

# Like clockwork

from Dr. Laura Corio, M.D.

Women's Health Issues

| Volume 2, Issue 5.0

| May 2009

## THE FACTS ABOUT BIOIDENTICAL HORMONES

My patients frequently ask me if hormone therapy can help relieve their perimenopausal symptoms. Often, the answer is yes, especially hot flashes, night sweats, insomnia, menstrual migraines and out of control periods. For the past 27 years I have been prescribing bioidentical hormones -- rather than synthetic hormones -- even though they are not approved by the FDA. Here are the facts.

### What are bioidentical hormones?

Bioidentical hormones are manufactured in a pharmacy to have the same molecular structure as the hormones a menstruating woman makes in her own body. Their big advantage is that they provide a more customized dose than the FDA-approved synthetic hormones. Since drug companies can't patent a bioidentical structure, they invent synthetic hormones that are patentable and which come in predetermined combinations and dosages (Premarin, Prempro, and Provera being the most widely used).

### Why do I prescribe them?

Not everyone walks into a store and buys the same dress. Well, it's the same with hormones. Based on blood tests, saliva tests and the symptoms you've been experiencing, I can individualize your prescription so you get as much or as little of each hormone as you need. And, if your symptoms aren't alleviated the first time around, I can adjust the formula until it is right. My patients do very well on bioidenticals. They report less bloating, weight gain and breast soreness compared to the synthetics while experiencing greater relief from the symptoms of perimenopause. In all the years I have been prescribing them, the worst issue I've seen is abnormal bleeding.

### Are they safe?

The argument against bioidenticals is that they remain unregulated: They haven't been tested for purity, potency, efficacy or safety and may contain unknown contaminants. I use a well established, reputable pharmacy that specializes in bioidenticals so I believe these issues cease to be a concern. The concerns I do have are more about hormones in general. No matter what type you are on, hormones are hormones. The fact that you are taking bioidenticals doesn't mean you won't increase health risks, as was the case with women who participated in the large Women's Health Initiative study. In this trial, women were given combined estrogen and progesterin for preventing later-in-life health conditions but it was halted in 2002 because hormone users were found to have a higher risk of breast cancer, heart disease, stroke, and blood clots than nonusers. Though the added risks were small, many women and their clinicians concluded they must discontinue hormone therapy. So if I put you on hormones, bioidentical or otherwise, you still have to be watched carefully, address any symptoms and side effects immediately and do frequent breast checks and testing.

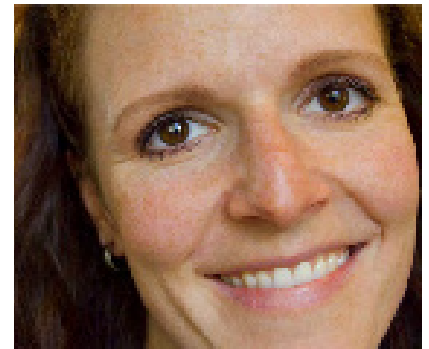
### Who should take them?

In the case of the Women's Health Initiative, the majority of participating women were postmenopausal and no longer enjoyed the same protective effects from naturally occurring estrogen as premenopausal women. I believe this is why the researchers found an increased risk for certain cancers and cardiovascular conditions. For this reason, I prefer prescribing hormonal treatment to perimenopausal women but do prescribe to some women who are postmenopausal. Although there is still a slight increased health risk for younger women, I actually think hormonal therapy offers protective benefits especially for the heart, brain, bones and colon when taken in the perimenopausal years. It is my opinion that most women feel better and experience fewer woes on bioidenticals but they are still hormones so they carry an increased risk for breast and uterine cancer.



### Bioidentical Hormones

I can individualize your prescription so you get as much or as little of each hormone as you need. If your symptoms aren't alleviated the first time around, I can adjust the formula.



### Dr. Corio's Resources

For more information about hormone therapy and bioidentical hormones:

-WebMD

[www.webmd.com](http://www.webmd.com)

- The Bioidentical Hormone Initiative

[www.bioidenticalinitiative.org](http://www.bioidenticalinitiative.org)

- Women's Health Initiative

[www.nhlbi.nih.gov/nih](http://www.nhlbi.nih.gov/nih)

## PEARLS

**The Question:** How does hormone replacement therapy affect my bone health?

**The Research:** Numerous studies show that hormone replacement therapy has a positive effect on the bone density of both peri- and post-menopausal women. One study done at Wake Forest University Baptist Medical Center in 2002, found that bone density showed increases for the first 36 months of hormone use but tapered off after that. When women discontinued the therapy they began to lose bone but at a rate normal for their age. Subsequent studies have since confirmed these findings.

**Dr. Corio Says:** Hormones are preventative but not therapeutic for bones and hormone replacement is not an effective way to reverse bone loss that has already occurred. If you have bone loss, we will explore other treatments and lifestyle changes such as exercise, a diet high in calcium and vitamin D and a number of other drugs that do a better job of preserving bone density.

**The Question:** Will I gain weight on hormone therapy?

**The Research:** In addition to the potential advantages and disadvantages associated with use of supplemental estrogen and/or progesterone, many women are also concerned with gaining weight while taking hormones. For reasons which are still unclear, weight gain tends to occur in women during and after menopause, whether or not they choose hormone replacement therapy. According to the Postmenopausal Estrogen and Progestin Intervention (PEPI) Trial, the women on placebo experienced a much larger weight gain than those receiving supplemental hormones, who did, however, also experience a small weight gain during the three years of the trial.

**Dr. Corio Says:** There isn't much conclusive evidence one way or the other regarding weight gain while on hormone replacement therapy. My own experience is that patients actually tend to gain less weight than average while on hormones and they also maintain a healthier distribution of fat, e.g., they gain less belly fat than normal. Since a sluggish metabolism is the likely culprit for age-related weight gain, the best prevention is eating less and moving more.

Sources: National Institutes of Health, Eurekalert.com, Uptodate.com and Science Daily

## Doctor & Office Hours

### Doctor's Hours

Monday	12:00 PM-6:00 PM
Tuesday	9:00 AM-3:00 PM
Wednesday	9:30 AM-2:30 PM
Thursday	8:00 AM-2:00 PM

### Office Hours

Monday	10:00 AM-5:00 PM
Tuesday – Friday	9:00 AM-4:00 PM

Make an Appointment

Call 646-422-0730 during our normal office hours.



## News Flash

As the Women's Health Initiative study showed, hormone replacement therapy (HRT) increases risk of breast cancer, stroke and heart disease. But a recent study done at the Mayo clinic in Minnesota found that HRT significantly lowers the risk of colon cancer too -- by nearly 28%. Interestingly the same study found that women who used hormone-based contraceptive pills did not enjoy the same decreased risk for colon cancer. A second study done at the City of Hope in Duarte, California also showed HRT might protect against colon cancer, which is diagnosed in 54,000 U.S. women a year and which kills 25,000 -- making it the third-leading cancer killer of women behind lung cancer and breast cancer. Although the clinicians don't know how estrogen compounds work in cancer prevention, they say the results are compelling. Both studies found that the protective effect disappeared among obese women.