Lifelong Health: Latest data on hormone therapy back cancer risk

by Dr_David_Lipschitz

In 2002, hormone replacement therapy was dealt a major blow. Researchers from the Women's Health Initiative released information that hormone replacement therapy with estrogen and progesterone increases the risk of heart attacks, strokes, migraines, blood clots in the legs and, most importantly, breast cancer. The risks outweigh the benefits, and as a consequence of this study, thousands of women stopped taking the hormones. Within a year, there was a substantial decrease in the incidence of breast cancer. At the time, many physicians, researchers and pharmaceutical companies challenged the link between hormone replacement therapy and breast cancer, however a recent report published in The New England Journal of Medicine should finally put the debate to rest.

In a re-examination of the Women's Health Initiative data, researchers found compelling evidence that the decline in breast cancer was caused by fewer women taking hormones. In the original study, more than 16,000 women were placed randomly into two groups, receiving either hormone replacement therapy or placebos (sugar pills). During the course of the study, the incidence of breast cancer was twice as high in the group receiving hormones. Soon after stopping the therapy, the incidence of breast cancer rapidly declined in this group. Based on this information, we can say with a great deal of certainty that hormone replacement therapy definitely increases the risk of breast cancer and that stopping treatment rapidly decreases the risk. Hormone replacement therapy should be used if absolutely necessary and only to relieve symptoms of menopause.

For many menopausal women, symptoms can be very distressing. Some symptoms of menopause are headaches, hot flashes, depression, mood swings, decreased libido and vaginal dryness. If these symptoms are present in a woman who has a uterus, hormone replacement therapy with estrogen and progesterone should be used. However, for a woman who has had a hysterectomy, estrogen alone is sufficient. The dose should be the lowest needed to relieve symptoms adequately.

While there is much evidence about the health risks of hormone replacement therapy, the research is ongoing. Although not proven, there is a suggestion that hormone replacement therapy is more dangerous in tablet form than it is in patches or creams. The tablets must pass through the liver before becoming metabolically active, and before they are metabolized by the liver, the hormones appear to be more dangerous. Some people maintain that the risk is not increased if hormone replacement therapy is commenced at the menopause. In addition, many experts suggest that it is progesterone, rather than estrogen, that accounts for the adverse effects. Others are skeptical of the results obtained in the Women's Health Initiative study.

In recent months, we have seen yet another issue arise in hormone replacement therapy: "bioidentical hormones." Many physicians and celebrities have claimed that bioidentical hormones are safer, more effective and a more "natural" avenue to ease symptoms of menopause. Unfortunately, there is absolutely no evidence to support that.

Bioidentical hormones are derived naturally from plants (including yams and soybeans) and are said to resemble the hormones in a woman's body more closely than synthetic hormones. An anti-aging industry has

capitalized on the notion that each woman's hormone levels are unique and must be "fine-tuned" to ensure optimal health. This is where bioidentical hormones come in. Anti-aging physicians measure the blood concentrations of the various sex hormones, and compounding pharmacists carefully prepare mixtures of bioidentical hormones to achieve hormonal balance. At the current time, there is no evidence that these "natural hormones" are of any benefit, prevent aging or promote improved sexual function. They are not regulated by the Food and Drug Administration; they may be totally ineffective; and the concentration may vary from batch to batch. Most importantly, there are no studies telling us that this treatment is any safer than the other forms of hormone replacement therapy.

Unfortunately, when it comes to hormone replacement therapy, it seems that the answers never will be simple. If you are menopausal, only take hormones if you cannot tolerate your symptoms. Don't believe the story that "natural" is better than synthetic. Try to use patches or creams rather than tablets. And after a year, attempt to taper off the hormones. That is the best approach to ensure a healthy and happy post-menopausal life.

Dr. David Lipschitz is the author of the book "Breaking the Rules of Aging."

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