

Managing Menopause: The Hormone Controversy

Webcast

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Lisa's Story

Andrew Schorr:

Symptoms of menopause can greatly diminish your quality of life, but the treatment options are sometimes controversial. Is hormone therapy safe? What is the risk of using bioidentical hormones? Well, coming up you'll hear a leading expert discuss the safe use of these therapies to help you feel your best.

Hello and welcome to Patient Power sponsored by Northwestern Memorial Hospital. I'm Andrew Schorr. Okay, I'll say right at the beginning, I'm a guy, that's obvious, and I'm not going through menopause. But I do have close family members who are, and certainly people in my age group, late 40s, 50s, the women do experience that, and over recent years there has been all this research about hormone replacement therapy, is it safe, is it right for you, how long can you use it. And then if you turn on the TV or look through newspapers or radio then you start hearing about bioidentical hormones, can they be an option for you. We're going to discuss all that today, but let's start, as we always do, with someone, a patient who has really thought about all of this and experienced it, and that is Lisa Takaki. Did I say it right?

Lisa:

Yes, you did. Very good.

Andrew Schorr:

Okay. And Lisa has a really interesting job she should tell us about. Lisa is 53, she is director of the marine mammal department. Is that right?

Lisa:

Yes that's right, at the Shedd Aquarium in Chicago.

Andrew Schorr:

Which of course is world famous, and that means she's around all these incredible marine mammals. You've got to go there if you haven't been there before. It also means she's around these cold water tanks, 55 degrees. Lisa, I understand as your menopause symptoms got more significant you wanted to jump in the tank.

Lisa:

I did, several times a day. The hot flashes were just killing me.

Andrew Schorr:

Really, and what other symptoms?

Lisa:

I think I got all of them. I was really surprised how bad it affected me. I couldn't sleep at night. I would not get a restful sleep, then during the day I had those hot flashes hitting me all the time. My thinking was very fuzzy. I didn't feel good. I was fatigued. I was moody. I just wasn't myself.

Andrew Schorr:

Now, you knew menopause was coming so in your 40s I understand you had done some research but it was really as you got to this point, maybe age 51, 52, you really needed to do something.

Lisa:

Correct. I did. I researched it. I read the book by Christiane Northrup, and once I hit menopause I went back to that book again, and she really encourages women to do the research and then find a practitioner that will work with you, and so that's what I did.

Andrew Schorr:

And that meant who in Chicago was really a specialist in this, and that led you to discovering Dr. Melinda Ring, who's medical director of Northwestern Memorial Physicians Group's Center for Integrative Medicine and Wellness. And so did that help? You began to see Dr. Ring, who is our guest today. We're going to meet her in a minute. Did that help?

Lisa:

It did. In fact, I'm surprised how much it helped me. I was really desperate at that point. I had experienced the symptoms for almost five months and I was miserable, and I went to see her and after a few weeks I could feel the difference, and now I really feel like I'm just back to my old self.

Andrew Schorr:

So she gave you your life back and not needing to take plunges in the pool with the fish.

Lisa:

Right.

Andrew Schorr:

All right. Now, what therapy do you follow? What do you use every day that's been helping you?

Lisa:

Well, Dr. Ring put me on these bioidentical hormones, so basically I have a cream that I use twice a day in the morning and at night, and the cream has estrogen and testosterone in it, just a little bit, and then a pill which I take once a day, and that is a progesterone pill.

Andrew Schorr:

And no side effects that you notice?

Lisa:

No.

What is Menopause?

Andrew Schorr:

All right. That sounds like a great story. We're going to come back to you in a minute. Dr. Melinda Ring, as I mentioned, is a specialist in this and has been doing it for a long time. Dr. Ring, I just want to start with a basic question, and then we'll understand more about what you've done for Lisa and how that varies woman to woman. So first of all, menopause, what is it and what is it about hormones, how is that tied in with all this?

