end of this guide.

What the heart signal means

Frequent, severe or long-lasting hot flashes are worth mentioning when you discuss your heart health. The new women's heart guidance says these symptoms **may** help identify women who need a closer look at their cardiovascular risk.

Hot flashes aren't known to damage your heart. They also don't tell us that you have heart disease or that a heart attack is coming. The research shows an association, and results differ between studies.

Which hot flashes?

In the US SWAN study, women with frequent hot flashes that kept returning over the years had a higher rate of later cardiovascular events, even after researchers accounted for blood pressure, cholesterol, smoking and other factors.

- **Frequent** meant symptoms on 6 or more days in the previous 2 weeks.
- **Persistent** meant that frequent pattern occurred at more than a third of yearly study visits.
- **Severe** symptoms are also worth discussing. Tell your clinician if they interrupt activities or sleep.

Those are research definitions, not a diagnostic test. You don't need to wait until you meet a threshold to ask for help. Mention difficult hot flashes from earlier years, too.

Important. We don't yet know whether treating hot flashes lowers heart risk. Treating symptoms and checking cardiovascular risk are both worthwhile conversations.

Sources: [AHA/AAP/ACOG/SMFM Scientific Statement, 2026](https://doi.org/10.1161/CIR.0000000000001482) (doi.org/10.1161/CIR.0000000000001482); [Thurston et al., JAMA 2021](https://doi.org/10.1161/JAHA.120.017416) (doi.org/10.1161/JAHA.120.017416); [Zhu et al., AJOG 2020](https://pubmed.ncbi.nlm.nih.gov/32585222) (pubmed.ncbi.nlm.nih.gov/32585222).

Bring this to your next visit

You can say: “I’ve had frequent or disruptive hot flashes. Can we review my heart risk as well as options for relief?”

Ask about:

1. **Blood pressure.** What is my reading, and do I need home measurements?
2. **Cholesterol.** Are my results current, and do they change my prevention plan?
3. **My 10-year cardiovascular risk.** If I’m under 60, would a 30-year estimate help, too?

The PREVENT calculator estimates 10-year risk for adults ages 30 to 79 without known cardiovascular disease; its 30-year estimate is for ages 30 to 59. Your clinician decides whether it fits your situation. Hot flashes are not an input in that calculator.

Before the visit, note when symptoms began, how often they happen, how much they disrupt sleep or activities, and what you’ve tried. Bring your medication list and any home blood pressure readings. Ask what to address first and when to follow up.

Safety first. New chest pressure or pain, unexplained shortness of breath, or fainting needs urgent medical attention. Call 911 for a possible heart attack. Don’t assume these symptoms are menopause. Arrange a medical review for new palpitations, even if they occur with hot flashes.

Sources: [AHA PREVENT calculator](https://professional.heart.org/en/guidelines-and-statements/prevent-calculator) (professional.heart.org/en/guidelines-and-statements/prevent-calculator); [AHA heart attack warning signs](https://heart.org/en/health-topics/heart-attack/warning-signs-of-a-heart-attack) (heart.org/en/health-topics/heart-attack/warning-signs-of-a-heart-attack). Checked October 27, 2026.

Get relief while you check your risk

Why hot flashes happen

Changing estrogen levels make the brain's temperature-control system more sensitive, triggering warmth, flushing and sweating. Hot flashes during sleep can cause night sweats.

Practical relief

- Use layers, a fan or a cool room for comfort; cooling hasn't reliably reduced episode frequency in studies.
- Reduce a food or drink if it consistently triggers symptoms.
- Ask about cognitive behavioral therapy to manage symptom distress, or clinical hypnosis. Supplements lack consistent evidence of benefit.

Treatment options to discuss

Hormone therapy is the most effective treatment. Estrogen patches, gels or pills treat hot flashes; low-dose vaginal estrogen does not. With a uterus, you usually also need progesterone to protect its lining. Your clinician reviews age, time since menopause, bleeding, cancer, clotting, heart and liver history.

Nonhormonal options include low-dose paroxetine, other selected antidepressants and gabapentin. Gabapentin can cause dizziness and drowsiness.

Fezolinetant (Veoza) and elinzanetant (Lynkue) target brain signals without estrogen. Both require liver tests before and during treatment and an interaction review. Veoza has a boxed warning for rare serious liver injury; Lynkue can cause daytime sleepiness and carries a seizure warning.

Get relief while you check your risk *(continued)*

Important. Hormone therapy is not recommended to prevent heart disease. Relief from hot flashes does not establish that your heart risk has fallen.

Important Medical Disclaimer

This guide is for general educational purposes only and does not constitute individualized medical advice, diagnosis, or treatment. Medical decisions should be made with your own licensed healthcare professional based on your individual circumstances.

Do not start, stop, or change any medication or treatment based on this guide. Medications discussed may be appropriate for certain individuals, and stopping some medications abruptly can be dangerous.

Reading, downloading, or sharing this guide, or interacting with its author on social media, does not by itself establish a physician-patient relationship. The author does not provide individualized medical advice through this guide or social media.

Medical information and guidelines may change over time. Always consult your healthcare professional with questions about your health or treatment. For medical emergencies, contact your local emergency services.

Sources: [NAMS hormone therapy statement, 2022](https://pubmed.ncbi.nlm.nih.gov/35797481/) (pubmed.ncbi.nlm.nih.gov/35797481/); [NAMS nonhormone therapy statement, 2023](https://pubmed.ncbi.nlm.nih.gov/37252752/) (pubmed.ncbi.nlm.nih.gov/37252752/); Veozah and Lynkuet prescribing information, DailyMed, checked October 27, 2026; [AHA/AAP/ACOG/SMFM Presidential Advisory, 2026](https://doi.org/10.1161/CIR.0000000000001483) (doi.org/10.1161/CIR.0000000000001483).