bmjupdates+

## Black cohosh does not relieve menopausal hot flushes

**Research question** Is black cohosh an effective treatment for menopausal hot flushes?

**Answer** No. A standardised preparation of black cohosh works no better than a placebo

**Why did the authors do the study?** Many women take black cohosh for menopausal hot flushes. It's a particularly attractive option for women who can't take hormone replacement therapy because they have had breast cancer or have an increased risk of breast cancer. Results from small clinical trials have been mixed, however. These authors wanted more definitive data on the effectiveness of this popular herbal remedy.

**What did they do?** 132 women took part in a randomised, placebo controlled crossover trial of a standardised preparation of black cohosh similar to the popular brand Remifemin. Two thirds (64%, 74/116) of those included in the analysis had a history of breast cancer, and 44% (51/116) were taking tamoxifen. Their mean age was 56 years.

The women took black cohosh or placebo for four weeks, then crossed over for another four weeks without a washout period. Throughout the trial, which included a baseline week without treatment, they kept a daily diary of their hot flushes, rating their severity from 1 (mild) to 4 (very severe). Scores were totalled over one week in each phase of the trial. Each week, participants also rated side effects, quality of life, and their satisfaction with treatment. They also completed the Green climacteric scale at baseline and after each treatment phase.

The trial was double blind, and powered to detect a difference between treatments of at least 1.2 hot flushes a day. The main outcome measure was the change in hot flush scores between the baseline week and the fourth week of treatment. The authors used crossover analyses to confirm these primary findings.

**What did they find?** During the first phase of the trial, black cohosh did not reduce the women's total hot flush scores compared with placebo (mean reduction 20% for black cohosh and 27% for placebo). Nor did it have any impact on frequency of hot flushes, quality of life, satisfaction with treatment, or scores on the Green climacteric scale. Crossover analysis of data from the whole nine weeks confirmed that both groups of women got moderately better during the first two weeks of treatment (whichever it was) and that the improvement was sustained until the end of the trial.

**What does it mean?** Despite promising findings from a pilot study, black cohosh did not work in this population of menopausal women who were selected because their breast cancer history or breast cancer risk meant they were unable to take hormone replacement therapy. There's still room for large, sound trials testing bigger doses, different dose schedules, or longer treatment periods. But for now, the weight of evidence does not support the routine use of black cohosh in these women.

Pockaj et al. Phase III double-blind, randomized, placebo-controlled crossover trial of black cohosh in the management of hot flashes: NCCTG Trial N01CC. *J Clin Oncol* 2006;24:2836-41.

This summarises a paper that has been selected by bmjupdates. To register for bmjupdates (free email alerts about high quality new papers in your favourite subjects) go to **http://bmjupdates.com/**

# *Editor's choice*

## Changing China

"The world needs to understand China as much as China needs to melt into the world," say Sun Yan and Li Li, editors of the Chinese language edition of this issue of the *BMJ*. We know that China is changing, but I was surprised by the commitment to change when I visited the Chinese Medical Association in Beijing to coordinate this issue with guest editors Zhang Konglai, Wang Chen, and Li Li. I met doctors who felt that China had much to offer the rest of the world and much to learn from it. "We are not used to this style of writing, where you present both the advantages and disadvantages of a policy and its successes and failures," said one. "We need change but change must be gradual. We cannot simply copy the West," cautioned another.

The change from a secretive country to one that welcomes tourists and admits mistakes is refreshing. This change is reflected in this issue. "Honesty is needed," is the first lesson we learnt from the SARS epidemic, say Nanshan Zhong and Guangqiao Zeng in a candid appraisal of the epidemic (p 389). They admit that regulations were flouted in some research institutions and consider how they might do better with the next epidemic. Tuohong Zhang and Yude Chen say in an editorial that China's community health model is a good way of meeting the needs of elderly people but admit that its implementation in China is unsatisfactory (p 363). Tao Liu also emphasises the need to revitalise community health systems, which were previously equitable and prosperous but have declined since China's economic transition (p 365). Mistakes and poor implementation are not unique to China, but admitting and learning from them is the way forward for all of us.

Arguably China has a cupboard full of skeletons, which it needs to bury decently. For example, its one child policy has come in for intense criticism from the rest of the world. Qu Jian Ding and Therese Hesketh find that since the policy came into force the total birth rate and preferred family size have fallen, but (unfortunately and predictably) the ratio of male to female births has risen (p 371). The authors argue for a relaxation of this policy and hope that this will reduce the gross imbalance in the sex ratio. We also hope it will reduce the atrocities that were attributed to the policy. An editorial by Malcolm Potts from California says the policy produced great pain for one generation but a generation later began to yield significant economic benefits (p 361).

Unfortunately we don't have any original research papers in this issue that have come out of China alone without Western collaboration. Sadly no such papers passed our peer review process, largely because of problems of design. But we hope that future *BMJ*s will have such papers: Chinese researchers are committed to gaining increased visibility internationally and will learn the rules of the game soon.

Rajendra Kale *senior clinical editor (rkale@bmj.com)*

*To receive Editor's choice by email each week subscribe via our website:* bmj.com/cgi/customalert