

Women Have Been Misled About Menopause

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Menopause starts with perimenopause. That biologically chaotic phase leading up to a woman's last period. As levels of estrogen trend downward we can see depression, accelerated bone loss, first plaques of Alzheimer's disease, no menstrual cycles, heavy cycles, hot flashes, depression, memory loss, urinary tract infections and a decrease in libido. We see weight gain around the waist because the body is trying hold onto the estrogen that abdominal fat cells produce.

Yet when you go to your doctor their response (because they have received little to no training on how to manage these symptoms) is to assure their patients that this is natural. Why does our culture have a high tolerance for women suffering?

Why is this? To understand we need to look back in time. 1990 the 6th most prescribed medicine in America is Premarin. Premarin stands for pregnant mare's urine. They would stall a pregnant horse, collect her urine, concentrate it, sugar coat it and give to menopausal women. A woman's body makes two hormones estrogen and progesterone. Estrogen is the gas; progesterone is the brakes you need both. By giving women estrogen only, they were building up the lining of the uterus and by 1995 we saw an increase in endometrial cancer. Big pharma understood the need for progesterone, but no one could patent it and make money. That would be like me saying I can make melatonin, but you can't. So, they added an ester group to the progesterone molecule and called it medroxyprogesterone. They went to medical schools, pharmacy schools and nursing schools and told them that this was an oral form of progesterone. We now know it is not and it carries little of progesterone's benefits. This synthetic progesterone is called a progestin.

All along doctors have been interested in how estrogen affects the cardiovascular system. Women don't have heart attacks until they go through menopause then their rates catch right up with men. This led some to think that all menopausal women should be placed on estrogen. Yet, it was difficult to know if healthier women were choosing hormones or if hormones were making women healthier? in 1991 Congress called upon the National Institutes of Health to run a long-term, randomized, controlled trial to determine once and for all if estrogen supplementation was beneficial. At a cost of \$260 million the Women's Health Initiative studied health outcomes for 160,000

post-menopausal women for 15 years. There were different arms of the trials and in 2002 the estrogen & progestin was stopped prematurely because they said that the adverse effects outweighed and outnumbered the benefits. They found that hormone therapy increased the risk of cardiac events, strokes & clots. How much of an increase? Less than a tenth of 1% a year a year.

However, by the time the morning news got ahold of this they said that the risk of breast cancer was increased by 26%. This is misleading. A woman's risk of breast cancer between the ages of 50 and 60 is 2.33%..... if you increase that by 26% it would be 2.94%. Or for every 10,000 women who took hormones, an additional eight will develop breast cancer. Yet the damage was done. there was a 70% decline in hormone prescriptions for post-menopausal women. We should also point out that this arm of the study involved estrogen plus medroxyprogesterone. (Prem-pro). Could medroxyprogesterone have been the culprit not estrogen?

What were some of the positive findings from the WHI study? Women had 24% fewer fractures, there was a 20% decrease in diabetes and the estrogen only arm of the study found supplementation resulted in lower rates of breast cancer.

So what should a woman approaching menopause be thinking in regard to hormone replacement? The biggest take away from the last two decades of research is that what age you start hormone replacement is important. We have a window of opportunity. If you start a woman on hormone replacement at 50 there is no risk of elevated heart disease. But if you wait until she is 70 years old and then start her on hormones it doesn't go as well. Hormone supplement within a certain window perpetuates the wellbeing of the cardiovascular system whereas, if the system is in decline it can accelerate damage. .

Why aren't doctors more receptive? Medical schools don't teach menopausal education because there was no treatment considered safe and effective according to the National Institute of Health. So many doctors left medical school unprepared to offer guidance to menopausal women who need their help..... so instead of hormones they offer a "Menopause Cocktail" (anti-depressants, anti-anxiety drugs, sleeping pills, pain meds & muscle relaxants).

A lot of doctors looked to their colleagues at North American Menopausal Society for advice. In the past, this site was funded by Wyeth (who manufactured Premarin & Provera), which couldn't help but make them biased. Lately I noticed a change of direction and was curious about the new management. Turns out that NAMS has a new director, Dr. Stephanie Faubion who is also the director of the Mayo Clinic Center for Women's Health. NAMS now says "there are few women who have absolute contraindications for hormone replacement and that the benefits of hormone therapy outweigh the risks for women under 60 who have no contraindications. Contraindications include a history of a heart attack, a stroke, a clot or breast cancer).

For everyone else the decision has to do with the severity of symptoms as well as personal preferences and level of risk tolerance. “

Due to the information void, a vast menopausal wellness industry has developed. Two new sights Evernow and Alloy sell prescriptions directly to the patient.



Tahlequah Drug Company

Compounding Services

Wellness Services

BHRT replacement

ZRT saliva testing

Hormone Consultations

Quality supplements





