Hormone Replacement Therapy Overview

Now let's talk about the truth about hormone replacement therapy. Now, if you're a woman in perimenopause or menopausal, I bet you've heard about The Wonders of Hormone Replacement Therapy on social media or online.

But is it too good to be true? Maybe. There are some benefits to hormone-replacement therapy as you go through peri-menopas and menopus. And today I'll discuss how to separate fact from fiction.

So first we need to look at the myths and then we'll go through the facts. So there are some prevailing myths about hormone replacement therapy, primarily around the safety of it.

This is because of a study that came out about 20 to 25 years ago called the Women's Health Initiative, which studied estrogen therapy in older women.

Myths and Safety Concerns

And some of the keys to know about this research is that they were using horse urine from pregnant mares. So it wasn't necessarily bio identical to human estrogen.

And it was much more concentrated and higher dose of estrogen than women ever experience in their lifetime. So it using a very high dose estrogen. Also, these studies did not pair the estrogen with progesterone.

And that's where we got some safety concerns. The first safety concern that came up with this study is that women undergoing this therapy had higher rates of uterine cancer.

And this is because of the high levels of estrogen that wasn't paired with progesterone in the study. The second level of safety concerned and the reason that the studies was stopped is the estrogen therapy appeared to be correlated to higher risk of heart disease and stroke.

Later research has showed that this was because they were using high doses of estrogen in women that were over 70. So the study was very flawed in looking at the efficacy of estrogen therapy and hormone replacement in general for women in menopause.

However, it did have a very big effect of stopping the research on hormone-replacement therapy in woman for decades. Now we're starting to see new research come out demonstrating the safety of hormone replacement therapy for women in menopause.

So I'm glad that this has started to come up more recently and we don't have this desert of lack of research any longer. The second myth that I hear about hormone replacement therapy is its connection to cancer.

And that does go back to that Women Health Initiative study showing that there was a higher rate of uterine cancer and ovarian cancers with using estrogen alone.

Estrogen is no longer prescribed alone without coordinating it with progesterone. So we have seen in recent research that that cancer risk of using hormone replacement therapy is not there for uterine and ovarian cancers.

Cancer Risk and Hormone Types

But this is always something to consider when you're considering hormone, replacement, therapy, as far as your family history of cancers, the third myth that I think is out there is that hormone.

Replacement therapy always means estrogen. This isn't true. There are many other hormones that we can use in

therapies such as progesterone, pregnant alone, and DHEA.

And in my practice, I tend to use progesterone a lot in women with perimenopause to help balance out the estrogen dominance that they may be experiencing.

Also, progesterone, pregnant, alone and DHEA can all be very helpful in woman undergoing chronic stress and having some adrenal issues. Estrogen is one of the hormones in estrogen replacement therapy, but hormone replacement does not always mean estrogen.

And the other myth that I think that is becoming more prevalent recently, especially with the social media boom menopause, is that every woman needs hormone replacement.

This is not true. So if you're one of those women that doesn't want to use hormones because of personal reasons or family history, or really if he don't have any symptoms that require hormone-replacement therapy, you don' need to feel left out.

Not every women needs a hormone replacements. So now that we've gotten some of the myths out of way, let's look at a few facts.

Benefits for Menopause Symptoms

As I mentioned, there has been some newer research looking at bioidentical hormone replacement therapy, and this has shown that it can be very helpful with some key symptoms in menopause, such as hot flashes and night sweats.

Progesterone can very be helpful in improving sleep quality, as well as, after we get rid of hot flash and nights sweats, you'll be sleeping better too.

hormone replacement therapy also can improve mood and energy and joint aches that can come along with menopause. So there are a lot of acute symptoms that could be helped in menoppause with hormone-replacement therapy and some long-term benefits as well.

One of the reasons that women have lower rates of heart disease is because of estrogen compared to men. Improving estrogen for a longer period of their lifespan helps to reduce risks of heart disease.

Newer studies have also shown that for women with family history of dementia, that estrogen and progesterone replacement therapy during menopause may reduce their risk of Dementia by about 80%. And that's big.

Research has also shown that bone density can be maintained or improved using hormone replacement therapy and menopause. So as women go into menoppause, they lose most of their bone intensity most rapidly in those first three years of menopus as they're losing estrogen receptors and estrogen in their bones.

by using hormone replacement therapy and providing that estrogen, we don't have that dramatic drop-off in estrogen receptors in our bones and we can maintain bone density.

Then later in life we have bone-density loss related to age, but that's more on par with men and don have a big drop related menopause.

Heart, Brain, and Bone Protection

So far, I've been talking about the systemic results of estrogen therapy and hormone replacement therapy, but there are actually some applications to use it locally too.

So some of the common symptoms of low estrogen postmenopause are vaginal dryness and vagina tearing and irritation, which can lead to urinary tract infections.

Also, we lose pelvic tone after menopause in those muscles, and this can cause some overactive bladder symptoms or urinary leakage. using estrogen locally and DHEA locally as far as in a cream or in suppository has shown to improve these symptoms that relate to vaginal dryness and our bladder and urethra.

So even if you're not a candidate for systemic hormone replacement therapy, you may want to look in these local options to help with these acute symptoms.

So even though there's lots of new research coming out, you always want to stay on top of it, there are some key points to keep in mind. So the newer research is using bioidentical hormones, meaning hormones that are identical to the ones that we'd be producing normally, or a combination of bio identical estrogen and synthetic progestins, which mimic pro testosterone, but aren't exactly just like the pro gesterone that you make.

If you're considering hormone replacement therapy, starting it within the first three years of menopause is the most important if you are looking for those preventative factors for your heart, dementia and your bones.

But definitely starting hormone therapy if your going to do it by the age of 60. It is shown not to be safe after that age to begin hormone-replacement therapy.

Local Vaginal and Bladder Treatments

We always wanna use the lowest dose necessary to reach physiological levels, meaning we're trying to mimic what your body would be producing naturally to maintain safety.

If you're having those local symptoms in your bladder or vagina, you wanna go for topical or suppositories because systemic pills, patches for hormone replacement therapy don't improve those symptoms as much.

And when it's time to stop hormone-replacement therapy, You want to wean off those hormones slowly. This helps your body go through the transition naturally.

You don't want a stop cold turkey because then you'll be putting yourself in another menopause situation just a few years down the line.

When to Start, How to Dose, and Doctor's Rules

And as a naturopathic doctor, I have some of my own hormone therapy rules that I follow. I'm always using bioidentical hormones that are from natural sources such as plants, that have been changed to be bioidentical to our own hormones that we make.

I always go by lab testing as well as symptoms. So before prescribing any hormones, we want to have some urine or saliva tests looking at your hormone levels.

And then if we're using estrogen, I'll always pair that with a form of progesterone to protect your ovaries and your uterus. And we're always starting hormone replacement by the age of 60 and not afterwards.

And then from there, we are always doing annual lab testing and reassessing the need for your hormones.