

February 2, 2009

The Doctor Is In: Bioidentical hormones treat menopause symptoms

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To relieve the discomforts of menopause, some women are turning to an alternative treatment known as bioidentical hormones. Media attention given to BIH intensified recently when Oprah Winfrey introduced millions of her viewers to these types of hormones, which are medications that have a chemical structure identical to the hormones the body naturally makes.

Because they are synthesized from botanical sources, such as soybeans or wild Mexican yams, bioidentical hormones are unlike the synthetic estrogen and progestin that have been prescribed to women for decades as part of traditional hormone replacement therapy.

Many women and their physicians have been cautious about HRT since 2002, when the National Institutes of Health abruptly ended the part of the Women's Health Initiative that was studying the health effects of taking a combination of synthetic estrogen and progestin. This clinical trial found significant increases in health risks associated with these synthetic hormones, including breast cancer, heart attacks, strokes and blood clots.

This information was surprising and troubling for the 40 million American women at or beyond menopause and the doctors who were treating them. Bioidentical hormones may offer an alternative for some women. These hormones do not carry the same risks as those cited in the WHI study.

Women in the WHI study took Premarin, a synthetic estrogen, and Provera, a synthetic progestin. Research suggests that Provera was the culprit in the increased incidence of heart attack and stroke. Natural estrogen and progesterone actually maintained the cardio-protective effects of the estrogen a woman's body makes and actually decrease the risk of heart attack and stroke.

Synthetic progestins, such as Provera, escalate breast cell growth, thus increasing the risk of breast cancer. In one double-blind, placebo-controlled study, a gel containing either a placebo, Estradiol, Progesterone, or a combination of estrogen and progesterone was applied topically to the breast daily during the 10 to 13 days preceding breast surgery. Estrogen was shown to increase cell proliferation rates by 230 percent, but progesterone decreased cell proliferation rates by 400 percent, showing that bioidentical progesterone prevents the development of breast cancer as opposed to synthetic progestins that cause breast cancer.

In 2008, one of the largest studies to date on HRT reported the association between various forms of HRT and the incidence of breast cancer in more than 80,000 postmenopausal women.

Compared with women who had never used any HRT, women who used estrogen had only a 30 percent increased risk for breast cancer. If a synthetic progestin was used in combination with estrogen, the risk for breast cancer increased 70 percent. For women who used natural progesterone in combination with

estrogen, however, the increased risk for breast cancer was eliminated.

Some bioidentical hormones produced by drug companies are approved by the Food and Drug Administration. Other bioidentical hormones are made at compounding pharmacies, which tailor the preparations to individual patients. These customized products, which can be taken in the form of creams, pills or suppositories, are not FDA-approved because they cannot be standardized.

Women interested in limited-duration bioidentical hormone replacement therapy should discuss their current health status and their family health histories with their physicians.

Samir S. Kadada, M.D., practices internal medicine and has privileges at Eden Medical Center. Dr. Kadada will lead a seminar entitled "Optimizing Your Life With Bioidentical Hormone Therapy" at 7 p.m. Feb. 24 at the Eden Medical Center, Castro Valley Campus. For more information and to register call 888-445-8433.

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