

Anastrozole

This booklet explains what anastrozole is, how it works, when it may be prescribed, the benefits of taking it and the side effects you may experience.



This information is by Breast Cancer Care.

We are the only specialist UK-wide charity that supports people affected by breast cancer. We've been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who've been there. We also offer local support across the UK.

From the moment you notice something isn't right, through to treatment and beyond, we're here to help you feel more in control.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancercare.org.uk**



Anastrozole is the generic (non-branded) name of the drug, and is how it's referred to in this booklet. You may also hear it called Arimidex, which is its most well-known branded name, but there are a number of other brands of anastrozole that your doctor may prescribe. All brands contain the same dose of the drug.

What is anastrozole?

Anastrozole is a drug used to treat breast cancer in post-menopausal women (women who have gone through the menopause). Taken as a tablet once a day, it's a type of hormone therapy (also known as endocrine therapy) and belongs to a group of drugs called aromatase inhibitors.

Men with breast cancer may also be given anastrozole, although tamoxifen is more commonly used.

How does it work?

Some breast cancers are stimulated to grow by the hormone oestrogen. In women who have been through the menopause, oestrogen is no longer produced by the ovaries. But some oestrogen is still made in body fat using an enzyme (a type of protein) called aromatase. Aromatase inhibitors stop this enzyme from working so there's less oestrogen in the body.

Anastrozole will only be prescribed if your breast cancer has receptors within the cell that bind to the hormone oestrogen, known as oestrogen receptor positive or ER+ breast cancer. All breast cancers are tested for oestrogen receptors using tissue from a biopsy or after surgery. When oestrogen binds to these receptors, it can stimulate the cancer to grow.

When oestrogen receptors are not found (oestrogen receptor negative or ER- breast cancer) tests may be done for progesterone (another hormone) receptors. The benefits of hormone therapy are less clear for people whose breast cancer is only progesterone receptor positive (PR+ and ER-). Very few breast cancers fall into this category. However, if this is the case for you your specialist will discuss with you whether anastrozole is appropriate.

If your cancer is hormone receptor negative, then anastrozole will not be of any benefit.

When is anastrozole prescribed?

Anastrozole is used to treat post-menopausal women with oestrogen receptor positive primary breast cancer (breast cancer that has not spread beyond the breast or the lymph nodes (glands) under the arm (axilla)). Taking anastrozole helps reduce the chance of breast cancer returning in the same breast or spreading somewhere else in the body. It can also reduce the chances of developing a new breast cancer in the same or opposite breast.

It's usually given after surgery (known as adjuvant treatment) and following chemotherapy and/or radiotherapy.

It can be used to treat breast cancer that comes back in the chest/breast area (known as local recurrence) or surrounding area (known as locally advanced or regional recurrence). It can also be prescribed if you are diagnosed with secondary breast cancer (when cancer cells from the breast have spread to other parts of the body).

Anastrozole is not used on its own as a hormone treatment in pre-menopausal women because it's not an effective treatment while the ovaries are still making oestrogen. But it's sometimes given alongside another drug called goserelin which stops the ovaries from working. See our booklet [Goserelin \(Zoladex\)](#) for more information.

If there's any doubt about whether you have gone through the menopause your specialist may recommend a blood test to check this before your hormone therapy is prescribed.

Your specialist team will discuss with you which hormone treatment they recommend for you and why.

How is anastrozole taken?

Anastrozole is a tablet (1mg) that you take once a day. It can be taken with or without food. It's best to take it at the same time every day. If you miss a dose, you don't need to take an extra dose the next day as the level of drug in your body will remain high enough from the previous day.

If for any reason you want to stop taking anastrozole it's important that you talk to your specialist first. This is because not taking the drug for the recommended time means you may increase your risk of your breast cancer coming back. Sometimes it may be possible to change to another hormone tablet.

How long will I have to take anastrozole?

In primary breast cancer, if you take anastrozole as your only hormone therapy you will usually take it for five years. Some people may be recommended to take anastrozole for five years after completing five years of tamoxifen (ten years of hormone therapy in total).

It can also be taken for two to three years following two to three years of tamoxifen (five years of hormone therapy in total).

The length of time you will be recommended to take anastrozole for will vary depending on your circumstances. You can ask your specialist about this.

If you're taking anastrozole to treat local recurrence, locally advanced breast cancer or secondary breast cancer, you will usually take it for as long as it's keeping the cancer under control.

What are the possible side effects?

