

Frequently Asked Questions About Menopause for Patients

Q: What is Menopause?

A: The term "Menopause" is commonly used to describe the changes a woman experiences either just before or after she stops menstruating, marking the end of her reproductive period. Menopause is considered a natural element of aging and usually occurs after the age of 40. However, some women can go through menopause early, either as a result of a hysterectomy, damage to the ovaries, or chemotherapy. For many women symptoms of menopause can begin occurring up to 8 years prior to the cessation of menstruation.

Estrogen is a hormone that fluctuates over the course of a woman's menstrual cycle. During peri-menopause, a woman's body produces less estrogen and progesterone. Progesterone is a steroid hormone that works with Estrogen to regulate the inner lining of the uterus. The fluctuation of estrogen levels and progesterone may decline at menopause and can cause uncomfortable symptoms.

List of Primary Menopause Symptoms

- Low sex drive
- Less strong erections
- Lack of energy
- Decrease in strength or endurance
- Loss of height
- Don't enjoy life
- Grumpy and/or sad
- Fall asleep after dinner
- Decreased work performance

Falling estrogen levels are often accompanied by androgen decline and can lead to decreased sexual desire. The ovaries and adrenal glands secrete androgen, primarily as testosterone. Testosterone therapy may be indicated for postmenopausal women with symptoms of decreased sexual desire.

Q: How can I find relief for Menopause symptoms?

A: Hormone replacement therapy (HRT) can relieve symptoms of Menopause, help improve vitality, and restore health. An individualized approach to hormone replacement therapy determines your exact hormone levels, and what is needed to balance your deficiencies.

Q: What is Natural Hormone Therapy?

A: Hormone therapy is considered the most effective treatment for symptoms of Menopause and Andropause. In the interest of a straightforward approach to hormone therapy, Natural Hormone Therapy has become widely used. These are hormones that are identical in molecular structure to the hormones made in the human body, which is thought to provide improved absorption. They are made from a plant chemical extracted from yams and soy, and act in the body just like the natural hormones our body naturally produces.

Q: How do I know if I need hormone therapy?

A: Before starting any hormone replacement therapy, patients should work directly with a knowledgeable healthcare practitioner. The practitioner will measure hormones through blood or saliva testing and evaluate your personal health profile. Based on existing hormone levels and health history, the practitioner will make a hormone replacement recommendation.

Q: In what forms is Hormone Replacement Therapy available?

A: Oral pharmaceuticals, transdermal (skin) creams, and intramuscular injections are available options but require daily or weekly application and can cause peaks and troughs. Most women are good candidates for hormone pellets. These pellets are long acting, deliver a stable, steady dose of hormones consistently over a period of 3 to 6 months, and have been shown to have many benefits.

Q: What can I expect from pellet therapy?

A: Once you begin your pellet therapy, you should start feeling the effects within a few weeks. Lab tests will be ordered occasionally to determine the effect of the therapy on your hormone levels. Once balanced, most patients feel an improved sense of well-being, better mood, more energy, and improved quality of life.

Q: Will Hormone Replacement Therapy help prevent osteoporosis?

A: Estrogen therapy has been shown to maintain the mineral content and strength of bones after menopause. The consistent levels of estrogen achieved by the pellets are especially effective in preventing bone loss.

Q: What are the risks of hormone imbalance?

A: Without hormone balance, estrogen decline may increase risk for premature Alzheimer's disease, colon cancer, diabetes, heart disease, ovary failure, osteoporosis, and Parkinson's disease. The longer a woman is without the protection of estrogen, the greater the risk for the decline of her health and vitality.

Q: Are the risks of estrogen pellet therapy the same as oral estrogens?

A: Oral estrogen is metabolized in the liver, which has been shown to increase the risk of blood clots, strokes, and heart attacks. The estrogens in pellets are absorbed directly into the blood stream, which is not known to increase any of these risk factors.

Supporting Information:

Hormonal profiles in postmenopausal women after therapy with subcutaneous implants

Margaret H. Thom, W. P. Collins and J. W. W. Studd, *BJOG: An International Journal of Obstetrics & Gynecology*, Volume 88, Issue 4, pages 426–433, April 1981

Abstract Summary: Plasma hormones were estimated in 24 postmenopausal patients who had been castrated. Each was given a subcutaneous implant of either 100 mg or 50 mg of oestradiol, or 50 mg of oestradiol with 100 mg of testosterone, or 200 mg of testosterone. These values compare favorably with those attained after oral estrogen therapy.

Subcutaneous hormone implants for the control of climacteric symptoms: a prospective study

M. Brincat, J.W.W. Studd, T. O'Dowd, A. Magos, L.D. Cardozo, P.J. Wardle, D. Cooper
The Lancet Volume 323, Issue 8367, 7 January 1984, Pages 16–18
Originally published as Volume 1, Issue 8367

Abstract Summary: The statistically highly significant levels of symptom relief that followed an oestradiol and testosterone implant were contrasted sharply with the lack of any significant relief with placebo. Despite the success of oestradiol and testosterone implants in relieving symptoms of the climacteric, symptoms returned once the treatment was stopped.

A comprehensive review of the safety and efficacy of bioidentical hormones for the management of menopause and related health risks

B Hormones - *Altern Med Rev*, 2006, D. Moskowitz