



healthy living

HRT: SURVIVING 'The Change'

By Cheryl Fenton

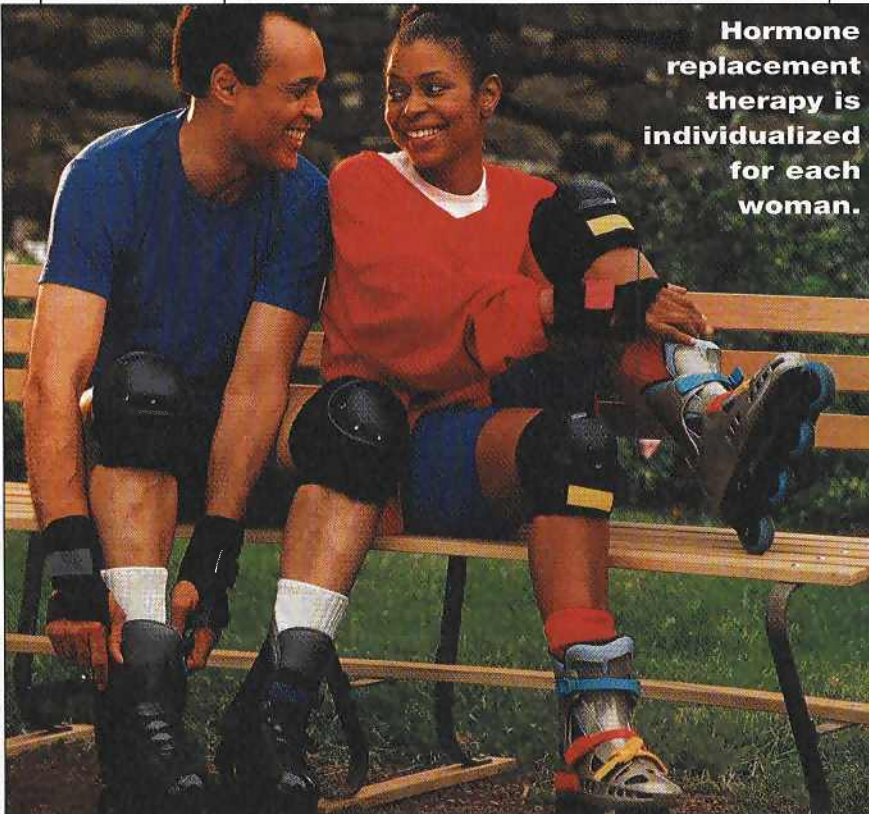
Checking a different age category box on a survey. Hearing your favorite song from childhood on the Oldies station. Realizing that the little girl who lived down the street just graduated from college. Climbing into your late 40s/early 50s is tough

experience during menopause. These include hot flashes, sleeplessness, night sweats and mood swings. But for some, relief is just a pill (injection, cream or patch) away.

Hormone replacement therapy (HRT) is a treatment that aims to partially restore the hormones that naturally decrease as you enter menopause.

For more than 50 years, millions of women have been helped through the tough times with the administering of estrogen, progesterone or a combination. This can be either a short-term means of relieving menopausal symptoms or a long-term option helping to protect you against postmenopausal health risks such as osteoporosis.

Hormone replacement therapy is individualized for each woman.



