

Bioidentical Hormones, why would I want to do that?

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A topic of much interest recently. Many studies and news reports have given mixed information for women on the use of hormones. In 2009, physicians and researchers attempted to find common ground on this topic and reviewed 196 different studies that were published in different medical journals to determine whether or not bioidentical hormone therapy was safe and whether or not it offered any benefit over treatment with conventional hormone therapy. The findings as follows:

“With respect to the risk for breast cancer, heart disease, heart attack, and stroke, substantial scientific and medical evidence demonstrates that bio-identical hormones are safer and more efficacious forms of hormone replacement therapy than commonly used synthetic versions” Certainly, more studies are needed to further clarify the differences between the bioidentical and synthetic hormones. (Holtorf. *The Bioidentical Hormone Debate. Postgraduate Medicine: Volume 12:No1.*)

A review of some of the most frequently asked questions:

1. What is menopause and how do I know I am going through it?

Throughout our life as women we undergo changes. Some of the most profound changes are caused by hormones. Puberty, menstrual cycles and pms, pregnancy, and finally menopause, are affectionately known as the hurricane of life. As we age our ovaries stop functioning. Once we have not had a menstrual cycle for 1 year we are menopausal. A period known as perimenopause occurs before and after, possibly even lasting years after menopause. This period is accompanied by many changes and symptoms. Some women being more affected than others. These include but are not limited to, hot flashes, mood swings, anxiety, trouble sleeping, poor concentration, decreased sex drive, decreased energy, vaginal dryness and pain with intercourse.

The diagnosis of menopause is best made by talking with your doctor and possibly obtaining some lab work to evaluate ovarian function and hormone levels.

2. What can I do about it?

Either nothing and endure the symptoms, take supplements to help alleviate symptoms, or replace the hormones your body is no longer producing. There are a variety of options in today's marketplace. Some women prefer to use non-prescription herbal products and with assistance from knowledgeable people this is a good option. Not all women need hormones to control their symptoms; others are afraid to take them. Some will choose conventional or synthetic hormone therapy. Then there are those who will choose bio-identical or "natural" therapy.

3. Should I take hormones, of any kind?

Some women are unable to tolerate menopause due to the symptoms and require assistance. Other women do very well with minimal symptoms and do not need hormone therapy for treatment of symptoms; but request therapy in an effort to maintain their best quality of life and preserve vitality. This is a personal decision. I encourage you to educate yourself about menopause and make the decision that is sensible for you with the help of your healthcare provider.

4. What about that study that said all types of hormones are bad and all women should be taken off of them?

The "Women's Health Initiative Study" published in 2002 was a very large study. Evaluations of the results are still ongoing. When results first started coming to light, it caused much concern even for health care providers prescribing bio-identical hormones. Now that it has been looked at more closely; it seems that the findings are a bit skewed. Many of the women enrolled in the study were of an older age and already had the diseases that were being attributed to hormone therapy. We do know that the women who were studied experienced increased number of strokes, heart attacks and blood clots. They also experienced an increase in breast cancer. These increases were reflective of a statistically small number of women. The study also found that there was a decreased incidence of colon cancer and

bone fractures related to osteoporosis. There was no difference in the overall death rate between women who did take and those who did not take hormone replacement. This study has been criticized because it did not look at the possibility of hormone supplements being disease preventative. The average age of the women who participated in this study was 63 years. Many already had cardiovascular disease and over half of the women were current or former tobacco users, a risk factor we know plays very heavily in stroke, heart attack, and blood clots. Current studies suggest that when women begin hormone therapy earlier in menopause or even in perimenopause, there may well be protection from heart attack, stroke, Alzheimer's disease, blindness associated with macular degeneration, breast cancer and osteoporosis. We also see improved urinary bladder function, decreased urinary tract infections, less pain with intercourse and often improved sexual desire.

