

Georgia Hormones P.C.

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WHY SHOULD WOMEN TAKE REPLACEMENT HORMONES? The Benefits of Hormone Therapy

Perhaps you have recently entered menopause. Perhaps you recently had a hysterectomy with removal of your ovaries. Maybe you have been on some form of hormone therapy for a while but are not sure if it is a good idea. There is so much conflicting information. Prior to the summer of 2002, doctors had nothing but good things to say about hormone therapy. Then, in July of 2002, the Women's Health Initiative study came out and suddenly the whole world was saying only bad things about hormones. I have another flyer on the subject of the WHI, how it was set up, who was studied, and how some of its data have been misinterpreted. In this flyer, I hope to shed a little light on where the science stands now, and assist you in deciding if hormone replacement therapy is right for you. Let's take a look.

Which hormones are we talking about?

A woman's ovaries, and a man's testicles, naturally make two kinds of estrogen, plus progesterone and testosterone. As women age, first they lose the ability to make **Progesterone**. This can cause irregular or heavy periods. Most commonly, at around fifty, **Estrogen** production declines. This is frequently associated with hot flashes and vaginal dryness. Lastly, **Testosterone** may fall. Young men make about ten times the amount of testosterone that women make. Their levels gradually decline but, even in old age, may still be significant. Men produce only minimal amounts of Progesterone. All these hormones can be supplemented or replaced.

Bioidentical hormones are exactly the same structure as hormones made by the human body. Normal levels are known, as are the proper ratios among the hormones. The tests I use to measure hormones before therapy are exactly the same as those used after bioidentical hormones are prescribed. It is not possible to measure the levels of the synthetic hormones used in many replacement products and there are no "normal" values. Hormone Replacement Therapy is called **HRT** for short.

How would taking hormones change the way I feel right now?

The first complaint that brings many menopausal women to the doctor is **hot flashes**. Well-balanced estrogen and progesterone will significantly reduce or eliminate hot flashes. Estrogen wakes up the **brain** and improves verbal functioning. Proper balance of all the hormones, not just testosterone, is needed to help **sex drive**, or libido. Progesterone improves thyroid function and **weight control**. Testosterone helps **decision-making**. Estrogen is needed to maintain **vaginal moisture** and proper functioning. Estrogen and progesterone together are needed to maintain **bladder function**. All three hormones together, along with vitamin D, calcium and magnesium, preserve **bone strength** and **dental health**. Proper **sleep** is vitally important. Estrogen can suppress night sweats, but estrogen alone can result in disturbed REM or dream sleep. Progesterone is required to restore normal sleep patterns. Poor bladder function can disturb sleep also.

It takes all the hormones, in proper balance, for normal sleep. During menopause, **sleep deprivation** is a major reason for emotional problems, depression, headache, low libido, and family and job problems.

In the long term, why would I want to take HRT?

HRT has long-term protective benefits to **bones, heart, blood vessels, brain, skin, bladder and sexual functioning**. The decline in these areas is quite gradual but is significantly faster without HRT. **After the damage of aging has occurred, beginning HRT will not restore function**. The hormones are protective, but not restorative. Americans now live much longer than earlier generations. As Hubie Blake said at 95, "If I knew I was going to live this long, I would have taken better care of myself." If you are planning on living into old age, taking care of your body is of great importance.

How would HRT affect my bones?

Bone mass and strength for both men and women, peaks in the 20s and slowly declines thereafter. Our bones are alive. As we live, small cracks develop. Cells called Osteoclasts, remove the damaged bone. Repair cells called Osteoblasts then repair the hole. Estrogen slows the rate at which the osteoclasts remove the damaged bone. Progesterone and testosterone stimulate the osteoblasts to repair and build new bone. In menopause, with low estrogen levels and no progesterone, bone loss speeds up. In aging men, the testicles still make some estrogen and testosterone, protecting bone. Damaged bones with osteoporosis can never be fully repaired. **Hormone balance slows bone loss**. Provera, the imitation progesterone used in the WHI study, blocks the good effects that progesterone and testosterone have on bone growth. There is a warning on Depo-provera, telling young women that it causes bone loss.

What about Heart Disease?

Estrogen raises good **HDL** and lowers bad **LDL** cholesterol. Estrogen also protects the endothelium or lining of arteries from damage. Women maintained on HRT develop less coronary heart disease than those without HRT. Estrogen does not reverse damage once it is already there, so maintaining some estrogen from early menopause is probably the best course. Provera, the synthetic progestin in the WHI study, negates estrogen's benefits but real progesterone does not.

What about my brain and Alzheimer's disease?

Estrogen seems to slow the accumulation of brain plaques that cause Alzheimer's but the data is still not clear. More study is needed. Estrogen also protects against damage to the arteries that supply blood to the brain. Again, estrogen does not remove damage that is already there.

What about the risk of Breast Cancer? Many studies have been done over many years. The results are not clear. Breast cancer probably takes a decade or more to develop and most studies have been only a few years. Estrogen probably has little effect on breast cancer rates or recurrence rates. Progesterone is probably protective. It is likely that small, controlled doses of estrogen have little effect on developing breast cancer or cancer recurrence rates. **To view this issue another way, avoiding HRT will have only a small effect, if any, on reducing your breast cancer risk.**

How long will I have to take hormones?

As the Baby Boomers age, they are the largest population of menopausal women in history. The science is a work in progress. It is best to take HRT one year at a time and **keep asking this question**. It is a new era of human history and the answers will take time.

What if I have been menopausal without hormones for a long time?

HRT does not reverse osteoporosis, heart disease, Alzheimer's or breast disease. If it is too late for prevention, treatment of specific symptoms is the key. Hormone creams can restore vaginal moisture, improve sexual function and reduce vaginal and bladder infections. **High dose oral estrogen late in life increases blood clotting rates and the risk of blood clots, heart attack and stroke. Beginning HRT late in menopause must be done with caution.** Low dose skin, vaginal or under the tongue preparations can be used to help symptoms.