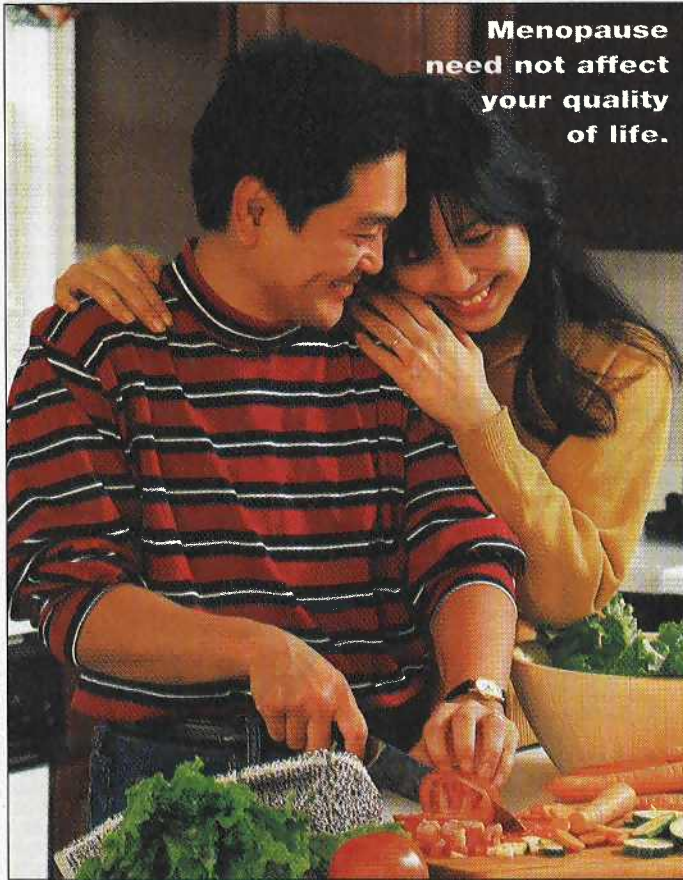
Individualized Treatment

According to drug company estimates listed on the National Cancer Institute's website, about 8 million women in the United States take estrogen, while 6 million are on a combined hormone regimen. Data from a national survey showed that 45 percent of U.S. women born between 1897 and 1950 used postmenopausal hormones for at least one month and 20 percent continued use for five or more years.

"Treatment is individualized for each woman," says Dr. Lisa M. Masterson, a specialist in obstetrics, gynecology, infertility and family planning with private practice at

Cedars-Sinai in Los Angeles and another in Santa Monica. "We / continued on page 74

enough mentally and emotionally without the added physical symptoms that some women



**Menopause
need not affect
your quality
of life.**

is involved in development and maintenance of secondary sex characteristics in females (breasts) and affects many aspects of a woman's physical and emotional health. Progesterone is primarily responsible for regulating the reproductive cycle.

By the time natural menopause is complete (usually between 45 and 55), the hormone output decreases significantly. In fact, in postmenopausal women, estrogen levels are about 1/10 the level in women before menopause; while progesterone is nearly absent.

When a woman goes through "the change," she can experience hot flashes, vaginal dryness, moodiness and difficulty sleeping. HRT counters some of these effects and improves a woman's quality of life by replacing the hormones that have decreased during this process, allowing most women to successfully combat most of the symptoms.

The Basics

According to Dr. Masterson, when you've decided that your symptoms are disturbing your quality of life, the first step is to make an appointment for a hormone replacement consultation with your doctor. Here you will go over the risks and benefits for your individual symptoms and health history. "This is the key," says Dr.

Masterson. "It is very individualized."

If you decide to begin HRT, the hormones you need will partially depend on whether you've had your uterus removed (a hysterectomy).

If you have had a hysterectomy, chances are you will be given estrogen alone. This is called unopposed estrogen or estrogen replacement therapy (ERT). If estrogen alone isn't adequately controlling your symptoms, androgen may sometimes be prescribed along with it.

Progestin

Studies have shown that prolonged exposure of the uterus to estrogen without progesterone increases a woman's risk of endometrial cancer (cancer of the uterine lining). If you have your uterus, because of estrogen's stimulation of the lining of the uterus, you will be advised to take a progestin along with the estrogen. By adding a progestin to the regimen, the cancer risk can be reduced almost to that of a woman not using estrogen. This combination therapy allows the progestin to balance the effects estrogen has on the uterus.

"We only give women progesterone if they have a uterus," says Dr. Masterson. "The progesterone is just to protect the uterus from the estrogen."

Once the hormone balance is decided, you must choose your preference for route of delivery. This treatment comes in a variety of forms, including a vaginal ring for vaginal symptoms, injections, creams, patch (transdermal) or pill form. According to the Mayo Clinic research, women most commonly opt for / continued on page 76