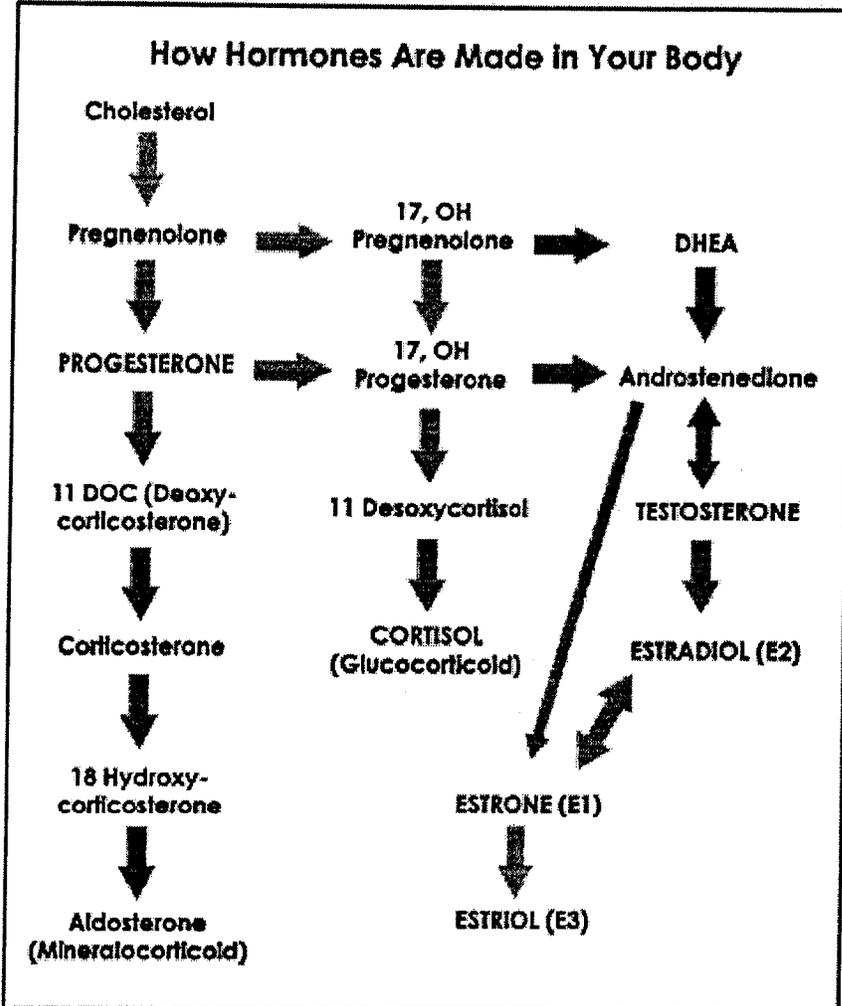
5. What is the difference between conventional and bioidentical hormone therapy?

Conventional hormones are foreign to your body, taken from animals or plants and chemically altered to be similar but not identical to your own natural hormones. These medications have been developed and patented in most cases by large pharmaceutical companies. This raises the issue of how these hormones will interact with the body on the cellular level. Also these are taken in pill form, so the stomach and liver will change them even further in an effort to make them something the body recognizes, causing more confusion for the body.

Bioidentical hormones are just as they say biologically or molecularly identical to your natural hormones that occur in the body. For this reason they are sometimes called natural, but do not assume natural means not man made. These hormones are formulated in a lab because we have no way of collecting them from the source. But the key is they are exact to our hormones in every way.

6. Why is it so important that they be just like my original hormones?

Hormones that do not match your own affect your body differently and do not do the same job that your hormones were able to do. Our bodies make all of our sex hormones from cholesterol. Many physiology books contain a diagram of the hormonal cascade. This diagram reflects how your body can change one hormone into another.



In other words, your body is the architect using raw materials to create what your body needs. If we give you hormones that the body cannot recognize, it makes this task impossible and you end up with by products and side effects that are not desirable. Additionally, some of the hormones used in conventional therapy attach to your cells more vigorously than do the hormones that your own body manufactures. Long term effects of these higher dose and more potent estrogens and progestogens are still being

studied with special concern focusing on breast tissue and the cardiovascular system.

7. If I am already on conventional therapy and feel fine do I need to change?

Each woman must be individually assessed to best determine her needs. My opinion is all women should be offered a choice of menopausal support. I recommend bio-identical based on the physiology of the medication, but if a woman feels significantly better physically and emotionally with one form of treatment and wishes to continue that with the understanding of the risks associated with it, then the question becomes one of quality of life, not the form of the support.

8. How long do I have to take hormones?

Whether you're are taking conventional or bioidentical therapy, the answer is the same. Your needs should be assessed on an individual and regular basis. If all is going well, we generally do this assessment on an annual basis. As a woman ages, the doses of her hormones generally will be decreased but the duration can be life long if so desired.

9. How do I know it will work for me?

Every woman is different. Most who try bioidentical therapy are very happy with the results. At times it will take small adjustments initially to find the happy balance. An important point to remember is when you start this therapy you are not making a long term commitment. If it works for you, you will know it. If not, you stop it and move on. The benefits I have seen thus far in my career, associated with this therapy are too great not to at least consider.

10. Where do I get these hormones?

Many providers are becoming more enthusiastic regarding bioidentical therapy as the benefits are becoming clearer, but there are still very few that have been adequately trained and provide consistent therapy in this field. Ask your healthcare provider if they are familiar with bioidentical hormones. If they are not, they may refer you to someone who has expertise in this area.

In the Harrison area, there are 3 providers currently prescribing bioidentical therapy, Marshall Medical pharmacy, Debbie McAlister, and myself.

11 . Do I take my prescription to any pharmacy?

No, you need an experienced compounding pharmacy that actually custom mixes the therapy for you.

Unlike most prescription drugs, bio-identical therapy is highly personalized. A compounding pharmacy with special training and equipment is needed to create custom formulas for your therapy based on the prescription written by your provider. But be careful, no two pharmacies are the same. Some compounding pharmacies adhere to extremely strict protocols and others do not. This is one of the greatest criticisms of these hormones. If they are not mixed correctly they will not work well. You should expect your provider to use a pharmacy that maintains strict quality controls and regularly tests their compounds for accuracy and potency with an independent laboratory. Your therapy will only be as good as the compounding pharmacy you choose.