

**Bio-identical Hormones**  
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Menopause is a time of transition in a woman's life. No two women enter into menopause the same and thus cannot address the issues that arise with a one-size-fits-all treatment approach. Menopause is a normal part of the aging process that affects women in their 40's and 50's. The definition of menopause is the cessation of the menstrual cycle. It is not a disease condition, although is often thought of and treated as a disease. A woman becomes postmenopausal after going an entire year without a menstrual cycle. However, a woman may experience signs and symptoms of menopause years before the menstrual cycle actually stops.

Typical symptoms of menopause:

- \*Hot flashes
- \*Night sweats
- \*Insomnia
- \*Low libido
- \*Mood swings
- \*Vaginal dryness and pain with intercourse
- \*Joint pain
- \*Decreased memory and concentration

There are several treatment options available to women and as women become more educated about these options they often ask their physician which treatment is best for them. Most often it depends on a woman's individual risk factors for breast cancer, heart attack, stroke and osteoporosis. Treatment options include bio-identical hormone therapy, botanical/herbal medicine, homeopathy, diet and nutrition, and nutritional supplements. Sometimes the best approach for managing symptoms is a combination or one or more treatments. Some physicians are not trained in all the possible treatment options and may not understand that some herbs interact with medications.

What are bio-identical hormones?

For decades, women in the U.S. have been prescribed hormones for menopause. In 2001 all that changed with the release of the first large double-blind placebo controlled study on the use of hormones in post-menopausal women. This study was called The Women's Health Initiative and showed that hormones use had a slight increase in breast cancer risk, stroke and heart attack. However, this study was done using synthetic hormones. A very specific yet commonly prescribed formula of estrogens from horse urine, and synthetic progestins. This study was not done using bio-identical hormones which are very different.

Bio-identical hormones are compounds that have exactly the same chemical and molecular structure as human hormones. In contrast, non-bio-identical, or synthetic, hormones are structurally different from the hormones a woman's ovary makes. Bio-identical hormones are made both by conventional pharmaceutical companies and compounding pharmacies. The bio-identical hormones made by conventional pharmaceutical companies come with limitations in

dosages, and control of additives and fillers. Compounding pharmacies can formulate estrogen plus progesterone pills and creams, estrogen only pills and creams, and can add other bio-identical hormones such as testosterone and DHEA as determined by the physician. The compounded hormones come with unlimited dosing options and the ability to titrate the dose up and down depending on how a woman responds. It allows for more individualization of hormone therapy.

#### Are bio-identical hormones safer and more effective?

In theory yes they are. But in reality we are just beginning to see research that includes the use of bio-identical hormones. Remember, synthetic hormones were the main choice for hormone therapy in menopause for decades. After the publication of the Women's health Initiative study, more and more women turned to bio-identical hormones and thus the research has followed. A recent study showed that a combination of bio-identical estradiol, estriol and progesterone has positive effects on symptoms and less risk of breast cancer and cardiovascular disease. However, a study from 2009 showed an increase risk of ovarian cancer from the use of hormones in menopause regardless of the type of hormone used, (synthetic verses bio-identical), duration of use, or route of administration.

#### Bio-identical formulas

A woman's ovary in her younger years mostly produces estradiol (E2), progesterone and testosterone. Estriol (E3) is converted in the body from estriol. Estrone (E1) is the dominant hormone in menopause being converted from another hormone in a woman's adipose tissue or fat. Most physicians no longer add Estrone to bio-identical hormones due to the slight increase risk of breast cancer from Estrone metabolites. So a formula typically consists of the two estrogens; estradiol and estriol. If a woman has a uterus she MUST have progesterone added to the formula to protect the uterus. Often times a doctor will add testosterone and DHEA as well. Keep in mind that bio-identical testosterone converts to estradiol thus increases the amount of estradiol and possible breast cancer risk. Bio-identical hormones formulation and prescribing can be confusing a woman should seek out a practitioner that has experience and training in order to formulate a product that is right for you.

#### Who is not a candidate for hormones?

- \*Personal or family history of breast cancer
- \*Personal history of ovarian or uterine cancer
- \*Known clotting disorder or history of blood clots
- \*Personal history of stroke or TIA (mini-stroke)
- \*Personal history of heart attack or high risk for heart disease

If you are not a good candidate for bio-identical hormones there are still plenty of options for treating the symptoms of menopause. These include herbal medicines, nutrients, amino acids, bio-flavinioids, homeopathic remedies, and of course diet and nutrition. The goal is to decrease the symptoms of menopause without causing any harmful side effects. At the same time protecting a woman from disease conditions common after menopause, such as osteoporosis, should be included in a comprehensive individualized treatment approach.

Dr. Marchese is an expert in menopause options and can help you sort out what option is best for you. [www.drMarchese.com](http://www.drMarchese.com)

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