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## MENOPAUSE AND HORMONE REPLACEMENT THERAPY

Following the findings of the Women's Health Initiative, physicians and patients have had to reevaluate the use of hormone replacement therapy in menopausal patients. A few points to keep in mind about the WHI study, is that the average age of the patients in the study was 65 years and most of the patients had gone through menopause 10 years prior to their enrollment in the study. Furthermore, one criterion for enrollment into the study was to have no menopausal symptoms. The primary outcome of the WHI was that hormone replacement therapy (HRT) should not be used for chronic disease prevention. It did not evaluate or comment on HRT for symptom relief. In addition, when they looked at the group of younger women in this study (ages 50-59), they did not see the same increased risk of heart disease as in the entire group of women in the study. This suggests that the risk of heart disease with HRT may correlate with the timing of initiation of HRT, with women starting HRT nearer the onset of menopause having a decreased risk of heart disease. This finding was also supported by the findings of the Nurses' Health Study from Harvard Medical School, published in 2006, which found a significantly reduced risk of heart disease in women beginning HRT near the onset of menopause. Unfortunately, these findings did not receive the same publicity as the original WHI study in the lay press and news media.

As a result of WHI, we no longer recommend placing all women on HRT for disease prevention the minute they have their first hot flash. However, we also do not hesitate to place women on hormone replacement therapy to help treat symptoms associated with the menopause transition. There is fairly clear evidence that hot flashes, night sweats, vaginal dryness, and painful intercourse can result from the estrogen deficiency associated with the onset of menopause. Symptoms that are common during this phase of life that cannot be directly attributed to estrogen deficiency include sleep problems, depression and anxiety, weight gain and cognitive (memory) problems. However, many women find these symptoms are significantly improved by hormone replacement therapy.

So, what are the options?

1. Do nothing. The debilitating hot flashes and night sweats will gradually improve over time in 30-35% of women with no treatment.
2. Alternative/herbal therapies. Many women achieve symptom relief from soy, black cohosh, red clover and a variety of herbal remedies available both over the counter and through health-care practitioners. Keep in mind that these therapies have no data proving either efficacy or safety. Our practice is pleased to offer two lines of top quality, pharmaceutical grade supplements for menopause symptom relief. Xymogen offers MedCaps Menopause (information on [www.annewiskindhealth.com](http://www.annewiskindhealth.com)) and Amerisciences offers Women's Iso-Therapy ([www.amerisciences.com](http://www.amerisciences.com)).

3. SSRI's. Serotonin reuptake inhibitors have been used in breast cancer patients and seem to decrease hot flashes and night sweats in some patients.
4. Hormone replacement therapy. We still prescribe this without reservation for symptom relief in menopausal patients. The options are extensive varying from traditional Premarin and Provera to creams, patches, gels, and bioidentical hormones customized for individual patients based on saliva or blood testing.

## HORMONE REPLACEMENT THERAPY

1. For treatment of vaginal dryness and painful intercourse only, vaginal estrogen therapy is a great option to treat only the areas where it is needed without any significant absorption into the blood stream. Options include estrogen cream or suppositories that are used once or twice a week, or an estrogen vaginal ring that is replaced every 3 months. This treatment is appropriate for patients both with and without a uterus. It is also suitable for breast cancer patients.
2. For treatment of significant symptoms of menopause such as hot flashes and night sweats, systemic estrogen therapy is needed. Growing evidence is accumulating that transdermal estrogens, found in patches or gels, may be superior to oral estrogens in terms of safety.
  - a. Transdermal Estrogens: do not affect coagulation factors so are not associated with increased risk of blood clots; lower plasma triglycerides; have no effect on CRP levels; have a lower rate of glucose intolerance; have no effect on fat body mass and are associated with increased lean body mass (compared to oral estrogens)
  - b. Oral Estrogens: Increase HDL's, lower LDL's, but increase triglycerides; associated with increased fat body mass and reduced lean body mass; associated with increase in CRP levels, which is a biomarker of inflammation tied to insulin resistance and cardiovascular disease; affects coagulation factors and is associated with increased risk of blood clots.

For those patients with a uterus, progesterone therapy is recommended in conjunction with estrogen therapy to decrease the risk of endometrial cancer that may occur if estrogen is taken alone. Progesterone therapy may be in the form of progesterone cream; natural micronized oral progesterone, or synthetic progestins such as provera (medroxyprogesterone acetate) or aygestin (norethindrone acetate). We have no evidence on the relative benefits or risks of these various treatments.

## BIOIDENTICAL HORMONES AND SALIVA TESTING

In the aftermath of the WHI, there has been increasing interest in bioidentical hormones as a safer alternative option in hormone replacement therapy. There are those that feel that the physiologic ratio of progesterone to estradiol is 20:1 when measured by saliva testing. They go further to claim that as long as this physiologic ratio is maintained, there should not be any increased risk of estrogen-associated diseases and that all menopausal symptoms will resolve, even when using very low doses of estrogen and progesterone. This is an attractive theory and has some basis in scientific fact, but there are no clinical trials to back these claims. Saliva testing of hormone levels is relatively inexpensive in comparison to blood tests; however, unlike blood tests, saliva testing is usually not covered by insurance. The validity of saliva testing in measuring hormone levels compared to blood tests remains unproven in traditional medical

settings, but is widely used across the country. Both saliva and blood testing for hormone levels is offered in this practice.

Bioidentical hormones are available from compounding pharmacies. However, some bioidentical hormones are also available from traditional pharmaceutical companies and have the advantage of being covered by most insurance plans. Hormones from compounding pharmacies are not FDA or USP approved and are therefore considered supplements rather than medications and are not usually covered by insurance.

Feel free to contact us for a consultation on the best route to help you through perimenopause and menopause transitions.

More information is also available on the following web site links:

[www.menopause.com](http://www.menopause.com) and [www.knowmenopause.com](http://www.knowmenopause.com)