

## Menopause update by Nancy Siskowic, 6/20/12

Here are a few pearls from presentations I've attended and reading I've done...

First, I think you all know that most of the 'incidents' in the WHI occurred in the 70 to 79 year olds, many who took hormones for the first time – **oral** Premarin, **potent** Provera!

**Estrogen** begun in younger women confers cardiac protection, helps maintain bone mass and decrease fractures, lowers the risk for adult onset diabetes, decreases the risk of breast and colon cancer, decrease the risk of dementia, reduces overall mortality, and increases quality of life & overall sense of well-being in most women.

Today only 15% of women in the US use hormone therapy. It is estimated that 10's of thousands may die before age 70 who are not using estrogen.

**How long to take** estrogen...as long as there is an indication. Once stopped there is a rapid loss of bone (risk for osteoporosis), and greater risk for developing heart disease and dementia. One physician said it this way...stop a woman's hormones and her quality of life and overall health are likely to dramatically lessen within three years.

**Early initiation** of hormone therapy is important. It's probably best if begun in the first 10 years after menopause (defined as one year after your last menstrual period)

**Re: Hysterectomy – TAH** (total abdominal hysterectomy)...

20% of women with a TAH are 35 or younger

If there is no estrogen replacement, the risk is doubled for suicidal thoughts, tripled for hip fracture, and is 7.7 X higher for heart attacks.

After TAH sex life improves for 2 years, then worsens as ovarian function declines. In most women, ovaries are no longer functioning after 7 ½ years post surgery.

Today only 40% of women with **TAH BSO** (removal of ovaries) are given a prescription for estrogen therapy, and after 10 months only 33% (1/3) are still getting estrogen. Many "disappear" after surgery...so there is no follow up!

The best regimen for **Progesterone** is still being discussed. It seems the consensus is to take **100 mg every night except nights 1 thru 5 each month**. Stopping 5 consecutive nights causes vessels in the uterus to shrink, so there is less bleeding when starting hormones, and less chance of bleeding as years pass.

Vaginal progesterone gets into estrogen receptors and negates estrogen's effect...therefore contributing to vaginal dryness and pain with intercourse!!!

**Testosterone** – is an important option for women, a huge unmet need. In most women it decreases by 50%, therefore...loss of sexual thoughts, dreams, & desire. It is available by patch and gel in Europe, and through compounding pharmacies here.

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