The #1 BEST Way to Use Hormone Replacement Therapy (HRT) Safely Transcript

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Hormone Therapy Risks and Breast Cancer

With combined therapy, or using combined with progestin, a synthetic pro testosterone, there was a small increase in breast cancer incidence, which is detectable after about three to five years of use.

The risk goes down once you stop it. However, this risk really is mainly with medroxyprogesterone, asynthetic form, not a bioidentical form of pro gesterones.

The menopause society notes that the risk of breast cancer related to hormone therapy use is low, with estimates indicating a rare occurrence, less than one additional case per 1,000 women per year of hormone-therapy use, or three additional cases per one thousand women when used for five years with the synthetic progesterone, the medroxyprogestone acetate, which none of us doctors in holistic medicine ever recommend.

I'm Dr. Mark Stengler. I've researched and written 20 books on nutrition and functional medicine, including the topic of menopause. So let's dive in. Estrogens are produced in several locations in the female body, with their primary sites of production changing before and after menopsause, so before menospause in their reproductive years, the ovaries are the main source of estrogen.

Specifically, the most potent estrogen is estradiol, and again, it's produced in the ovaries. But there's other sites where estrogens are produced, in pre-metapausal years.

Estrogen Production Before and After Menopause

The corpus luteum, which was released after ovulation. Adrenal glands, fat cells in adipose tissue. You get estrogen released from the placenta during pregnancy.

And in other site, such as the liver, heart, skin and brain, you produce small amounts of estrogen. After menopause, the ovaries of course decrease in their amounts of estrogen production significantly, but the body continues to produce small amounts, of a weaker form of estrogen, primarily known as estrone.

This estrogen is mainly produced in sites throughout the bodies through other hormones, called androgens, produced by the adrenal glands, and these hormones are converted into estrogen by an enzyme called aromatase.

The main sites for estrogen in production after menopsis are the fat cells or adipose tissue, which contain the aromatase enzyme, and the adrenal glands.

These are the primary sites where the estrogen will continue to be produced while the ovaries continue produce small amounts of estrogen. So hormone therapy is about replacing the estrogens and progesterone your ovary produces less of during menopause to relieve your symptoms and to protect your health.

There's really three types of estrogen, estradiol, estrone, and estriol. really two types of way estrogen is used. Where you give just estrogen only and that's some doctors use when women had their uterus removed to hysterectomy.

The more common is to use estrogen plus progesterone therapy and I'll talk more about this later. But that is basically where you get progeterones to protect the uterus from building up the lining which can lead to endometrial or utering cancer.

And so the form really matters, the type you use, whether it be topical, capsules, pills, Vaginal creeps are different

types that can be used. Now progesterone is also a steroid hormone produced in several locations in the female body.

And the production sites shift depending on the reproductive stage. So during the menstrual cycle, or in their premenopausal years, again the primary site production is the corpus luteum.

This is a temporary gland that forms from the ovarian follicle after an egg is released during ovulation. The corpus lutium produces high levels of progeterones during second half of the menstrual cycles, known as the ludeophase.

During pregnancy, the corpus luteum continues to secrete progesterone during the first about 10 weeks of pregnancy to support the developing baby. After the 1st trimester, around 10 to 12 weeks, The placenta takes over and becomes the primary source of pro gesterones for the remainder of the pregnancy.

Now there's other sites where pro-gesteron is produced.

Progesterone Sources and Uterine Protection

A lot of people aren't aware of this. You do produce a small amount of progesterone by the adrenal cortex, which are your adrenal glands, and this actually is produced in both men and women.

The ovaries themselves, besides the corpus luteum, also produce progeterones in small quantities. During and after menopause, a woman's body significantly reduces its production of Progesteron compared to the reproductive years.

So like estrogen, the progestorone production greatly decreases as well. And there's different types of just like I've talked about estrogen. There's topical, there's pills, vaginal creams and suppositories.

We'll talk more about that in a bit. However, for women on estrogen replacement therapy, the most well-studied form is oral progesterone, such as in the capsule form.

And pro gesterones prevents the build-up of the uterine lining, known as endometrium, and this prevents abnormal vaginobleeding and utering cancer for when women are in estrogen-replacement therapy.