Everyone reacts differently to drugs and some people have more side effects than others. For most people any side effects usually improve within the first few months of starting the treatment. However, if you have persistent side effects, tell your specialist team so they can help you manage these.

The main side effects of anastrozole are listed below. However, you may not have all or any of these.

Common side effects

Aching or pain in the joints and/or muscles

One of the most common side effects is aching or pain in the joints and/or muscles. Symptoms can occasionally be severe but are often mild and temporary, and can usually be relieved by mild pain relief like paracetamol and/or an anti-inflammatory such as ibuprofen. Before using anti-inflammatory pain relief for this, check with your doctor about the correct dose, how long you should use it for and any possible side effects, especially if you have asthma or stomach ulcers.

Exercise that gently stretches your joints or strengthens your muscles to better support your joints, such as yoga or pilates, may also help improve your symptoms. A physiotherapist may also be able to suggest exercises to help. If you have secondary breast cancer, check with your specialist before starting any new type of exercise.

In some cases the pain might be severe enough for your specialist to refer you to a rheumatologist (a doctor who has a special interest in joint and muscle pain). It may also be helpful to see a pain management specialist. Some people benefit from switching to a different hormone therapy tablet. For example, it may be possible to switch to another aromatase inhibitor to see if your pain improves, or some people might be offered the drug tamoxifen as an alternative.

Menopausal symptoms

You may have menopausal symptoms such as hot flushes, sweating, mood swings, reduced libido (sex drive) and vaginal dryness. Many people find that symptoms such as hot flushes will improve over time. You can do practical things that may help such as wearing cotton clothing and reducing your intake of caffeine and alcohol. There are also medications that can help. Vaginal dryness can be treated with moisturisers or lubricants bought over the counter, online or available on prescription. Creams and pessaries containing oestrogen are not usually recommended for anyone taking anastrozole.

For further information and tips on how to relieve these symptoms see our [Menopausal symptoms and breast cancer](#) and [Your body, intimacy and sex](#) booklets.

Low mood/depression

Some people may experience mood changes including feeling low or depressed. It can be difficult to know whether feeling like this is because of the medication or is due to other reasons such as menopausal symptoms or dealing with a diagnosis of cancer.

You can talk to your GP (local doctor) or specialist about how to manage a change in mood. Some people find therapies such as counselling or mindfulness helpful. Others find taking an antidepressant drug can help improve their mood. Your breast care nurse may also be able to offer help or signpost you to other support.

Difficulty sleeping

If you have difficulty sleeping (insomnia) you may benefit from simple, practical measures such as limiting caffeine, keeping your room dark and quiet and going to bed and getting up at the same time each day. Relaxation exercises can also be helpful. There are CDs, podcasts and phone apps that can guide you through these techniques. If your insomnia is persistent, your GP may prescribe something to help you sleep.

Fatigue

Fatigue (extreme tiredness) is a commonly reported side effect. Studies show that physical activity can help to relieve fatigue. For more information about the benefits of physical activity during and after breast cancer treatment you can speak to your breast care nurse, call our free Helpline or see our website.

Some people also report feeling sleepy, although this is less common.

Complementary therapies are helpful for some people. You may like to look at our **Complementary therapies** booklet for more information.

If you are being treated for secondary breast cancer you can get further information about managing fatigue in our **Secondary breast cancer resource pack**.

Osteoporosis (thinning of the bone)

Anastrozole reduces the amount of oestrogen in the body, and lack of oestrogen over time can cause osteoporosis. Because of this, your specialist will usually check your bone density (strength and thickness) with a scan before or shortly after you start taking anastrozole.

Your bone density may also need to be checked approximately every two to three years with a repeat scan while you are taking anastrozole, but this will depend on the results from the initial scan or if your specialist has any concerns.

To help keep your bones healthy you can increase your intake of calcium and vitamin D. Most people do this by taking a supplement, but you may also want to eat more foods that are rich in calcium, such as milk, cheese, yoghurt and cereals, and for vitamin D increase the amount of oily fish and eggs you eat. Stopping smoking and doing regular exercise also help keep your bones strong.

If your bones are already beginning to show signs of thinning or if you already have osteoporosis, you may be given an additional drug to increase bone density and strength. This will usually be from a group of drugs called bisphosphonates. If you're concerned about this you may find it helpful to speak to your specialist. For more information see our **Osteoporosis and breast cancer treatment** booklet.

