

## BIOIDENTICAL HORMONES



**I'D LIKE SOME GREEN ONES, PLEASE:** bioidentical hormones are made up in pharmacies after a "calculation" is done to appraise deficiencies.

All women eventually become menopausal and many experience menopausal symptoms, which are thought to be caused by fluctuating hormone levels occurring as a result of decreasing ovarian function.

Menopausal symptoms affect an estimated 85% of women and include hot flushes and night sweats, palpitations, sleep disturbance, changes in skin with thinning dry skin, joint aches, increased body weight and abdominal fat, mood changes such as irritability and anxiety and changes in the vagina and bladder leading to vaginal dryness, irritation, discomfort during sex, passing urine more often, passing urine at night and discomfort when passing urine.

For many years healthcare professionals have sought effective, safe treatments for these symptoms, which in many women can be severe and can significantly affect quality of life. Hormone Replacement Therapy has been used for more than 60 years and has been clearly shown to effectively treat menopausal symptoms. Until 2002, HRT was used confidently by millions of women world-wide but since the publication of the Women's Health Initiative trial in July 2002, many women and their healthcare professionals viewed the use of HRT as being of great risk, despite the fact that it has since been shown that when used appropriately in the early years of

# Suits you ma'am?

Dr Heather Currie looks at the value of bioidentical hormones and whether it deserves the celebrity attention it is receiving

the menopause (up to age 60) and in some women beyond this age, the benefits outweigh the small risks. Because of the unfounded fears, the use of HRT has fallen dramatically since 2002.

Many women have turned to alternative therapies and techniques for symptom relief and according to a recent survey on [www.menopausematters.co.uk](http://www.menopausematters.co.uk), 95% of women said they would try an alternative therapy first, before HRT for menopausal symptoms. The latest popular therapy is bioidentical hormone therapy, which has received much media and celebrity attention.

Before reviewing the case for bioidentical therapy, let's consider the hormones involved in the normal functioning ovaries and in the menopause. The main estrogen produced from the ovaries in the years before the menopause is estradiol, while the main estrogen produced from the placenta during pregnancy is estriol and estrone is the predominant estrogen after the menopause. In addition, a small amount of estradiol is produced by conversion from estrone and

testosterone. Estrone is not produced directly from the ovaries but from conversion of androgens (testosterone and androstenedione from the adrenal glands and a small amount from the ovaries).

Estradiol, the predominant estrogen prior to menopause, maintains vaginal health, bone health and prevents hot flushes and night sweats. The fluctuating and declining level of estradiol, which occurs when the ovaries stop functioning normally, is thought to be the cause of the consequences of the menopause on symptoms and vaginal and bone health.

The estrone produced after the menopause is not enough to prevent the consequences of the menopause. The aim of HRT is to counteract the consequences caused by the lack of estrogen by replacing it and in many types, estradiol is used. If estrogen is used in women who still have an intact womb, then progestogen is given in addition to prevent stimulation of the womb lining, the amount needed having been carefully researched. Most types of HRT are estro-

gens and progestogens that have been produced from plant sources in the laboratory under carefully controlled conditions to resemble as much as possible the naturally produced hormones estradiol, progesterone and testosterone. Hormone composition is produced in accurate doseages that have been determined by much detailed research.

Bioidentical hormones are mixtures of hormones (compounded products) that are made up in pharmacies and are being promoted as hormones that exactly resemble our own hormones.

Practitioners claim to be able to calculate the exact amount that each woman needs from salivary hormone levels, then replacing the precise amount of estrogen, progesterone and testosterone. Although this may sound natural, safe and quite believable, unfortunately products are unregulated and using the term "natural" is misleading; most bioidentical hormones are derived from plant sources, as are most types of HRT, but as with HRT, must undergo synthetic processing to obtain the hor-

mones used. Further, using hormone levels in saliva to predict which hormones should be replaced is unreliable since hormone levels fluctuate significantly and are dependant on many factors such as diet and time of day. Hormones level found in saliva do not represent what may be going on in the bones, brain or womb and really cannot indicate how much hormone should be replaced.

Common components of compounded products include estrone, estradiol, estriol, testosterone and micronised progesterone and are dispensed as capsules, creams, drops applied to the tongue and lozenges.

There are currently no controls or regulations on the production, prescribing or dosing of bioidentical hormones. Concern has been expressed about both the safety and effect of bioidentical hormones since very little scientific information is available. In January 2008 the FDA (United States Food and Drug Administration), sent warnings to a large number of manufacturers of bioidentical hormones expressing concern about the manufacturers' claims about safety, effectiveness and the superiority of their products, yet marketing and promotion is widespread.

Conventional HRT remains an extremely useful therapy for managing the consequences of the menopause including the control of symptoms and the many long-term health effects such as bone thinning with risk of osteoporosis. HRT has been extensively researched and its production from natural sources is strictly controlled.

The possible benefits and risks of bioidentical hormone therapy are as yet unexplored and there is a severe shortage of information available to support its effectiveness and safety claims. To be able to advise women correctly, studies are desperately needed and regulation is required. Meanwhile, if hormone therapy is necessary, it would in my opinion seem much safer at the current time to remain with controlled, well researched conventional HRT.

## Wives and partners take note

It may come as no surprise to learn that in a recent tickbox survey that three-quarters of men were fairly clueless about the menopause. Over the years, men have probably heard about the menopause, mentioning it only in hushed tones as if it were some kind of dreaded plague. And now a recent survey reveals that middle-aged men (those approaching 50), know little or nothing about the condition.

Novo Nordisk carried out the survey, which is one of the leading manufacturers of low-dose hormone replacement therapy and they "found that many men feel their sex life has been negatively affected now their partner has entered the menopause, yet only 3% of men were aware that painful sex is a symptom of the menopause".

A remarkable 74% of men over 45 said they knew little or nothing about the menopause even though their wives or partners were possibly experiencing flushes and other menopausal symptoms. It appears that men are "uncomfortable" talking about the menopause to their wives. Men are least likely to be able to talk to their partners about intimate dryness (13% would not talk about it) – men were more likely to discuss weight gain (6%) and incontinence (10%).

More than one-third of men (38%) felt their sex life had changed now their partner had entered the menopause, with 22% saying it's changed their partner's body, making sex difficult.

One-fifth said their menopausal partner was more liberated sexually now that the family had "flown the nest".



vaginal dryness, which may affect their sex life.

"Women can sometimes feel less confident, influenced by their changing bodies at this time and having a partner who they feel understands and listens is encouraging.

Denise Knowles, a Relate counsellor and sex therapist says: "An open discussion between men and their partners is a really healthy thing – it will help couples to address menopausal symptoms such as painful intercourse and

By getting couples talking, they will understand that the menopause doesn't mean an end to their sex life. In fact, as one-fifth of the men recognised, with the right treatment post-menopausal sex can be incredibly liberating."

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