

Hormone Therapy – Is It Risky For You And Me?

Let us take a moment and reflect on what we know and practice making informed choices about hormone therapy that takes into account your unique body, situation and risk factors.

The Women's Health Initiative (WHI) is the largest randomized controlled trial of postmenopausal women using hormone replacement therapy. This trial was stopped in 2002 because of the increased risk of breast cancer, heart attack, stroke and blood clots. This study, albeit the largest, used one form of estrogen, Premarin, conjugated estrogen alone or with Provera, a synthetic progestin (medroxyprogesterone acetate MPA).

The only route of administration was oral. Additionally the women involved in this study were generally 10 years post menopause. What does this mean? There are other forms and routes of administration of hormones including bio-identical hormones and routes including transdermal and sublingual.

Premarin is an estrogen that comes from the urine of pregnant mares. These estrogens are different from those found in women and the metabolites are stronger and more active.

Some highlights from the Women's Health Initiative as presented by the National Association of Menopause Society, 2008, include the following.

The primary use of Estrogen is for vasomotor symptoms, i.e. hot flashes, night sweats, irritability and poor sleep which are often the consequences. Hormone therapy (HT) reduces osteoporotic fractures and there are some

estrogen containing products that have regulatory approval for treating osteoporosis, when other therapies are not appropriate for the woman or cause side effects. Both the Women's Health Initiative and observational studies show that younger women,

i.e. within the first 10 years post menopause may have a reduced risk of coronary heart disease. Women who initiate hormone therapy more than 10 years beyond menopause are at increased risk of coronary heart disease.

The most recent analysis of the WHI study showed that women aged 50-59 had no significant increase in risk of stroke. There are inconsistent results in other studies. Hormone therapy is not recommended for the primary or secondary prevention of stroke. WHI suggests an increase in venous thromboembolism (VTE) with oral hormone therapy. The risk appears during the first couple of years after HT initiation and then decreases over time. There are some observational studies showing that transdermal HT confers a lower risk of VTE. It may be that the initiation of HT in early post menopause reduces the risk of coronary heart disease.

What about breast cancer? According to the Women's health Initiative, the diagnosis of breast cancer increases with estrogen progestogen therapy beyond five years. Women in the estrogen therapy arm of the WHI demonstrated no increase risk of breast cancer after 7.1 years of use. The French Cohort Study suggests that progesterone may be less harmful than progestins in breast cancer risk. Estrogen progestogen therapy and to a lesser extent estrogen therapy increase



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by Moira Fitzpatrick, PhD, ND

breast cell proliferation and mammographic density.

The recommendation of NAMS is the initiation of HT around the time of menopause to treat menopause related symptoms. The lowest effective dose of estrogen should be prescribed that is consistent with the goals of treatment, benefits and risks for the individual patient. A progestogen is recommended to counter the adverse effects of estrogen on the uterus. Local estrogen is recommended when treating vaginal symptoms.

What are bio-identical hormones? Bio-identical hormones are an exact replica of the hormones found in the human body. The way in which bio-identical hormones are made can be either through a pharmaceutical company or compounded according to a prescription for each woman. When a bio-identical hormone is produced by a pharmaceutical company there are fillers, binders, adhesives and preservatives added. Additionally, the dosing is fixed.

These prescriptions are generally covered by your insurance and estrogen includes such names as Estrace, Vivelle, EstroGel, Evamist and progesterone includes Prometrium and Prochieve to name a few. A compounded formula is plant derived from soybeans or Mexican Wild Yam. Certain compounds from these plants are made into hormones in the lab. The advantage of compounding hormones is that the dose can be individualized and can be titrated up or down according to the unique needs of each woman. Hormone names commonly heard are forms of estrogen to include Estradiol, Estrone, Estriol, Progesterone. There are also forms of testosterone that are available to women.

Reflecting on the information available I would recommend that each woman with menopausal symptoms have a discussion with her health care practitioner and make a decision based upon your symptoms, age, family history and cause of menopause, essentially make an informed decision weighing the risks

and benefits. A complete physical exam and mammogram is recommended.

Additionally, discuss the various routes of administration to determine what is best for you. I would recommend bio-identical hormones as they are in harmony with your body. In light of the research, transdermal estrogen and oral progesterone seem to be the safest option. In addition to systemic forms of hormone therapy, local estrogen is an effective treatment for vaginal dryness, dyspareunia and atrophic vaginitis. Local estrogen comes in the form of estriol cream or suppositories as well as vaginal estradiol, Estring, Femring, Vagifem, etc.

Whenever a woman has an intact uterus, she needs to be on progesterone to protect against endometrial cancer. Oral progesterone is required for endometrial protection. Clinically, I have seen hormonal therapy stabilize mood by decreasing lability, irritability, depression and improve sleep. It is my opinion that generally bio-identical hormone therapy is safe for women within the first 5-10 years post menopause. This hormonal support is available as we find our own inner balance and step into being the empowered wise woman.

The NAMS position paper is available at www.nams.org.

Dr. Fitzpatrick will be presenting "The Seasons of a Woman's Life" at PCC Redmond, March 2 at 7 p.m.; PCC Edmonds, April 8 at 7 p.m.; plus Marlene's Market, Tacoma, March 17 at 7 p.m.; Marlene's, Federal Way, April 23 at 7 p.m. She can be contacted at (206) 525-5576 or at drfitznd@comcast.net. www.theemeraldcenter.com.



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