

Chapter 1 - Aging Gracefully – The debate about Hormone replacement

It starts innocently enough. You forget where you put your keys and spend half an hour looking for them. You begin to notice you're feeling more anxious – and pass it off to not sleeping well. In fact, insomnia begins to plague your nights, making your days seem extra long. Soon, the joy you felt in life seems to be missing – and your weight has begun to fluctuate. You realize one weekend that you snap over little things that you used to laugh off – what's going on? Are you losing your mind? Why is this happening? Is this what getting old means?

First of all, you're not going crazy. And it's not "old age." Changes in your body is inevitable as you get older, but depression, achy joints, weight fluctuations, insomnia and a whole host of other symptoms you may be experiencing aren't necessarily normal – nor do you need to put up with them. What you are likely experiencing are the various symptoms of perimenopause, and they can start much earlier than you might have suspected.

If you're not familiar with the term, perimenopause is the "prequel" to menopause, which is the end of your childbearing years. Perimenopause is initiated by fluctuations in the levels of estrogen and progesterone coursing through your body. Predictably, your body reacts to these hormonal changes in a variety of ways that become progressively pronounced as you move toward menopause.

When examined in isolation, the issues above may cause your doctor to come to an incorrect conclusion about what's going on for you. For example, depression is typically treated with anti-depressants, which mask the symptoms but do nothing for the underlying cause. For a woman in the perimenopausal years, depression can be one of many symptoms that, when taken as a group, could actually lead to a treatment that would not only have you feeling better, but the underlying issue of hormone imbalance would also be treated.

I've counseled women for years about bioidentical hormone replacement therapy. The saddest cases are the women who've been treated and treated *and treated* with pharmaceutical drugs that have only created new problems without resolving the original issues. I've met women who truly believed they were crazy; who were being threatened with divorce – or worse, already been through it; and who have been fired or laid off from their jobs because they couldn't perform their duties. These women end up in my office often as a last resort. They sit dejected, out of hope and desperate for an answer that makes sense – and that offers a real solution.

Yet many doctors know little about bioidentical hormone replacement and often equate it to synthetic hormone replacement, which we've learned can have quite unpleasant consequences. Perhaps knowingly, or worse unknowingly, when faced with women who are exhibiting a range of seemingly unrelated symptoms, their first impulse is to reach for the prescription pad and offer up the latest and greatest the pharmaceutical companies can offer. This not only frustrates me, the drugs only mask the real situation and don't truly help.

It's usually these same doctors who also dismiss the helpful effects of bioidentical hormone replacement therapy (BHRT) claiming there really aren't any conclusive studies to support claims that it works. In one sense, they're correct. Studies of BHRT certainly don't stack up to the number of studies that you can find for synthetic hormone replacement. Here's why: Pharmaceutical companies aren't going to spend their money on researching a product that they can't patent. BHRT is naturally derived from plants that mimic the hormones in our bodies. Since they can't make money from something naturally derived, the drug companies did the "next best thing." They made their own hormones. It seems straightforward, but it's not.

Our bodies are amazing machines that respond well when given what sustains them. Good, wholesome food and water go a long way to keeping us healthy. When we introduce a substance

that is close, but not exactly what our bodies need, as in synthetic hormones, our bodies will attempt to utilize what it's being given. However, "close to what we need" isn't "what we need." After all, synthetic hormones aren't really hormones. They're lab-generated pharmaceuticals designed to give the illusion that hormone balance is being restored. But it isn't and they can't.

A Brief History of Synthetic Hormone Replacement

Synthetic hormones got their start over 70 years ago when progestin was created in a German laboratory. Progestin is a derived progesterone – but just like a knock-off Gucci bag isn't really a Gucci bag, a synthetically derived progestin isn't progesterone. Synthetic progestin was developed in the U.S. in the early 50s and by the late 50s was being used by menopausal women and included in early birth control. For the menopausal women, progestin must have seemed like a miracle drug because it did help alleviate the problems of hot flashes, night sweats, sleeplessness and others. But with the wonderful results came ugly side effects: weight gain, increases in breast cancer, strokes and autoimmune diseases. By the time the late 20th century rolled around, a critical eye was being turned toward synthetic hormones and the real cost women were paying to "rebalance" their hormones.

