

Georgia Hormones, P.C.

Robert P. Goldman, MD

3400-A Old Milton Pkwy, Suite 360, Alpharetta GA 30005 770-475-0077

www.GeorgiaHormones.com

2009-05-18

THE N.A.M.S. MENOPAUSAL MODEL

Why the NAMS Model Inhibits Proper Patient Evaluation and Therapy

The cornerstone of the North American Menopause Society course on menopausal management begins with a definition of menopause. In their manual, it appears in the introduction, Section A. It is defined as “..12 months of amenorrhea following the final menstrual period (FMP), which reflects a near complete but natural diminution of ovarian hormone secretion. Menopause means the end of natural childbearing (without assisted reproductive techniques). There in no adequate independent biological marker for menopause.”

From there, they have a table breaking a woman’s reproductive life into various stages, with the final period as the anchor point of the table. A copy of the table appears below.

Figure 1. Stages/nomenclature of normal reproductive aging in women

Stages:	-5	-4	-3	-2	-1	0	+1	+2
Terminology:	Reproductive			Menopausal Transition		Postmenopause		
	Early	Peak	Late	Early	Late*	Early*	Late*	
				Perimenopause				
Duration of Stage:	variable			variable		Ⓐ 1 yr	Ⓑ 4 yrs	until demise
Menstrual Cycles:	variable to regular	regular		variable cycle length (>7 days different from normal)	≥2 skipped cycles and an interval of amenorrhea (≥60 days)	Amen. x 12 mos	none	
Endocrine:	normal FSH		↑ FSH	↑ FSH		↑ FSH		

*Stages most likely to be characterized by vasomotor symptoms.

Source: Stages of Reproductive Aging Workshop (STRAW), *Menopause* 2001.

It is easy to see that there are no endocrinologic criteria here. All the stages are clinical.

What is wrong with this model? If I were to see a new patient who was twelve months without a period, but she happened to be thirty years old, I would not assume that this represents menopause. I would begin an endocrine work up. I want to know what is happening to the hypothalamus and pituitary, to the ovaries, and to the uterus. If the answer were still not clear, I would evaluate prolactin, thyroid function and adrenal function as well as nutritional status, exercise and any medications the patient is on. **In other words, I would work the patient up.**

Just because a woman is forty-five or fifty years old and is complaining of hot flashes, does not mean that her ovaries are no longer making hormones. In the past three years, I have worked up over two thousand women with hormonal issues. I am surprised and learn new things every day. I see women in their thirties with very high FSH and virtually no estrogen, progesterone or testosterone. I also see women in their fifties with moderately elevated FSH but elevated Estradiol and Estrone, no Progesterone, and normal Testosterone. Every day I see menopausal women with high Testosterone and others with low Testosterone. I have heard some doctors say that the laboratory test for total Testosterone is inaccurate. Why should that be the case? Laboratory testing is automated and is very accurate. Sometimes we do not understand the results; that is no reason to blame the lab.

Every day I see women who have had a **hysterectomy but the ovaries remain.** When they start getting hot flashes their doctors put them on Estrogen only. They are miserable. **Many of these women already have too much estrogen.** If they still had a uterus, they would be having heavy bleeding along with the hot flashes. **Adding additional estrogen makes them worse.**

When I took the NAMS Menopausal Management Certification Review Course in Miami in 2003, we were told not to order FSH or Estradiol levels. It would just confuse us. **I'm afraid; I did not take their advice.** I wanted to learn as much as I could about my patients. Two months later, I learned about **Compounding Pharmacies and Bioidentical Hormones.** How was it possible that I had just become certified by the most prestigious menopause organization in the nation, and they never mentioned the existence of Bioidentical Hormones? They never pointed out, that I could be replacing depleted hormones with the identical molecule, one that I could measure. **I could treat female hormone abnormalities like a real doctor.** Do a history and physical. Measure hormones from the whole system; top to bottom. Find out what the problem is. Replace what is needed with the identical molecule. Re-measure the hormones to check your progress while repeating appropriate patient history and physical and **finding out from the patient how she is doing.**

So what is to be done? We must learn some new things. We must manage menopause and irregular bleeding states for the endocrinologic problems that they are. We need to understand the physiology. We must learn what is normal. We also must appreciate that each woman, each patient, is an individual. Each individual handles hormones in her own unique way. There is no magic single solution.

Today's leaders in menopausal management are our patients. If our therapies aren't working for them, they tell us. If we don't listen, they find another doctor. They read books. They go to the Internet. They talk to friends. We, the professionals, must do the same. If a patient brings me a book, I read it.

For a professional source, my bible is Speroff and Fritz, Clinical Gynecologic Endocrinology and Infertility. It must be the newest, the Seventh Edition. There have been great advances since the sixth edition, especially in understanding the relationship between insulin and the female hormones. Most of the books on bioidentical

hormones are written for lay people. They have some excellent information and some not so excellent information. I am constantly reading. Even the less than perfect books have interesting insights.

I am in the process of sharing what I have learned. I will be building this web site as a teaching and learning tool. There is a better way than what we have been taught up to now; a way of viewing the gradual changes in a woman's hormone status based on the physiology. There are therapies using bioidentical hormones, which act like the natural hormones that they are. They can be monitored using standard laboratory testing.

Take a deep breath. It will be OK. There is a lot to learn. The results in your patients will surprise you.