FEMALE HORMONE THERAPY

ESTROGEN
Too little - is associated with hot flashes, night sweats, poor sleep, loss of fullness in breasts, depression, fatigue, vaginal dryness or itching, low libido, light menstruation, menstrual headaches, osteoporosis, joint pains, fine wrinkles and more.

Too much - can cause painful or swollen breasts, fluid retention, puffiness, anxiety, irritable, PMS, fibroids, cysts of the breast and ovaries, heavy or abnormal uterine bleeding and more.

Risk/side effects – synthetic hormones increase rates of many serious side effect such as breast and uterine cancer, blood clots, heart disease and abnormal uterine bleeding. These risks may be reduced by using bio-identical hormones via a correct route and in appropriate combinations. Remember that no treatment is completely risk-free.

Women who smoke or have a history of blood clots should not take estrogen pills and should use cream/gel only with caution.

Bio-identical estrogen applied to the skin appears to be safest. I believe that progesterone should be given with estrogen to balance its effects. If a woman still has a uterus, progesterone is mandatory when taking estrogen.

*Note that Estrogen and Progesterone have largely opposite effects and act to balance each other.

PROGESTERONE
Too little - is associated with swelling (breast and elsewhere), breast tenderness, PMS, premenstrual headaches, heavy menses or cramping, anxiety and irritability, poor sleep, belly fat, cysts of breast and ovaries, uterine fibroids, etc.

Too much - can cause depression, sleepiness and dizziness.

Risk/side effects - See above. The risks and side effects of progesterone is like the use of estrogen. Bio-identical forms appear to be safer and protective. Pills are the best studied form. Creams and gels have less scientific support but appears to be safe and effective.

TESTOSTERONE & DHEA
Too little - can lead to muscle weakness, fatigue, osteoporosis and loss of libido, initiative and confidence.

Too much - is associated with irritability, high cholesterol, fluid retention, acne, scalp hair loss, increased facial hair, liver problems.

I generally recommend DHEA by mouth and bio-identical testosterone through skin when signs of deficiency exist.

FOLLOW UP
Do not take these hormones unless you have annual gynecologic evaluation to screen for breast, ovarian and uterine cancer. Speak with your prescribing doctors promptly if side effects occur. See your gynecologist if you experience abnormal uterine bleeding.

Pelvic ultrasound 6-12 months after the start of estrogen therapy to assess the uterine lining is recommended.

NOTES
Combinations/Alternatives: combinations of estrogens such as biest have less scientific support but are thought by some to be safer than estradiol alone. Estradiol is converted in the body to estriol and estrone. Progesterone cream or gel can be used instead of pills and can be combined with estrogen and testosterone into a single formulation.

Hormone cycling: There is some evidence that it is safest to stop estrogen and progesterone for 3-5 days each month. On the other hand, continuous dosing is a reasonable option and has been used by millions of women.

*Do not start the hormone therapy if you are smoking, pregnant, have possibility of being pregnant, or are breast feeding. Hormone gels and creams can be transmitted to other people accidentally through skin contact or even through bedding. Avoid contact of medicated areas with the skin of others or bedding for several hours after applying medications.
The Myths and Truths about Bioidentical Hormones

Have you heard that female hormone replacement causes breast cancer and a variety of other illnesses?

Over and over we hear frightening stories about the dangers of female hormones. It is enough to make many women with menopausal symptoms avoid any discussion of hormone replacement therapy (HRT) and suffer in silence. It might surprise you to learn that most of the feared risk of HRT come from studies of chemicals that are not actually human hormones. Much of the HRT fear-mongering stems from the Women’s Health Initiative (WHI). This study was published in 2002 reportedly showed that female hormone treatment caused a variety of serious illnesses, including cancer and heart disease. WHI was a study of the most popular forms of HRT and it involved over 50,000 women, so it carried a lot of clout. Since its publication, many follow-up studies have been published to further delineate the dangers of HRT.

The key to understanding the truth behind WHI is knowing exactly what was studied. The form of HRT used in WHI was a combination of horse estrogen and synthetic progesterone. Yes, the groundbreaking results of WHI were based on horse estrogens, not human estrogens. But it gets worse. The synthetic progesterone used in WHI was no progesterone at all. It was a chemical relative called a “progestin”. So, the huge study that showed the dangers of taking female hormones was not a study of female hormones at all (unless you are a horse).

It probably won’t come as a shock to learn the human hormones (“bioidentical hormones”) seem to be a better option. Studies have repeatedly shown that real human hormones are much safer than their synthetic counterparts. For example a 2005 study of 54,000 women in Europe (E3N-EPIC) showed that bio-identical estrogen applied to the skin, combined with bio-identical progesterone, actually reduced the rate of breast cancer. Women taking this combination of human hormones were actually 10% less likely to get breast cancer than women who took no hormones at all. But when the progesterone was replaced with a synthetic progestin, the rate of breast cancer went up by 50%.

In 2008, a review in the British Medical Journal (BMJ 2008) noted that human estrogen given through the skin was much less likely to cause blood clots than horse estrogen (or even human estrogen) pills. Following many similar studies showing superior results from using real hormones, researchers recently stated that, “bioidentical hormones are associated with lower risks, including the risk of breast cancer and cardiovascular disease, and are more efficacious (effective) than their synthetic and animal derived counterparts” (Postgraduate Medicine 2009).

No Medical Treatment is 100% Safe

While no medical treatment is 100% safe, bioidentical female hormones have been shown to consistently improve health and restore quality of life. They can help control menopausal symptoms such as poor sleep and may actually be good for the heart. On the other hand, synthetic hormones appear to pose unnecessary risk and should generally be avoided. Next time you hear about a study re-hashing the result of WHI, turn off your TV or radio and remember that real hormones should be replaced with real hormones.

**Effect of Hormone Replacement Therapy on Cardiovascular Events in Recently Postmenopausal Women: Randomised Trial**

BMJ 2012; 345 doi: [https://doi.org/10.1136/bmj.e6409](https://doi.org/10.1136/bmj.e6409) (Published 09 October 2012)

Conclusions After 10 years of randomised treatment, women receiving hormone replacement therapy early after menopause had a significantly reduced risk of mortality, heart failure, or myocardial infarction, without any apparent increase in risk of cancer, venous thromboembolism, or stroke.