Now, some doctors do not recommend pro-gestrone if you've had a hysterectomy, but I think that's a mistake. because you have progesterone receptors in your blood vessels, your bones, you brain, and your breasts and all that.

So it's used by the body to maintain balance with the estrogen. Hormone therapy is considered the gold standard because of its strong and proven benefits in menopause.

The following are the benefits of estrogen and estrogen in pro gesteronal therapy as published in the journal Menopaus. and they reflect in this article the North American Menopause Society statement on hormone replacement.

Now, I don't agree with everything that the menopausal society has to say in terms of hormone replacements, but they do have a good literature review on this topic.

So, they recommend a hormone-replacement therapy for symptom relief. Hot flashes, night sweats. It's very effective for hot flashes and night sweat when you give the right doses and types of estrogen and progesterone therapy.

Also used for vaginal and urinary symptoms. highly effective for genitourinary syndrome and menopause. That means things like vaginal dryness, burning, painful intercourse, and even reoccurring urinary tract infections.

For these conditions, women could just use low dose vaginol estrogen. There are long-term health protection

benefits from hormone replacement. such as protecting the bones.

Hormone replacement is shown to prevent bone loss and reduce the risk of fracture in postmenopausal women. And this is more specific to the estrogen. But the benefit is lost quickly if you stop taking the therapy.

Diabetes. Studies show that hormone replacement therapy significantly reduces the incidence of new onset type 2 diabetes for women using both estrogen only and in combination with progesterone.

Joint pain. Estrogen replacement has been shown reduce joint pain and stiffness compared to those not on hormone replacements.

Benefits of Hormone Therapy in Menopause

But there's other additional benefits. Hormone replacement, especially estrogen or progesterone alone, or the combination helps with insomnia. Helps with skin health, such as skin thickness, elasticity, and collagen production when given that menopause.

Eye health hormone replacement may decrease the risk. of eye diseases such as macular degeneration, reduce possibly the risk of open angle glaucoma in black women, can decrease dizziness or vertigo, and may improve postural balance.

Muscle mass. When estrogen replacement combined with exercise, it can improve muscle mass and strength. How about weight? Well, hormone replacement has been shown to help with abdominal adipose accumulation and weight gain.

However, in the studies the effect is small. Cognitive function. Small clinical trials support the use of estrogen therapy for cognitive benefits when an initiator is given immediately after hysterectomy when both ovaries have been removed.

And three large randomized controlled trials have demonstrated the neutral effects of hormone therapy on cognitive function when used in postmenopausal periods.

However, synthetic progesterone may increase the risk of dementia. Depression. There is some evidence that estrogen replacement therapy has an anti-depressant effect similar to that observed with antidepressant drugs when administered to depressed perimenopausal women with or without common menopause symptoms such as hot flashes and night sweats.

However, for post-menopausal women, estrogen has not been shown to help depression. Cardiovascular disease. Some research shows that estrogen replacement therapy reduces the risk of coronary heart disease, especially if you're younger than the age of 60 or you take it within 10 years of menopause onset.

So there's what's called the golden window of hormone replacement. The menopause society's main takeaway is that risks are rare when you give estrogen replacement therapy and is highly dependent when start therapy.

This is often called a timing hypothesis. women who are younger than 60 or within 10 years of their last menstrual period or the menopausal onset, the ratio of benefits to risk is considerably favorable.

The outcomes are quite good. the advantages of symptom relief and bone protection generally outweigh the potential risks. Now, for women who initiate hormone therapy more than 10 years after menopausal onset, or who are older than 60, the benefit-risk ratio is less favorable.

Now it can still be helpful, but you do get some very mild increased risks in things like coronary heart disease, stroke, blood clots, Although, this tends to be in women not using topical or transdermal estrogen.

Blood clots and stroke. The risk of blood clot and strokes is elevated, especially when therapy is started later in life.

However, you can reduce this risk or mitigate it quite a lot by using trans dermal or topal patches or gels and creams because blood clot are more associated with the pill form or the oral form of estrogen How about breast cancer?

