A Balanced Approach to Menopause

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Currently, there is much controversy regarding how to manage a woman's natural changes in her life and menopausal symptoms. From our perspective, treating & management has always required a very individualized approach. One dose, one size does not fit all women, and never did. The recent revelations of the Women's Health Initiative in the US, and the Million Women Study in the UK have made physicians and patients stop looking at menopause as a disease that requires medication, or that one or two drug options are the "right" prescription for everyone.

Now health care providers must actually have a conversation with patients about their lifestyle, their health choices, their priorities, risk factors, goals and fears. No knee jerk prescriptions for everyone. Nor is the answer that hormone therapy is wrong for everyone because of some risks associated with their use.

So, first we need to find out how a woman is experiencing her change of life. Ask. Are there problems with sleep, mood, sexual functioning, hot flashes or night sweats that interfere with daily functioning? Are there memory or other cognitive problems? Are there palpitations, anxiety, depression, and irritability? Is vaginal dryness a problem or are urinary incontinence or infection occurring?

These issues are assessed through a complete history and physical examination - by really listening to the woman and hearing her concerns. Testing is often needed to evaluate which hormones or nutrients may be deficient, and what risk factors a woman may have, which would alter the type of therapy or kind of hormone delivery approach that is used.

For some women, oral forms of hormones may not be best, but transdermal (through the skin) or across mucus membranes may be preferable. There may be problems not just with "females" hormones of estrogen and progesterone, but also testosterone, adrenal and thyroid hormones as well. Hormone levels can be tested using blood, urine or saliva. Each method can be useful, and each has limitations.

Replacing hormones the body has itself made (which are called bioidentical hormones) can help with many of these symptoms, sometimes locally, such as vaginal estrogen if vaginal and bladder symptoms predominate. Sometimes hormones are used systemically via prescription pills, patches, transdermal creams, transmucosal lozenges, or even suppositories can be used. Even some non-prescription hormone preparations may be warranted.

If a hormone therapy is indicated by the woman's particular set of signs and symptoms and deficiencies determined during the symptom analysis and testing phase, the preference of Women in Balance is to use hormones that are most like what a woman's body has been making which are called "bioidentical hormones."

Bioidentical hormones are taken in and used by the cells in the proper way that nature designed. Synthesized drugs, including synthetic hormones (or non human identical), do not fit on the

human cell receptor exactly right, and can cause side effects and tissue effects unlike what nature intended when these receptors were designed.

A wealth of research has been performed, and more needs to be done, on the benefits of bioidentical hormones and improved safety in some health areas. Natural progesterone, for example has been shown in a large study from France to be associated with a lower risk of breast cancer than synthetic drugs called "progestins."

For estrogen these bio-identical hormones include estradiol, estriol and estrone. All the commercial patches in use today, and many commercial pill forms of estrogen are "estradiol". Others are not bio-identical, but are touted as "natural" because they come from plant or animal sources – yes, these are from nature, thus they are "natural", which is how the term came to be, but they are not identical to a woman's naturally made hormones. For this reason, we do not use the term "natural" as it has become confusing. We use "bioidentical" because this is the accurate way to describe hormones that are just like the ones our bodies make.

Estrogen made from horse urine, such as Premarin, may be from nature, but it is not "natural" to the human female. Likewise plant hormones may be from nature, but do not fit human hormone receptors exactly right, as do human bio-identical hormones.

For progesterone, there are commercially available prescription pills and transvaginal gels of bio-identical progesterone. There are also many brands of non-prescription, low dose transdermal creams of bio-identical progesterone available. Those that indicate they use "USP progesterone" and indicate how many milligrams or grams are available in the product are more likely to be reliable brands.

Testosterone is a bit trickier, as research on its use in women is somewhat sketchy. However, problems with low libido, muscle weakness and general low energy, along with a documented low testosterone level, can sometimes be ameliorated with careful use of testosterone by prescription.

Hormone therapy also has shown value in preventing and treating osteoporosis, and may be beneficial in preventing colon cancer and slowing the onset of Alzheimer's disease, although some studies on estrogen for improving cognitive function have been disappointing.

The biggest risks of estrogen use include a slightly higher incidence of breast cancer and stroke in users *vs*. non-users. Some women report weight gain on estrogen and weight loss when stopping its use, although large studies have indicated that women gain an average of 5 pounds around menopause, regardless of hormone usage.

But not every woman wants or needs hormone replacement. More importantly at midlife, women need to evaluate their lifestyle choices. Smokers have a much higher incidence of hot flashes and other menopausal symptoms, as do heavy drinkers (those who ingest more than 7 alcoholic drinks per week.)

Women who exercise regularly have far fewer hot flashes than those who are sedentary. Stress is a big factor in worsening menopause symptoms; especially hot flashes/night sweats, anxiety/palpitations, low energy and mood disorders – because the nervous system cannot keep up with the demands being put upon it deprived of proper sleep, nutrition and overall "balance." Trying to "do it all" at midlife has its physical consequences.

Nutritionally, women should limit their sugar, fat, alcohol, caffeine and refined carbohydrate intake. We should increase our intake of whole fruits, vegetables, whole grains, water and possibly soy. Cruciferous vegetables (cabbage, broccoli, cauliflower, bok choy, brussel sprouts) have properties that protect us from breast cancer (and prostate cancer for our male friends/spouses!)

We need to exercise regularly: at least a 20-minute walk 3-4 times a week and strength/flexibility exercise 2-3 times a week. Yoga, breathing exercises, meditation, journaling, and psychotherapy all can help us with stress management.

Finding our purpose in life and setting priorities to care for ourselves is key at midlife.

Sometimes support for other aspects of the endocrine system – especially the thyroid and adrenals – can be crucial to feeling great at menopause. Neurohormones – substances found in the brain and in nearly all tissues of the body as well – are often out of balance. Some women find Chinese Medicine – especially certain individualized herbal formulations - to help enormously in re-balancing the system to achieve wellness. Certain other foods, supplements and herbs can also be useful to not only manage specific symptoms, but also help achieve overall balance.

In summary, menopause is a life transition full of challenges and opportunities for growth. It is not a "disease" requiring medical intervention, but sometimes symptoms can be significant enough to warrant intervention for some period of time. Each woman's menopause journey will be different, and their choices and needs require individualized attention.