



# menopause and HRT

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Years ago, a postmenopausal woman visited her doctor, listed her complaints and received her Hormone Replacement Therapy (HRT) to alleviate her symptoms, to preserve her health and extend her youth. Today's perimenopausal and menopausal women approach HRT differently. In fact, the American College of Obstetrics and Gynecology (ACOG) doesn't even call it Hormone Replacement Therapy. The organization refers to it as Hormone Therapy. "We call it Hormone Therapy," the ACOG representative says. ACOG does not refer to the "replacement" portion of the traditional "Hormone Replacement Therapy" because the organization would like women to understand that the therapy is not exactly replacing the hormones a woman loses.

The shift in thinking can be directly tied

to a study conducted by the Women's Health Initiative (WHI) when it was revealed that HRT not only doesn't protect against heart disease, but that in women who are 10 or more years past menopause, HRT can cause heart disease and heart attacks. Additionally, an increase in the numbers of strokes and blood clots has been reported in some women. Increased breast cancer and dementia cases also presented themselves in women who used HRT for several years. However, doctors point out that average hormone therapy risks are low. A woman's personal risk level can vary depending upon her risk factors for breast and ovarian cancer, cardiovascular issues, blood clots or dementia.

To HRT or not to HRT or even to BHRT (Bioidentical Hormone Replacement Therapy) is a hot topic of conversation among a generation

poised to make that decision soon. Websites like the American College of Obstetrics and Gynecologists (ACOG) site [www.pause.acog.org](http://www.pause.acog.org) can help with the decision. Doctors, nurse practitioners and even wellness therapists and talk show hosts like Oprah are touting their advice on the subject of hormones and menopausal women.

## hormone therapy

When a woman's body begins making less estrogen and eventually stops menstruating, it's called menopause. Hot flashes, vaginal dryness and osteoporosis are associated with the lack of estrogen. Estrogen is also a factor in heart and blood vessel health. A woman's last menstrual cycle usually occurs between age 45 and 55. Of course, removing the ovaries will bring on

sudden menopause as well.

Enter HRT. HRT is designed to relieve the symptoms of low estrogen, as brought upon by age or by surgery, and decrease the risk of osteoporosis. These days, a doctor won't throw HRT at every woman. The decision depends upon a woman's family and medical history, her severity of symptoms, risk of bone loss and the age at which she enters menopause. A woman's doctor should be in clear communication with her to help her decide exactly what she needs.

"The patient tells you they need something," says Dr. Robert Hogan, New Orleans area OB/GYN, of when and how he addresses HRT. "The average age for menopause is 51 and some women never have a symptom but some are going on 80 who are still having hot flashes and insomnia. They are willing to do something because they simply need to sleep."

Dr. Hogan's position is the same as that of ACOG: be on the lowest dose necessary for the symptoms and wean off the hormones as soon as possible. What determines short-term use usually depends on the severity of the symptoms and how uncomfortable a woman feels. ACOG says six months can be great for a woman experiencing hot flashes and Dr. Hogan has had women on HRT for much longer than that. Both agree that the key to HRT is what works per individual.

## symptoms addressed with HRT

Hot flashes that last from a few seconds to several minutes are a common symptom. What many women find most uncomfortable is the hot flashes waking them throughout the night. Another symptom is vaginal dryness due to the loss of estrogen causing changes in the vagina, which can cause severe pain during intercourse and possibly make the vagina more prone to infections.

Osteoporosis in women results from low levels of estrogen. HRT can help slow bone loss by helping to increase bone mass, leading to less bone fractures. Experts agree that long-term use of HRT should only be considered in cases of high osteoporosis risk. And, like other medications, once a woman stops taking estrogen, the bone loss resumes. Other drugs are available to combat bone loss if HRT is not an option. Additionally, weight bearing exercise strengthens both bones and muscles.

## hormone replacement concerns

The Women's Health Initiative (WHI) outlined risks and outcomes of using HRT at [www.hhlbi.nih.gov/whi](http://www.hhlbi.nih.gov/whi), the National Institutes of Health, National Heart, Lung and Blood Institute website. In a number of women, HRT is known to be the cause of breast cancer, ovarian cancer, blood clots, heart disease and dementia. The WHI's findings led the FDA to mandate that all products used for postmenopausal women containing estrogen feature a warning label. The label should include that use of the hormones could increase the risk of heart attacks, strokes, blood clots and breast cancer.

Interestingly, these problems also seem to be age-related, meaning, the sooner a woman enters menopause and uses HRT short-term (less than 10 years after entering menopause), the less likely her risk of complications. The farther a woman is from her onset of menopause when she begins hormone therapy, the greater the risk for complications may be.

## types of treatment

HRT can supplement a woman with either estrogen by itself or a combination of estrogen and progesterone, both of which are produced by the ovaries. HRT is what supplements the body when the ovaries stop producing these hormones. Women who still have a uterus take estrogen and a progestin, and women without a uterus generally do not need progesterone. These hormones may be administered via pills, patches and even creams or rings. A woman and her doctor are the best decision-makers for which treatment option is best.

One optional treatment for women looking outside HRT is Bioidentical Hormone Replacement Therapy (BHRT). These bioidentical hormones are medications that contain hormones that are a chemical match to those made naturally in a woman's body. Compounded bioidentical hormones are not FDA regulated because the FDA does not regulate compounded products made for each person individually. Not having an FDA-approved hormone means not having warning labels and not being evaluated by the FDA.

Pamela Egan, NP, CDE prescribes Bioidentical Hormone Replacement Therapy for her patients and is proud of the results. "It's not about hot flashes," Egan says. "It's about slowing down the aging process and preventing

disease." Egan, who has used BHRT herself, finds BHRT less risky than synthetic hormones. She cites sources such as [www.worldhealth.net](http://www.worldhealth.net) as a wealth of information for "conclusive" studies on the benefits of BHRT.

Former New Orleanian Susan Glazer chose bioidenticals because she "liked the more natural approach and the fact that creams would be formulated especially for me." Her cream prescriptions were filled at a compounding pharmacy and she took an estrogen booster and pregnenolone supplement she purchased from a major natural food store chain.

ACOG and doctors like Dr. Hogan are skeptical of BHRT. ACOG's position on BHRT is that there isn't any long-term evidence of safety or effectiveness. Dr. Hogan also stresses that there is no guarantee with BHRT.

"If a drug company has side effects from a drug, they have to report it. The bioidenticals don't have to report any side effects because they aren't regulated and they don't have to put a black box on their product announcing the side effects," he insists.

Other women have tried treatments like antidepressants, herbal products and even biofeedback and homeopathy. These treatments are used alone or in combination with traditional hormone therapies.

## ending HRT

Whether a woman chooses traditional HRT or BHRT, she should discuss ending treatment with her doctor. Some women will continue to have menopause symptoms once they stop and studies show that nearly 70% of women have no or tolerable symptoms.

Women may stop abruptly or gradually reduce therapy. Women will still need to be vigilant about bone loss. When and how a woman stops HRT is like so much of the HRT discussion: an individual decision best chosen by the woman and her doctor.