Less common side effects

Headache, nausea and vomiting

Anastrozole can sometimes cause headache, nausea and vomiting. While many people find that these problems improve over time, talk to a member of your specialist team or GP if you are experiencing these, as they may be able to offer suggestions that will help. Simple pain relief such as paracetamol may help with headache, and anti-sickness medication can be prescribed if you have nausea or vomiting. Taking anastrozole with or after food can help reduce nausea.

High cholesterol

Anastrozole may cause the level of cholesterol in the blood to rise, although this does not usually need treatment. If you have a history of high cholesterol you may wish to discuss this with your specialist or GP.

Loss of appetite

Some people lose their appetite when taking anastrozole. If this happens, as with nausea, it may help to take your tablet with food. You may find eating small frequent meals or snacks helpful in keeping up your food intake. If this is a problem and you struggle to maintain a healthy weight you can discuss being referred to a dietician with your GP or specialist.

Constipation or diarrhoea

Anastrozole can sometimes cause either constipation or diarrhoea. With either problem it's important to make sure you're drinking enough. Constipation may be helped by keeping active and eating a high-fibre diet. There are also medications that can help with constipation or diarrhoea that your GP or specialist can prescribe.

Carpal tunnel syndrome

Taking anastrozole can result in some people developing carpal tunnel syndrome. This is a condition that causes pain, tingling, coldness or weakness in the hand. Speak to your GP or specialist if you have any of these symptoms.

Hair and skin changes

Some women will notice their hair starts to thin while taking anastrozole. However, when you stop taking anastrozole your hair will usually return to the way it was before treatment. Some people also report a skin rash.

Vaginal bleeding

Vaginal bleeding can happen in the first few weeks after starting the treatment. It most commonly occurs when someone has changed from one hormone tablet to another. If the bleeding continues for more than a few days, tell your specialist.

Dizziness

Anastrozole may cause dizziness. If you feel dizzy you should avoid driving. If this persists see your GP.

You can talk to your GP or specialist if you have any of the side effects mentioned here or other side effects not mentioned, as they may be able to offer ways of improving your symptoms. Your breast care nurse may also be able to offer help and support.

Can I take anastrozole with other drugs?

You should not take other drugs containing oestrogen, such as hormone replacement therapy (HRT), while you are taking anastrozole as this may interfere with its effectiveness.

It's a good idea to talk to your specialist or pharmacist if you are taking any other prescribed or over the counter medicines in case they interact with anastrozole. You should also discuss any complementary therapies, herbal remedies or supplements you wish to use before you start them.

Taking hormone treatment for primary breast cancer

As hormone therapy for primary breast cancer is usually taken for a prescribed length of time, when your treatment finishes you may have mixed feelings. You may feel relieved that your breast cancer treatment has finished, particularly if you experienced side effects. For some people taking a tablet such as anastrozole can feel like a 'safety net' and many people feel anxious about stopping treatment. There are ongoing studies looking at the best length of time to take hormone therapy, but it will take time before the results are available. However there's evidence that anastrozole continues to reduce the risk of breast cancer coming back for many years after you stop taking it, which means that the benefits don't stop even though you are no longer taking it. You can call us free on **0808 800 6000** and talk through any of your concerns with our expert team.

Taking hormone treatment for secondary breast cancer

Hormone therapy is a very common treatment for oestrogen receptor positive (ER+) secondary breast cancer and many people take it for a long time. If one drug doesn't work or stops working, your specialist may prescribe another hormone drug. This may mean that you need support to manage any ongoing side effects. Finding out that your hormone treatment has stopped working can cause lots of different emotions, but it can help to talk about how you're feeling. Talking with a specialist nurse can often help and you can ask to be put in contact with one if you haven't already. You can also call us free on **0808 800 6000** and talk through any of your concerns with our expert team.



4 ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone who knows what it's like or want to read more about breast cancer, here's how you can.



Speak to trained experts, nurses or someone who's had breast cancer and been in your shoes. Call free on **0808 800 6000** (Monday to Friday 9am–5pm and Saturday 9am–1pm).



Chat to other women who understand what you're going through in our friendly community, for support day and night. Look around, share, ask a question or support others at **forum.breastcancercare.org.uk**



Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at **breastcancercare.org.uk**



See what support we have in your local area. We'll give you the chance to find out more about treatments and side effects as well as meet other people like you. Visit **breastcancercare.org.uk/in-your-area**

We're here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

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We might occasionally want to send you more information about our services and activities

- Please tick if you're happy to receive email from us
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We won't pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRRKZ-ARZY-YCKG,
Chester House, 1-3 Brixton Road, London SW9 6DE



About this booklet

Anastrozole was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:

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When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone's experience is different.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancercare.org.uk**

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