Dr. Ring:

Well, menopause is defined as the time in a woman's life, usually occurring between the ages 45 and 55 when the ovaries stop producing eggs and menstrual periods end. And like Lisa, the average age of menopause is around 50 to 52 years of age, but for several years before the actual cessation of periods the menstrual cycle becomes extremely irregular. Women may have more frequent periods, happening every two weeks, before they actually start to decrease and stop.

And along with that many women will develop, like Lisa, the hot flashes, night sweats, vaginal dryness, and other kinds of symptoms. The time before the periods stop is called perimenopause or it's sometimes called the menopausal transition. But what I've heard it likened to is adolescence in reverse because in adolescence you have all these hormones that are just going crazy and there's a lot of emotions that go along with that, and now as we head into menopause there's a reversal of that effect. A woman is officially postmenopausal when there's been no period for at least 12 months, but the symptoms start way before that.

Hormone Replacement Therapy

Andrew Schorr:

If we did this program ten years ago we would talk about it and there were various FDA-approved hormone replacement therapies, and a woman would be prescribed that and use it for years and years and years. What has changed?

Dr. Ring:

You're right. When I was a resident many years ago any woman who came into our office, if she was 80 years old and had been postmenopausal for 30 years we would tell her, you need to start on hormone replacement therapy, because it was considered this wonder drug that helped prevent Alzheimer's and colon cancer and heart disease. But then the large-scale studies came out like the Women's Health Initiative and all of a sudden doctors were telling women to stop all of their hormones. There was a radical change in the way we were treating menopause.

Bioidentical Hormones

Andrew Schorr:

And then the idea came that could you have hormones made in a different way, bioidentical, like you'd have in your body and that they would be safer, and of course there really is millions of dollars of promotion to bioidentical hormones, and, as Lisa mentioned, you've prescribed some for her. So help us understand where they come in and how we should think about them.

Dr. Ring:

That's exactly right. When women were stopping the more conventional synthetic hormones like Prempro, of course their symptoms didn't stop. All the hot flashes came back and they were really suffering. So many of them turned to bioidentical hormones that were being prescribed by other physicians. At that point they were primarily offered only through compounding pharmacies, where a compounding pharmacy would make up a bioidentical formula for each woman. Now, over the past five to ten years, there has been a large number of pharmaceutical company preparations that are actually bioidentical, so we have a lot more options available.

Andrew Schorr:

All right. Now, we're going to separate fact from fiction. So first of all about taking hormones at all, should a woman just tough it out? I mean, Lisa couldn't do that. It was just interfering with her daily life, her sleep, her job. Should a woman just tough it out or are there some women who don't take anything and a lot of people don't like to take pills or use any product anyway, or at what point do you say I need something and if you do, for how long?

Dr. Ring:

It is always individualized so every woman has their individual risk profile. If they have a very strong family history or a personal history of breast cancer, the decision (to use hormones) may be different than for another woman. But in general for most women estrogen is the gold standard. It is the most effective treatment that is available for relief of menopausal symptoms that many women experience. And those symptoms will, like Lisa, I often disrupt their professional life and their personal life, but they're confused about whether or not they should use hormones. However, at this point looking at all of the data that's available from these large-scale studies there has been a general consensus among the major expert medical groups like the North American Menopause Society, the Endocrine

Society, and the American College of Obstetrics and Gynecology that hormone therapy is safe and it's appropriate for healthy postmenopausal women who need to take it to relieve symptoms.

Andrew Schorr:

Well, at what dosage and for how long?

Dr. Ring:

Well, that's where the big question comes in. We see a lot of variation among physician practices when it comes to the details about how hormones are prescribed, and the major areas of difference include the type of hormone used, the duration of use and the use of other hormones like Androgen. But in general if you look at what the expert guidelines recommend, they will recommend that a woman use the lowest dose of hormones possible for the shortest periods of time.

Andrew Schorr:

Dr. Ring, so will the symptoms of menopause subside over time where a woman like Lisa could get to the point where she wouldn't need to take anything?

Dr. Ring:

The symptoms of menopause subside within two to five years for many women, but for some women they can continue well into their 70s and 80s.