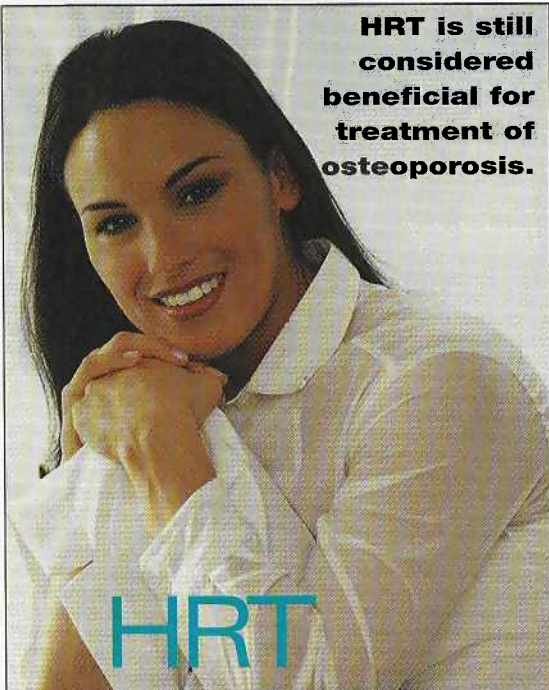
HRT

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try to keep it under 10 years, but if she needs more than 10 years because her quality of life is better, by all means, she can go over 10 years."

Why HRT?

Menopause is the transition between a woman's childbearing years and her non-childbearing years. It's the last stage of a biological process during which the ovaries gradually produce lower levels of sex hormones (specifically estrogen, progesterone and testosterone). Estrogen is a natural hormone manufactured primarily by the ovaries. It



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HRT as a pill. Both estrogens and progestins also come in natural and synthetic forms, but natural doesn't necessarily mean better. Each can affect your body in different ways, so speak to your doctor about what is right for you. And women just can't get away from the headaches, bloating, mood swings and breast tenderness that come with being the softer sex. As with birth control pills, these are all side effects of HRT. Whatever formula is chosen, if estrogen/progestin therapy is indicated, the schedule also will vary, from a low dose every day to varying dosages throughout the month. A woman generally takes HRT in one of two schedules:

■ **Cyclic:** Provides estrogen daily and a progestin 10 to 14 days of the month. This usually leads to predictable, monthly vaginal bleeding in the initial years used.

■ **Continuous:** Provides low

doses of estrogen and progestin daily and may result in irregular spotting, particularly during the first year. HRT is also prescribed in a number of dosing strengths. Some women may need to take higher doses of estrogen to relieve hot flashes.

The Good Vs. The Bad

Although it has been available for half a century, the benefits and risks of hormone replacement therapy aren't entirely known. And depending upon what study you read, the results can be confusing.

HRT is still considered very beneficial for treatment of osteoporosis and, according to some studies, even may possibly reduce the risk of colon cancer and Alzheimer's disease. Because postmenopausal women have decreased bone mass, deterioration of bone tissue and increased bone frailty, all attributed to a low level of estrogen, most studies have shown that HRT can actually aid in the maintenance of bone density.

The Women's Health Initiative, a large randomized study sponsored

What to Expect from Menopause

You may breeze through menopause with few problems, or you may have varying degrees of several of the following common symptoms. Either way, the symptoms of menopause can be addressed and there are many options for relief, keeping you as active and vital as before. Work with your doctor to find the treatment that's right for you.

■ **Hot flashes** As your balance of hormones change, your blood vessels may expand (dilate) rapidly, causing your skin temperature to rise and feeling of warmth to move upward from your chest to your head. Hot flashes may last from 30 seconds to 30 minutes, but most subside in two to three minutes.

■ **Sleep disturbances and night sweats** This is mostly a consequence of hot flashes at night.

■ **Vaginal and bladder changes** As your estrogen level declines, the tissues lining your vagina and urethra (the opening to your bladder) become drier, thinner and less elastic. With this decreased lubrication, you may experience pain, burning or itching during intercourse and more frequent bladder and yeast infections.

■ **Emotional changes and mood swings** These symptoms are attributed to hormonal fluctuations. But insomnia, stress, etc. can also contribute.

■ **Loss of libido** This may be hormonal, but it also can result from mood changes and irritability.

by the National Institutes of Health (NIH), has done research that supports the notion that a combined regimen does increase the risk of cardiovascular disease. Because of the risks of blood clots, stroke and slight increase of breast cancer, women who have cardiovascular risk factors probably are not great candidates for hormone replacement therapy and should talk these risks over with their doctor when seeking relief from the symptoms of menopause. ■