

Bio-identical Hormone Therapy: An Updated Solution to an Age-Old Problem for Many Women

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Women have been looking for a tonic to ease the symptoms of menopause since Lydia E. Pinkham began brewing up her famous elixir on her kitchen stove in 1875. Her remedy, which was composed primarily of black cohosh and 18% alcohol, eventually became one of the best known patent medicines of the 19th century and versions of this product are still available today. This is not the remedy that most modern women would chose today, but it is incredibly disheartening that almost 135 years later and despite the advances in modern medicine it is reported that 80% of women are still experiencing symptoms of hormone imbalance.

Menopause is a natural part of a woman's life. It is technically when the menses stops. The average age is 52, but it can occur at any point between 30 and 60. It has been referred to as "adolescence in reverse"- a rocky time of fluctuating hormones and emotions. The symptoms are caused by hormonal imbalances and changes, not necessarily just a lack of estrogen. The symptoms that are common complaints in menopausal women may be caused by diminished or elevated levels of the sex hormones estrogen, progesterone and testosterone; high or low cortisol levels from chronic stress response; thyroid disease; or even micronutrient deficiencies as well as some other less common chronic disease states.

Testing hormone levels is of utmost importance in getting an optimal response to refractory symptoms of menopause in women seeking assistance. The reason for this is that the picture can get very confusing with the overlap in symptomology that occurs. For example, I will take some of the common complaints of menopausal women and give the possible etiologies:

1. Weight gain: high estrogen, low progesterone, low cortisol, low thyroid.
2. Mood swings: high estrogen, low progesterone, high testosterone, low or high cortisol
3. Decreased Libido: low estrogen, low progesterone, low testosterone, high cortisol, low thyroid
4. Insomnia: low progesterone, high testosterone, high cortisol.

...And so it goes for the myriad of complaints that can accompany the menopause. The etiology can be any one or a combination of hormonal variations and are different in each individual according to their weight, activity level, diet, genetic predisposition and comorbidities as well as medications that they may be taking. By not measuring the hormones before and after treatment the hormone picture is, at best, an educated guess, since hormone levels may vary from woman to woman by 200-1500%. Some women may need only one type of hormone replaced to restore their balance and some may require 3 or four different kinds to get back into balance. Testing allows a physician to achieve appropriate and compatible physiologic levels of hormones while optimizing the levels for minimum dose to relieve the symptoms, avoiding overdosing. The FDA has released a statement that it does not consider hormone therapy to be a therapy that needs to have customized dosing. Many women do not need customized therapy, but for those that do because of refractory symptoms which affect their daily life, this is a legitimate option that affords much relief for them and returns them to a quality of life that they deserve. I like to use the analogy of a suit that doesn't fit very well and makes a woman uncomfortable until it goes to a tailor and gets customized to fit that particular woman and

they can then be comfortable, confident and feel beautiful. The persistent symptoms are like the mal-fitting suit and the tailored therapy like the customized fit.

All of the drugs, estradiol, testosterone and progesterone have been FDA approved and in wide use for over 25 years. They are considered useful for symptom relief and safe for human use.

Hormone level testing has been somewhat controversial. Providers who do the testing usually do it through serum (blood testing via venipuncture) or salivary kits. A recent article in a local magazine made the statement that the American College of Obstetrics and Gynecology considers salivary testing “useless”. This excerpt was taken from a Committee Opinion from 2005 with empirical data dating from the 1980s and 1990s. The salivary hormone testing kits now have new technology that was developed less than 5 years ago that extracts and amplifies the hormone being tested individually and can test very low concentrations accurately. In fact, salivary testing is used by NASA to test cortisol levels in astronauts and by the US military to test the same in fighter pilots. We use these kits in our practice not only to test menopause hormone levels, but to track hormone levels in patients with other hormone problems such as infertility or polycystic ovarian syndrome as the ease of collection and getting multiple samples make gathering extensive information very easily for the patient.

As with all medical therapies, there are risks and benefits associated with initiating any treatment. This is why it is of utmost importance for the patient to find a physician who is open and understanding to the patient’s needs and goals as well as one who is knowledgeable and up to date about all of the treatment modalities available. In that scenario, the patient and physician can work together to formulate the safest, most beneficial and satisfactory treatment and follow-up care for that individual. And women, you are worth it!!