Andrew Schorr:

So it's really individualized, your discussion with your doctor, and individualized related to your history and individualized as to what products can help.

Dr. Ring:

That's absolutely true and there's new data coming out all the time regarding the safety of different hormones, their effect on a woman's risk factors and of course a woman's individual risk will change with time, so she needs to be assessed in light of that data on a regular basis.

Andrew Schorr:

All right. Let's go back to understanding these different hormones. So there's some women who have had I guess what have been put into what's called surgical menopause because they had a hysterectomy and their uterus was removed, so that's one sort of situation. And then you have women who just naturally go into menopause. I think the average is about age 51, as you said, in the US. So different mix of hormones in different situations, right?

Dr. Ring:

That's true. And the other point about what you mentioned is that women who have surgical menopause or who go into premature menopause often have much more severe symptoms than a woman who eases into it more naturally, and so she may need, that younger woman may need a more aggressive approach to get her symptoms under control.

Andrew Schorr:

So that's a situation where there's estrogen, but then progesterone comes into play, too, right, for women who are naturally going through menopause?

Dr. Ring:

That's true, yes. Any woman who still has their uterus needs to take a progesterone along with the estrogen in order to protect the uterine lining.

Andrew Schorr:

Now you mentioned about other hormones, though, androgens like DHEA and testosterone. Where do they come in?

Dr. Ring:

Well, a lot of times when people talk about the sex hormones they remember the estrogens and the progesterone component but leave out the other half of things. Men have some of the female hormones, men have some estrogen floating around, and women have some of the typically what's considered male hormones, like DHEA and testosterone. Many women benefit from the addition of low-dose androgens like DHEA and testosterone. These hormones are produced by both the ovaries and the adrenal glands, and the production declines with age. The addition of these compounds in a woman who is deficient can help with a whole variety of symptoms such as sexual dysfunction and desire, hot flashes, mood, cognitive function, like memory, and of course conditions like bone loss.

Andrew Schorr:

So, Dr. Ring, here we are now, we understand there are all these different hormones, and there may be a mix and a duration that's right for an individual woman, and that's a discussion with their doctor. Let's talk about the source and this whole concept of bioidentical hormones. Help us understand what that means, and then how do you know what's right? Lisa, she said, is having a bioidentical hormone as prescribed by you, so help us understand this.

Dr. Ring:

Okay. There's a lot of facets to that. The first thing is to understand the difference between bioidentical and synthetic hormones. Bioidentical means that the hormones are identical to the form naturally found in a woman's body. They are often manufactured in a lab to have that same molecular structure. They are not necessarily from a plant or a natural base, again they are produced in a lab, but what's important about it is that because they are the exact same structure that your body naturally produces they act the way that they are meant to act or the way that your body meant for hormones to act. Bioidentical hormones are available, like you mentioned, either through an individual prescription that a doctor will order through a compounding pharmacy or as a branded pharmaceutical medication through more standard pharmacies.

In contrast to that, synthetic hormones mimic the activity of naturally occurring hormones. They have chemical structure that's not produced by the human body,

and they're really intentionally different than the chemical structure. They've been developed by drug companies because a bioidentical structure is not patentable and the synthetic hormones are. And the most classic examples of course of those are Premarin and Prempro and Provera, the ones that were studied in the Women's Health Initiative.

There is also a term called natural hormone, but I find that less relevant and almost confusing. That just indicates that the hormones are derived from a plant or an animal. So for example Premarin, which is a synthetic hormone because it's not natural to our body, comes from a horse's urine, which is where the Premarin came from, so it's technically a natural hormone. So I find that term very confusing and prefer to use bioidentical and synthetic.

Andrew Schorr:

All right. Bioidentical, so it sounds just right almost and then you have celebrities who promote it, Suzanne Sommers of course, and I think Oprah has been in favor of that and other celebrities, but then they've been criticized by the medical community. So what's your take on all this?

