

## Menopausal Hormone Therapy Consults

Dr. Lepine's interest in the management of menopause grew out of her role as gynecologic consultant at Emory University for the Women's Health Initiative, the large NIH-funded multi-center study on the risks and benefits of hormone therapy. The results of the study published in 2002 gave pause for many clinicians who previously universally promoted hormone use in the menopause.

We know that hormones help alleviate menopausal symptoms such as hot flashes and night sweats and also help to protect the bones against osteoporosis. But we also know that their use is not without risk. Whether to use hormones during menopause should be based on the severity of symptoms, the woman's family and personal medical history, and her philosophy. In other words, therapy must be considered on a case-by-case basis and it must be individualized.

When we provide menopausal hormonal therapy at Boulder Gynecology and Minimally Invasive Surgery, we do it in compliance with published guidelines recommending lowest effective dose and emphasizing the need to re-evaluate use on a periodic basis rather than continuing it indefinitely. We prefer to use hormones that are structurally similar to what the body naturally makes, or "bioidentical." Bioidentical hormones have different connotations to different people. Many of the compounding pharmacies want the public to believe that they are only available through them, but there are many so called "bioidentical" hormones in an array of doses available through standard pharmacies. We prefer in most cases to prescribe those because they are FDA tested for dose and purity. We also advise transdermal estrogen use, or estrogen that is absorbed through the skin in the form of a patch, gel, lotion, spray or intravaginal ring. Studies have found that when estrogen is absorbed through the skin rather than orally, the liver does not produce an increase in certain potentially harmful proteins in the blood that promote blood clots and inflammation.

There is a plethora of information on menopause readily available on the web and through other published materials. Unfortunately, much of it is not based on scientific research and can be quite harmful. Examples of these are publications by Suzanne Somers and John Lee. We also feel that the Wiley Protocol is dangerous. Furthermore, salivary hormone levels do not provide information to guide us in individualizing hormone therapy. They are unreliable measurements. There is also no medical evidence to support the concept of "adrenal fatigue." If you ascribe to these beliefs, then our practice is not the place for you.

Information on menopause and the use of hormones that is based on good research can be found through the North American Menopause Society, [www.menopause.org](http://www.menopause.org). The Cleveland Clinic Guide to Menopause by Holly Thacker is also a reliable source. A couple of interesting articles written by lay people but with accurate information include "The Estrogen Dilemma" by Cynthia Gorney: <http://www.nytimes.com/2010/04/18/magazine/18estrogen-t.html?pagewanted=all> and "John Rock's Error" by Malcom Gladwell: [http://www.gladwell.com/2000/2000\\_03\\_10\\_a\\_rock.htm](http://www.gladwell.com/2000/2000_03_10_a_rock.htm).

We maintain an active interest in this area of medicine and are committed to staying current on the evolving knowledge about menopause. If you feel comfortable with our philosophy of care as briefly outlined here, we would be pleased to work with you. Together we would assess your risks and benefits of using menopausal hormonal therapy and, if you are determined to be a good candidate for such therapy, we would find a regimen that works for you. This can take some time and tweaking, but in almost all cases we are able to find success.