New Research on Hormone Therapy: What It Means for Heart Health Transcript

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Questioning the headline on hormone therapy

Is estrogen replacement a problem for women now according to a new study? Well, the headline of a news study reads, it's best to control LDL cholesterol before starting hormone replacement therapy.

Sounds reasonable, right? But if you read the study behind it, you'll see this was never a study of hormone therapy as most integrative doctors practice it.

It was a steady of two synthetic and animal-derived drugs taken by mouth in women who average more than a decade past metaphors. And headline is now being applied to every woman considering hormones.

I'm Dr. Mark Stengler and today I am going to show you what this paper found, what it didn't test, and why that matters for you. A new report in Obstetrics and Gynecology reanalyzed the Women's Health Initiative, known as the WHOI study, trial.

more than 27,000 women in two randomized trials. One trial gave oral conjugated equine estrogen alone to women without uterus.

What the WHI reanalysis actually studied

The other gave that same estrogen plus a synthetic progestin called medroxyprogesterone acetate or MPA to woman with a uterus. This is not new data, it comes from research 25 to 30 years ago.

The researchers sorted women by baseline, LDL cholesterol levels and other risk factors and asked who had more heart attacks and coronary deaths on hormones.

Well, here's what they found. Women on statins or with favorable lipid levels had no increase in coronal risk from hormone therapy. In women with an LDL under 130, the trend actually pointed toward lower risk.

But in women was an LLDL of 109 year higher, which is pretty high, who took the estrogen plus the metroxyprogesterone acetate combination, coronary risk was 2.8 times higher than placebo.

Now let's really look what was going on with this study. The estrogen in this trial is conjugated equine estrogen known as Premarin. It's made from the urine of pregnant horses, mares.

it contains a mix of estrogens including equivalent and other horse estrogens that the human body never makes. My friends, of course, that is not bioidentical.

Now, the progesterone, redoxyprogesteron acetate, is also a synthetic molecule. It's not projesteron. it was engineered to act like proesteroin, but it behaves differently in your body, including on blood vessels and on cholesterol.

Now the difference is well documented.

Synthetic hormones vs bioidentical options

In the PEPI trial on landmark randomized trial, women on oral estrogen, or pills of estrogen saw their HDL, the protective cholesterol, rise. Adding Madroxyprogesterone, this synthetic progestin, blunted that rise, but if you added micronized projesterones, which is bio identical to the projesterone in your body, it preserved more of the good HDl benefit.

So when this paper says risk grows in the high LDL group on estrogen plus progestin, the honest reading is this, risk rose on the synthetic estrogen and pro gestin.

Even the Medscape AI summary that came with the commentary, reviewing a study admits that certain projestins or synthetic progeterones can lower the good HDL and raise the bad LDL.

So the progestin really is a suspect here because again, it is synthetic. Now here's the second problem, how a hormone gets into your body. Every hormone in this study was swallowed.

When you swallow estrogen as an oral pill, It goes straight to your liver first. That first pass changes the liver's output of clotting factors, inflammatory markers like C-Raptor protein, and fats in the blood known as triglycerides.

Now transdermal or toccal estrogen delivered through a patch, gel, or cream goes into the bledstream and skips that first passed. And this isn't just theory.

In the French study known is the Ester study, oral estrogen was linked to a high risk of venous blood clots while trans dermal estrogens was not. A United Kingdom study of stroke found that low-dose topable estradiol was not associated with increased stroke risk, while oral estrogen was.

Oral estrogen, liver first-pass, and clot risk

In a large 2019 analysis, more than 80,000 women found oral FGVIN was tied to higher clot risk while transdermal or topal estrogen wasn't. Hey, one second.

If you're looking for help with any type of health issue, I've put together a line of doctor grade supplements that I formulated myself. They're the same formulas I use with my patients.

Click the link below to check them out. Okay, back to the video. When we look at the Medscape commentary on this study, one of the co-authors of this paper said that additional research is needed to understand whether elevated LDL poses similar risks with transdermal estrogen or estradiol as compared with these non-human types of hormones.

So the authors are telling you really that the study didn't really test the way women are commonly using hormones today. Now let's look at the third problem.

Who are the women in the studies? Well the WHI enrolled women aged 50 to 79 with an average age in their low 60s. Most were 10 years past menopause. Many already had years of silent plaque building in your arteries.

The timing matters. In the ELITE trial, women who starred estrogen within 6 years of menopause slowed the progression of artery thickening compared with placebo.

Women who started later did not.

Why timing and patient age matter

both using micronized natural progesterone, showed no worsening in artery thickness over four years. So starting hormones early with biovascular hormones is a completely different situation from giving synthetic hormones to women who are decades into their cardiovascular aging.

Now, no one is saying that topical or transdermal estrogen has a protective effect against LDL coronary risk, especially in older women. But what we have to show is on the studies that have been done so far, they have not shown that trans-derma estrogen is a risk factor for cardiovascular disease.

So that's very important in terms of your woman using hormone replacement. You don't need to be scared if your LDL is elevated to some degree, if you're using the topical or transdermal estrogen, which is really the best way to

use it.

And of course, when you are using progesterone, you should be using micronized progeterones, the bioidentical form, not the projesteron. It's actually pretty rare nowadays that I see many doctors prescribing these non-bioidentic hormones to patients.

Now again, transdermal estrogen or top estrogen, based on the studies that have been done, does not increase clot or stroke risk the way the oral form does.

And so this is very important for doctors to understand, for patients understand because the media isn't going to differentiate with these two studied forms of hormone replacement.

So here's what I want you to take away of this study. First, the study tested oral conjugated equine estrogen. which is horse estrogen plus synthetic progesterone or medroxyprogesteron.

It did not test the biodynamic hormones that most doctors use today.

Key takeaways on LDL and hormone replacement

Two, it did NOT test transdural delivery, which bypasses liver and has a different clot and stroke profile. And three, the RIF signal was concentrated in one group and that was women with an LDL cholesterol of 190 or above who were taking in this synthetic hormone combination.

women with controlled or favorable lipids showed no increase in coronary risk. So when you see a headline that says hormone replacement therapy and cholesterol, you've got to start remembering what I've been talking about in this video, because again, your probably get a slanted bias view of risk of hormone replacements.

And so many women are benefited in perimenopause and menopausal by the proper use of biogenical hormone therapy. We've seen thousands of patients throughout the years have their life quality enhanced greatly.

So share this video with a friend or family member who's been told to stay away from hormones based on studies using it in these synthetic hormones. And you can listen to more about hormone balance on my podcast, Health Breakthroughs with Dr.

Stengler. You can also find my supplement formulations at drstenglar.com. Well, I'm Dr Mark Stangler, thanks for watching and I'll see you in the next video.