Dr. Ring:

Well, I think that celebrities have done a good service to women by bringing it to their awareness that there is this option for them, and oftentimes when women hear about this concept of bioidentical hormones that intuitively it makes sense to them that this would be a better choice. Of course any time there's overblown claims made about the safety of bioidentical hormones that's always a concern because to me the bioidentical hormones still have risks associated with them, and there is a concern when celebrities give a more blanket approval and don't identify those risks.

My personal feeling, though, is that the bioidentical hormones based on some data that's available, a lot of it from European studies, that there is some data to suggest that the bioidentical approach is safer than synthetic hormones, albeit still with risks.

Andrew Schorr:

Right, and I wanted to get that in. Sometimes again marketing cranks up and there are claims it's going to prevent Alzheimer's and all that. Where are we now in understanding whether there is some prevention benefit to bioidentical hormones?

Dr. Ring:

Well, prevention, I think that's still a tricky area. There is some good data in terms of colon cancer. Alzheimer's, always some positive and some negative. There is still the concern about the risks of developing things like breast cancer, coronary heart disease. The one clear area where the hormones are good for prevention of course is in osteoporosis or bone loss.

Supplements and Vitamins

Andrew Schorr:

Now, let's go back to Lisa. So Lisa, besides the bioidentical hormone preparation and the pills she takes also take vitamins. So is the story for helping with menopause just about hormones, or is there more to it? And, Lisa, you take like how many vitamins a day, or how do you do that?

Lisa:

Oh, let's see, I don't know, I think I take six or seven. I take what Dr. Ring recommended for me. You know, I went to her mostly for my symptoms of menopause but after she talked to me and we talked about my health in general I was really pleased that she was addressing all these other aspects to take care of my whole health.

Andrew Schorr:

Right. So, Dr. Ring, what about that? So is it just about hormones when a woman goes through menopause or more than that?

Dr. Ring:

Well, clearly it's about more than the hormones. So we know that women in their midlife are like a man in their midlife, going through so many different things and often at an extremely stressful time of their life. Many times they're dealing with a career that's reaching a peak. They have children who are still in the home, there are aging parents, and then they start throwing all these hormones fluctuations into the mix and feeling like they're not in control of anything. So we always need to look at the whole picture in terms of what's going on in a women's life, and oftentimes that will include assessing the adrenals and the way that they're coping with stress.

But the other side of it of course is that the menopause often marks the transition to the next stage of life where more health conditions become a concern like osteoporosis, and so we need to do assessments of things like their vitamin D status and other things to make sure that they stay healthy, not just from the hormone perspective but stay healthy for a long time.

Andrew Schorr:

Right. I just want to mention to our listeners, please take a look at the program with Northwestern cardiologist Dr. Vera Rigolin where she discusses heart issues for women at menopause age because there certainly are some, unfortunately too many women die of heart problems. It's really our biggest killer, so you really need to pay attention to that, and there are some issues related to the changes you go through with estrogen and other changes in your body at that time. So I recommend you take a look at that program on heart health and women.

Dr. Ring:

And this is exactly one of those examples where we can look at the evidence on the bioidentical hormone safety for heart health and heart health prevention as opposed to synthetic hormones. We know that the reports from that women's initiative suggested that the combined synthetic estrogen progestin therapy was associated with an increase in the risk of coronary heart disease, and this caused a lot of concern for physicians and women. Now when we go back and look at the data we know that there is a little bit more of an age dependency and that women who start hormones around the time of menopause within about ten years don't have that increased risk of heart disease, but as they age or if they start the hormones later then there is the increased risk.

If we look even closer and we differentiate we can see that really it's the synthetic progestins that have a negative cardiovascular effect because estrogen is cardioprotective. Bioidentical progesterone on the other hand has the opposite effect. It actually augments the protective effect of estrogen, and part of that has to do with the fact that bioidentical progesterone has a beneficial effect on the cholesterol and the synthetic progestins have a negative effect, lowering the good cholesterol like HDL.

Finding a Specialist

Andrew Schorr:

So, Dr. Ring, let's come full circle. So Lisa came to you as a specialist. She wanted to find somebody really knowledgeable on this. Other women just simply go on the internet and they send off for mail order this or that. Help us understand why it's important to be medically evaluated with somebody who really studies this so that their treatment or relief of symptoms can be individualized for them and most importantly, safe.

