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Issue Summary Final

The Great Hormone Replacement Therapy Debate, What's a Woman To Do?

Experts estimate that 13.5 million women in the United States take hormones during and after menopause. Of those, almost 8 million take estrogen only, while about 6 million take a combination of estrogen and progestin. Progestin has been used to counterbalance one of the known harmful effects of estrogen thought to be responsible for endometrial cancer.That is, until the news broke in July of 2002. Two major studies revealed that the health risks of taking hormone replacements were now known to *outweigh* the benefits.

One study, performed by the NIH Women's Health Initiative, also discovered that the risk of endometrial cancer was unaffected by hormone replacement therapy (HRT). No one knows for sure how many women have abandoned hormone replacement prescribed to mitigate the discomfort of menopause. Or to stave off osteoporosis. Or to reduce their risk of various heart conditions and cancers.

This issue is being addressed by many women today with continued research for safety and long term effects, outweighed by a women's need for relief from the discomforts of daily premenopausal symptoms as well as postmenopausal. It's a real concern for women everywhere, and to discuss this further are some articles on different perspectives for HRT therapy and what is really the safe way? There has definitely been a rise and fall of Hormone Replacement Therapy, according to some of the writer's of the articles that are included, you make the decision that is best for you. There are things every women should know before taking HRT, and understand there are risks for estrogen therapy or are there really?

There are two different types of Hormone therapy, one is BHRT (bioidentical hormone therapy). Dr JoAnn Holoka, Bioidentical Hormone's expert and Bodylogic MD wrote in regards to this in her article, "Bioidentical vs Synthetic Hormone Replacement in Menopause", 2011. Dr Holoka is part of a network of highly trained physicians from across the county who use BHRT to anyone suffering from hormone related conditions such as fatigue, menopause, and andropause (male).

Studies show that HRT declined significantly in 2002 when it was discovered that the combination of hormones that women were taking could cause breast cancer, heart disease, and strokes. Dr Holoka points out that the problem with the studies were focused solely on women using synthetic hormones (Premarin, a largely prescribed HRT example). Dr Holoka introduces and compares the synthetic treatments to advanced treatments which are natural HRT alternatives (BHRT) and the purpose is that they are molecularly designed to the hormones from natural plant based sources, soy and yams. Dr Holoka states in her opinion that the advantages of BHRT outweigh any risks and make life comfortable and safe for the menopausal women. This is one approach to take for women, if they have currently been prescribed and are using the synthetic HRT, women may want to look further into the bioidentical hormone therapy treatments available, which seem to be a more current trend for women suffering from menopausal symptoms. This is definitely an option to consider and more and more doctors are researching this to indicate that they may in fact be better for an HRT treatment option rather than just foregoing any treatments.

Due to the discovered risks which heightened in 2002, there are more opinions about taking an HRT treatment. Here is an example of another by Mark Stibich, Ph.D, "Estrogen and Aging" from About.com, July 23, 2007. He states that after reviewing history on HT treatments according to women over 65, it appears it could be very risky, and even more health issues will climax. He states that estrogen therapy has not yet been completely absolved of any risks. Further research shows that eventhough it helps women to cope with the daily menopausal symptoms, the long term effects can be dangerous and should always be addressed with your physician.

Research has also indicated that the FDA is not currently considering taking estrogens or estrogen-progestin drug products off the market, although it promises to evaluate the ongoing safety and effectiveness of the HRT drugs, as it always has. Currently the FDA seeks to minimize risks and maximize benefits of estrogen by ensuring that women health care providers fully understand these risks and benfits.

Thirdly, is the open ended options and an overview into HRT treatment SaraReistad-Long discusses in her article, “Midlife Meds”. Sara is a writer for the “O”Oprah magazine, August 2009 issue she delves into this issue for women. Her discussion was taken from a doctor Laura DeFina in Dallas, Texas which points out interesting facts about the different treatment plans in a brief analysis. Each of the treatments are for those who desire help, but as with all drugs there can be risks and drawbacks to each. She wrote this article to enlighten the reader’s minds to different options. She concludes many HT treatments help those suffering from “midlife” and allow women to experience a more fuller life. In contrast side effects might be breast pain, vaginal bleeding, headaches, weight gain, etc. But, it can also relieve the worst symptoms of menopause. A lot to consider when beginning any treatment plan.

So…What's a Woman To Do?

If you're confused about the research findings and are having trouble deciding what to do about your own health, plan three important steps:

Find out all that you can about estrogen and other hormones. Read brochures and web sites published by reputable agencies. List any questions that you have. Take these questions to your physician, your gynecologist, or your health practitioner. Find out about classes or information sessions planned at your nearest Women's Health clinic. Chances are, these classes or session will be free or very low cost.

If you and health care providers disagree about a course of action, list the pros and cons and clarify each one. Don't forget to review your family history of such conditions as breast cancer, endometrial cancer, heart attacks, blood clots, colorectoal cancer and coronary heart disease. Address this question: Why am I taking or why should I take hormone replacements? Experts in

women's health have said that although the health risks associated with hormone replacement therapy were higher than expected, they saw no reason for women to abruptly cease taking hormones. You're not in danger if you continue for the time being. Take your time.

In conclusion, the final chapter on estrogen has not been written. Though there still might be a place for HRT drugs to treat symptoms such as hot flashes and night sweats, there seems to be limited hope for the use of estrogen to prevent other illnesses. New approaches and new drugs to treat menopausal symptoms are constantly arriving on the scene, but each poses the challenge of translating information and dosages based on large studies and statistics into a treatment that is tailored to an individual's woman's needs. Each of these articles are similar in the fact that they all recommend to seek a physician to find out what is truly best for you, even when the author feels strongly about a certain type of treatment.

And finally, the consuming public should make an effort to be more informed about the drugs they are taking by doing independent research on the drugs, doctors, and health organizations may have biases from pharmaceutical companies and thus their information should not be necessarily be taken at face value. Prescribing drugs for preventative means to healthy women should be done with the upmost of caution!

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