

# THE LATEST DISCUSSION ABOUT BIOIDENTICAL HORMONES 2009

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Ever since Oprah aired two shows on bioidentical hormones there have been questions and concerns about comments voiced by the “experts” that appeared on the shows. Unfortunately the interviews created some confusion, even amongst our enlightened clients. The following is an attempt to clarify some of the issues raised. It remains amazing to me that these “experts” do not understand and/or are unaware of the medical literature supporting bioidentical hormones and hormones in general.

### ***#1 Concern: Hormones are harmful and should be taken for the shortest time necessary to control perimenopausal symptoms.***

Answer: I agree if the hormones are synthetic, like Premarin and Provera. The combination Premarin and Provera have demonstrated an increased risk of breast cancer, strokes and heart attacks. However, do not extrapolate the harm of synthetic hormones to bioidentical HRT. Natural progesterone has never been demonstrated, in any study, to increase these risks whereas Provera has definitely been shown to increase these risks. Natural progesterone has been shown to decrease the risk of breast cancer, whereas Provera increases breast cancer in every study to date. Natural estradiol has been proven to not have the clotting or inflammatory properties as does Premarin.

### ***#2 Concern: Dr. Wolfe Utian from the North American Menopausal Society (NAMS) states that hormones are all the same whether bioidentical or synthetic. Therefore they all share the same risks and harm.***

Answer: Absolutely False! Nothing could be further from the truth. The chemical structures are different and that makes a difference in how the cells in the body respond to the hormone. A synthetic hormone does not fit perfectly into the hormone receptor site and thereby can cause harm and side effects. In my book, “How To Achieve Healthy Aging,” I cite over 200 references to medical articles that support the healthy benefits of bioidentical hormones without the harm of synthetic hormones. Evidently these “experts” are not reading the same research I am.

### ***#3 Concern: All women should be using a transdermal (skin cream or patch) application of estrogen.***

Answer: False. Although the current trend is to prescribe transdermal creams in place of oral estrogen, the medical studies give us some compelling data. Oral estrogen is far better at cardiovascular protection (less heart attacks and strokes) than transdermal cream. Transdermal estrogen has minimal effect on improving serum lipids (good or bad) – whereas oral estrogen certainly does. Studies have demonstrated that oral estrogen’s effect on cholesterol, LDL and HDL, provides the most protection, whereas transdermal provides much less protection and therefore much less cardiovascular protection in the long run. In a few women with a particular health history, oral estrogen is contraindicated and transdermal is recommended. However this is not the case for most women. Oral estrogen has many more health protective benefits than does transdermal estrogen and thus is the preferred form of estrogen.

### ***#4 Concern: Oral estrogen causes blood clots in legs and lungs.***

Answer: True and false: it is primarily Premarin and Provera that cause this, particularly Provera. However, the Journal of the American Medical Association (JAMA) published an article demonstrating blood clots with Premarin but not with other oral estrogens. Another study proved that oral estradiol did not increase blood clots. If you have experienced a blood clot in the legs or lungs or have a genetic clotting disorder, transdermal estrogen is safe and preferred. If you do not have a high risk for a blood clot, oral estrogen is more effective and protective.

### ***#5 Concern: All women on oral estrogen should take aspirin.***

Answer: True, but only if you have had a heart attack or stroke. If you have not had a heart attack or stroke, then absolutely not. Recent studies demonstrate that aspirin benefits women only if you have had a prior incident. But aspirin is of no benefit in prevention if you have never had a heart attack or stroke. In fact, several studies show that aspirin might be harmful! 20,000 people die every year from bleeding or hemorrhaging while taking aspirin. Summary: if you have had a prior heart attack or stroke, then you should be taking aspirin. If you have not, you should not take aspirin and you should be on oral estrogen for maximal cardiovascular protection.

***#6 Concern: Progesterone should be prescribed only as a cream.***

Answer: Absolutely False. In our experience, creams are inconsistently absorbed and often should be applied 2-3 times a day in order to maintain adequate levels. Most women can't be compliant with this regimen. Optimal levels of progesterone are particularly important because of the breast and uterine protection. Optimal levels are best obtained with sublingual or oral progesterone.

***#7 Concern: Saliva tests are better at assessing hormone levels.***

Answer: We continue to look at the information about saliva testing. There is no scientific evidence or basis for using saliva levels over blood levels. There is some correlation between saliva levels and blood levels for evaluating baseline levels of hormones while not taking any hormones. This is not true when monitoring hormones levels while a person is taking hormones. Saliva levels can be high when blood levels are low. This can give a false confidence that your hormone doses are giving you levels that are protective when they usually are not. Therefore we should abide by the medical studies that give us the guidelines for hormone levels that are the most protective. These studies utilize blood levels and not saliva levels. We want to achieve these protective blood levels that are well documented in all our medical studies for maximum breast and uterine protection.

***#8 Concern: Your estrogen replacement should be primarily estriol and not estradiol because estriol protects against breast cancer.***

Answer: There is no scientific evidence that estriol prevents breast cancer nor protects against heart disease, bone loss, or Alzheimer's disease. Therefore estriol has minimal beneficial effect in comparison to estradiol which is the primary estrogen. Estriol is a weak estrogen and has a minimal effect, with a primary effect on skin. Estradiol has been shown to provide the most protection and therefore is the estrogen of choice. (Multiple studies have demonstrated a decrease in breast cancer incidence when progesterone (not progestin) is added, but not estriol).

***#9 Concern: The experts from the menopausal and gynecological academies claim that there are no studies to support the use or benefit of compounded bioidentical hormones as opposed to conventional, pre-manufactured products.***

Answer: True. The FDA approval process for synthetic drugs is meant to prove that a drug is effective for the purpose intended, is absorbed properly, and maintains adequate serum levels to guarantee efficacy. These conventional, manufactured drugs are standardized and guaranteed to have a certain consistency and effectiveness. So how do we know that the prescriptions compounded by hand in compounding pharmacies are consistent and effective? We test levels in our patients and assure that the hormones prescribed consistently provide protective levels. If we are seeing a pattern of poor levels, we question the pharmacy on the source of their pure ingredients and their compounding process. Compounding pharmacies can have different procedures, but we must assure through serum testing that what is being dispensed provides exact amounts of hormones and efficacy.

**NOTES ON VITAMIN D – THE VITAMIN OF THE CENTURY**

Vitamin D has been in the spotlight lately. Even people with regular sun exposure can have a deficiency. Optimal Vitamin D levels provide protection against bone loss and osteoporosis, heart disease, cancer and dementia. You need Vitamin D to help calcium in bone protection. We used to believe that 400 IU daily was adequate. Much higher doses are necessary to bring blood levels to within a therapeutic range. We recommend 5,000 IU daily for most people. We recommend that serum levels then be tested to assure adequacy. Sometimes higher doses are needed to treat osteopenia or osteoporosis. Doses over 15,000 IU may be toxic which makes measuring levels advisable. In addition, we do strongly recommend optimal doses of Omega 3 FA. With fish oil, this is 1 teaspoon daily or 5 standard gel caps. And don't forget the multiple vitamins, minerals, antioxidants, and B vitamins.

We hope this information helps bring you up-to-date ! Always feel free to call if you have questions!

Wishing you the best of everything, especially good health !

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