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Patient Powerline from the desk of Marie Savard, M.D.

## RE: Adding More Fuel to the Fire of Menopause

It seems that you can't pick up a newspaper or turn on the television without hearing about hormone replacement therapy (HRT) for women in menopause. Last week I was asked by the Philadelphia Inquirer to write the lead article in the Commentary section on HRT. I thought I would share my thoughts with all of you as well. To all of you who already read my Commentary Sunday Inquirer, I ask your forgiveness.

## Adding More Fuel to the Fire of Menopause

The issue of hormone replacement therapy (HRT) is a critical one for millions of women approaching or already in menopause. Unfortunately new information on hormones often dramatizes and politicizes the latest findings but does little to address each woman's unique circumstances and needs. As often occurs in medicine, there are reasonable opposing viewpoints. The latest information at first glance seems to represent a victory for the opponents of both estrogen therapy and the pharmaceutical companies who produce them. The truth is – it's not that simple.

Menopause is not a medical condition, but rather a normal process of aging marked by the cessation of ovarian function resulting in a decline in estrogen and disappearance of progesterone. As almost every tissue in the body has receptors for estrogen, the decline does contribute to osteoporosis, heart disease and vaginal atrophy and may contribute to Alzheimer's disease, macular degeneration and dental problems.

No one can contest that HRT is the most effective treatment for the relief of menopausal symptoms including hot flashes, vaginal dryness, sleep and mood disturbances. Whether long-term HRT is safe and effective for the prevention of heart disease and osteoporosis was the subject of the recently reported randomized placebo controlled trial conducted by the National Institutes of Health (NIH). This study was stopped after 5 years because the overall health risks (increased breast cancer, heart disease, stroke and blood clots) using the most widely prescribed combination of estrogen and progestin (Prempro) was found to exceed the benefits (reduced colon cancer and hip fractures). The increased risk of breast cancer was less than previously suspected and was seen only after 4 or more years of treatment. The increased risk of heart disease in presumably healthy women was unexpected. The study did not assess the important quality of life benefits that have prompted women to take hormones for the past sixty years.

Importantly, it was the combination pill that was responsible for the increased risk and *not* estrogen alone. The estrogen only part of the study for women who have had hysterectomies has not shown to date an increased risk of adverse outcomes and will conclude in 2005. The *only* reason a progestin is combined with estrogen is to prevent the build up of the uterine lining and lower endometrial cancer risk. The authors of this

study note that the results do not necessarily apply to lower dosages or to other formulations (pill, cream or patch).

The implications of this study reemphasize that there will never be a “one size fits all” approach to hormone therapy. The reason for taking hormones as well as the type, dose, and route of administration all needs to be considered on an individual basis. Age, weight, prior hormone use, genetic profile, susceptibility to blood clotting and medical conditions such as hypertension and migraine are important.

For women who have had a hysterectomy, estrogen alone will relieve symptoms, prevent bone loss and likely reduce osteoporotic fractures. The evidence so far suggests it is safe, at least for the short run.

For women who have troublesome symptoms and have their uterus, taking estrogen as a pill or patch at the lowest effective dose still makes sense. In fact, half the dose of estrogen used in the NIH trial is adequate for many women. However, most will still need some form of progesterone, either in a pill or topical form, to protect their uterus. Natural progesterone is effective and may be safer than synthetic progestins.

Women have always chosen to start and stop hormones based on their perceived benefits and experienced side effects. The latest news should encourage women to collaborate with their practitioners and customize a plan that best fits their needs.

What does seem clear is that taking the combination of hormones used in this trial *solely* to prevent heart disease and osteoporosis no longer seems like a good idea. What role newer formulations and doses will play is anyone’s guess. It is my belief that hormones will continue to help many women, but not surprisingly, questions remain.

Once again the message that each one of us must be fully involved in all our important health decisions is a critical one. Obviously there is no “one size fits all” solution for everyone. There rarely is in medicine. Each person must weigh all the evidence (thanks to the Internet, you have all the up-to-date information at your fingertips), consider your unique personal and family history, consider your symptoms and circumstances, and then decide on the one thing that makes sense for you. Before trying anything, know exactly why and what you are trying to accomplish.

Remember, if you try a specific medical regimen and it doesn’t achieve your stated goals, and then switch to something else. I have heard from so many women who were started on HRT but were never quite sure why. That goes for every medication you take. Most patients on the statin medications such as Lipitor to lower their cholesterol do not know their target or treatment goals and many aren’t getting the benefit they should. For example, if you have heart disease or diabetes, your LDL cholesterol should be under 100. Is yours? Are you taking the right dose? Do you know what your LDL cholesterol number is?

Now is the time to go through every medication, vitamin and herb that you take on a daily basis and ask yourself the reason for it, is it meeting your goals, would something else work better and safer? Although the news about HRT is not really all that new, it is a great reminder to everyone that every pill we put into our mouths counts and all have the potential to be helpful or hurtful. First talk about your medical concerns and questions with your doctor. At the end of the day, only you can decide what works best for YOU!

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Have a great summer!!

Warm regards,

Marie Savard, M.D.

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