Well, the risk depends on the type of formulation. When you look at studies for estrogen-only therapy, long-term follow-up from the largest study, The Women's Health Initiative, actually showed a reduced incidence of breast-cancer over time for women using estrogen alone.

With combined therapy or using it combined with progesterone, synthetic progeterones, there was a small increase in breast cancers incidence. which is detectable after about three to five years of use.

Timing, Risks, and Breast Cancer Considerations

The risk goes down once you stop it. However, this risk really is mainly with midroxyprogesterone, a synthetic form, not a bioidentical form of progestorone.

the menopause society notes that the risk of breast cancer related to hormone therapy use is low, with estimates indicating a rare occurrence. Less than one additional case per 1000 women per year of hormone, therapy, use or or three additional cases per 1,000 women when used for five years with the synthetic progesterone, the medroxyprogestorone acetate, which none of us doctors in holistic medicine ever recommend.

Endometrial cancer can occur with unopposed systemic estrogen. That's why it's so important to take biochemical progeterones, especially in the oral form to protect the uterine lining from building up.

Now low dose vaginal estrogen does not appear to increase endometrile cancer risk. And so that's generally thought to be quite safe and not causing that risk.

So what we want to do is when we're using hormones with women and what I do, I've based it on their symptoms, their age, your general health, what their lab tests show.

And we wanna be very personalized for the type of treatment that women get. For women who experience premature menopause, which is menoppause before the age of 40, or early menapause which was before age 45, estrogen replacement therapy, and I would add in progesterone as well, is strongly recommended.

because these women having early menopause face an elevated risk of heart disease, bone loss, and other issues, including early mortality or death. These studies have been done.

Hormone therapy is advised at least until the natural average age of menopus around age 52 for these premature cases of Menopaus. to mitigate prevent against the long-term health risks of estrogen deficiency.

So again, treatment must be individualized. And so what we want to do, if you don't have premature menopause, we wanna get you on the amounts you need to control your symptoms at the lowest dose necessary, again to your control symptoms and improve your quality of life.

Now, the Menopause Society notes that the benefits of hormone therapy usually outweigh risks for healthy women with bothersome menopausal symptoms who are aged younger than 60, that's kind of the key age, or within 10 years of menoppause onset.

Now what about women over the age of 60 who have been on hormone replacement for 10-years already? Well, it can still be used. They do have recommendations on long-term use of Hormone Therapy, including for women aged older than sixty years.

Personalizing Treatment and Bioidentical Hormones

And it could be considered in healthy woman at low risk, cardiovascular disease, low risk for breast cancer, who

continue have the hot flashes, the night sweats, what they call the vasomotor symptoms.

Or women who are at elevated risk of fracture for whom other therapies are not indicated or appropriate. Hormone therapy does not need to be routinely discontinued women age older than 60 or 65 years.

You need talk to your doctor, look at your risk factors, be monitored with your proper breast exams, physical exams and your lab work. And so I do have quite a few women over the age of 60 who're still on hormone replacement therapy.

It helps to manage their symptoms that helps their mood. It helps with their skin and hair health. That helps to their joint health, just their energy levels, their quality of life in general.

So hormone therapy is definitely a good option for a lot of women. You want to work with a doctor with lots of experience and using hormone replacement and look for doctors who are trained in using biochemical hormones.

Now, you can get bioidentical hormones from the pharmacies, from regular pharmcies. There are estrogen patches, there's estrogen gels, and they are bio identical.

You can bio-identically progesterone. However, compounding pharmaces, I like to rely upon more so because there are a lot of different options you could use with compound pharmacy.

So there is different routes or ways to administer the hormone replacement. In addition, you can be very precise for the patient. You can make small changes in the dosages you're using for estrogen progesterone and you could dial it in more precisely than you with the hormones you get from the regular pharmacies.

But nevertheless, both systems can used and each one be personalized for patient, make sure they're feeling well, makes their lab tests look good, their exams are good and be monitored.

And so I find for a lot of women, the hormone replacement not only helps the menopausal symptoms but greatly enhances the quality of their life. Well, hope you liked this video.

I've got other videos on hormone balance for both women and men. Make sure to like the video and subscribe.