The big blow to synthetic hormone use came in 2002 after the results of the Women's Health Initiative (part of the National Institutes of Health) study was released. This was the first large-scale, placebo-controlled and double-blind study to be conducted among healthy postmenopausal women. The study focused on the *dual supplementation* of conjugated equine estrogens plus progestin (a product known as PremPro). The study was designed to follow women who were taking PremPro over a long period to determine the risks and benefits. What the researchers discovered caused them to halt the study three years early.

The study followed 16,000 menopausal women for an average of 5.2 years. Half of the study participants took a placebo; the other half took PremPro. The results, instead of proving the

health benefits of synthetic hormone replacement therapy as the pharmaceutical companies had been touting for years, the study exposed the risks of taking PremPro. The identified risks far outweighed any potential benefit for they discovered the PremPro group had a statistically significant greater chance of developing:

- Cardiovascular disease (22% increase)
- Breast cancer (26% increase)
- Strokes (41% increase)

In 2003, additional results were released which indicated that PremPro also increased the risk of dementia.

What is unfortunate is that all forms of hormone replacement therapy suffered. Women stopped taking their prescriptions – whether synthetic or bioidentical – and suffered as a result. Doctors, unsure of how to proceed, cautioned against any hormone replacement therapy. Today, synthetic hormones are still in use and the scare from the 2002 study has faded. But the fact remains that synthetic replacements are *never* a good choice when naturally derived hormone replacement is readily available.

One footnote about PremPro. You would think that with results as devastating as those above, the pharmaceutical company (initially Wyeth-Ayerst, now part of Pfizer) would have taken the product off the market. They didn't. It's still being prescribed by doctors who either don't know or don't worry about the risks involved for their patients. The product does now carry many label warnings – as most pharmaceutical drugs do these days.

The Differences in Bioidentical Hormones and Synthetic Hormones

The difference between bioidentical (like human-made) hormones and synthetic hormones begins at the molecular level. Bioidentical hormones have the same chemical structure as hormones made by the human body and can replicate the actions

of those hormones made naturally. Bioidentical hormones are made by processing hormone precursors found in plant sources, usually soybeans and yams. Side effects from bioidentical hormones are minimized because the body recognizes the familiar molecular structure, fills hormone receptor sites efficiently and can utilize, break down and detoxify the bioidentical hormones effectively. This doesn't mean there's no risk in using bioidentical hormones, but the risk is much less than synthetic hormones.

Synthetic hormones begin with a molecular structure very different from what our bodies make naturally. Because the structure is altered to be close, but not exactly what our bodies expect or need, synthetic hormones aren't easily recognizable by our bodies. By their very nature, they can't act in a straightforward way in the body, nor are they detoxified as easily. Side effects (as noted above) are common and can be deadly.

Another key difference between bioidentical and synthetic hormones is how they are prescribed. It's common practice for synthetic hormones to be given in a "one size fits all" regimen. Bioidentical hormones are prescribed on an individual basis, meaning, age, weight, symptoms and current hormonal balance among other things are all taken into consideration when developing the protocol.

Today, we live longer than ever and finding a balance between the march of time and comfort with our aging bodies has become a priority for living happily and healthily into our golden years. Choices abound as to how we can make this happen, and the decision whether to use synthetic or bioidentical hormones is a personal and individual one. Personally, I opt to take the natural route that supports my body's systems in the safest way possible while still allowing me to feel a zest and zeal for life that others my age don't seem to experience. Bioidentical hormone replacement isn't a fountain of youth, but it does keep our bodies working at a much higher efficiency for longer with less risk than using synthetics or doing nothing. I'll take that.

Case Studies

To help illustrate the difference bioidentical hormone replacement and other lifestyle changes can make in a woman's life, I've included a case study in most chapters. The names of the women have been changed to protect their privacy. It is my hope that you will see yourself in these examples, which will then incite you into action to correct whatever imbalance you may be living with. After all, mid-life is not a death sentence!