Dr. Ring:

So you need a physician who really understands the current state of the data in terms of the safety of hormone therapy and the safety in a woman's individual case. You need somebody who will take a full history including your family history, your past history, your ongoing risks and then determine whether hormones are appropriate for you. And there are certainly cases where I will tell a woman, "I think we should look at other options to help you through menopause, other herbal approaches, things like acupuncture that can help with the hot flashes because in your case the risks of hormone therapy may outweigh the benefits."

That being said, for a majority of women who come to me, they feel so much better once they go on bioidentical hormones, and again we're monitoring their risk, that it does become a good choice for many of them.

Andrew Schorr:

So, Lisa, I'm sure as you listen to this and you've been living with it, and I listen to it, it's not at all black and white. You need someone like a Dr. Ring to help you navigate this.

Lisa:

Oh, definitely. I am so glad that I found her because, you know, I told you I tried to tough it out, and I would tell anyone, don't do that, don't suffer, because it makes the biggest difference. Find a doctor like Dr. Ring that will talk to you and explain things to you and help you find a good solution, and I have exactly that. I feel safe. You know, I know that I go in periodically and get checked and we discuss things, and I have a much more optimistic outlook about aging than I did a year ago.

Andrew Schorr:

I hope you get to swim with those dolphins and other marine mammals for many years, but do it joyfully and not just wanting to cool off in the pool.

Dr. Ring:

Not out of desperation.

Andrew Schorr:

Yeah. So, Dr. Ring, you are a specialist in integrative medicine and I know you studied with Dr. Weil, who is famous for that. So is that really where we're coming now, is trying to understand how the more traditional approaches and other approaches can all work together for someone's benefit and safety?

Dr. Ring:

Well, of course I personally think that's the way that medicine needs to move, and we do see that happening on a national level with a greater focus on prevention. I don't know that we're quite there yet in terms of incorporating enough of these other strategies, the holistic approach and looking at other healing traditions to say it's here, but there's definitely been a positive movement over the past several decades.

Andrew Schorr:

Right. And it's certainly available through you and your center at Northwestern. Now, part of what you're center is called is related to wellness. So I hear that in what Lisa is saying. It's not just dealing with the immediate symptoms of menopause but it's also looking at having a woman have a healthy second half of her life, if you will.

Dr. Ring:

Absolutely.

Andrew Schorr:

So that means heart health. You mentioned osteoporosis, which often unfortunately many people don't think about until late in life when they're faced with a fracture, but all of that, everything you're doing is trying to design to head that off.

Dr. Ring:

That's true, and whether a woman comes in for menopause or for another symptom like irritable bowel symptom or chronic fatigue or fibromyalgia, we always look at the whole picture because you can't look at anything in isolation. The whole picture has to work together, and we want to look at prevention and wellness and really a great quality of life, not just treating the disease.

Andrew Schorr:

All right. Well, Dr. Melinda Ring, thank you for discussing it and enlightening us also about bioidentical hormones and really understanding where that fits in but how it certainly needs to be in consultation, all of this does, with a knowledgeable provider. And, Lisa Takaki, thank you so much for being with us. You feel well taken care of, I take it.

Lisa:

I do. I definitely do. Thanks for having me.

Andrew Schorr:

Okay. Well, we will come to the Shedd Aquarium, we'll go looking for you and really enjoy all that you have there. I know that you're a happier camper now that you've gotten your menopause symptoms taken care of.

Lisa:

Yes, that's true. Thank you.

Andrew Schorr:

Okay. All right. Well, this is what we do on Patient Power. I'm glad that we have done this program because I think it's really so important for women to understand this and then to have a discussion with a knowledgeable provider like Dr. Melinda Ring, who, as we said, is director of the Northwestern Memorial Physicians Group's Center For Integrative Medicine and Wellness. And thanks to Lisa for being with us too.

I'm Andrew Schorr. Remember, knowledge can be the best medicine of all.

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