

HORMONES MATTER "I want to feel like myself again!"

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Are you tired of feeling out of sorts, questioning your sanity, secretly wondering if you are in the beginning stages of dementia or Alzheimer's Disease? You are not alone, it's important to know that your symptoms are real, you are not going crazy, it's not just in your head!

Working with midlife women over the past 25 years as a nurse practitioner with a specialty in menopause has allowed me to gain important insights. My own clinical experience, many menopause conferences, along with evidence-based knowledge from menopause symposiums I attended the past three years are offered here for your consideration.

Declining and Fluctuating Estrogen

Beginning at approximately age 35, levels of women's estrogen and testosterone, two hormones essential to our overall sense of well-being and quality of life, begin to decline. Estrogen doesn't just decline gradually. There are moment-to-moment erratic and dramatic rises and dips in estrogen, causing symptoms that may last for as long as 10 or more years. One minute you feel fine and think you've got it together; the next minute you're sure there is a monster running around inside of you. "I don't like this person I've become!" you may hear yourself saying. It's as if the volume is turned up on all of your emotions. It may seem as though your life is being insidiously invaded at every turn.

When we consider that the average age of natural menopause is 51.3, and that large numbers of younger women are surgically menopausal, it is not surprising that by age 50, two out of three women are menopausal and are dealing with these transition years symptoms on a daily basis.

Quality of life can be diminished from estrogen deprivation. At a conference I attended, Dr. Philip Sarrel discussed how with declining and fluctuating estrogen levels, studies tell us that 70% to 90% of women have symptoms severe enough to interfere with their ability to function in everyday life. Symptoms like hot flashes and night sweats, accompanied by surges of adrenaline that turn you red and cause you to drench your clothes; and from those adrenaline surges also comes anxiety and panic from out of the blue, with your heart pounding causing you to fear you may be having a heart attack. At night, sleeping is difficult. You may find your mind racing. Plus you may be kicking your feet from under the covers time and again. You can easily become sleep deprived, with exhaustion, mood swings, irritability, and brain fog. And if that's not enough, if you experience drops in noradrenaline, you may well have waves of sadness, depression, tearfulness, and isolating behaviors. . .confusing because just moments ago you felt fine. One episode ends, but you know there is another lurking just around the corner. And your loved ones can find themselves on edge. . .not knowing what to expect next from you.

And what about that weight gain, especially around your mid-body that you simply cannot shed, your bones and joints aching, hair loss, loss of libido? The list goes on.

A cluster of symptoms identified by women who were in the throes of hot flashes and night sweats revealed that what bothered them most was memory loss or brain fog: they described walking into a room and forgetting why they came there. Too often they started a sentence and then couldn't remember the second part of that sentence, or they found themselves simply forgetting what they were going to say.

Impact on Intimacy

Women's sexual complaints may peak around menopause as they find themselves blindsided by the physical, emotional, and sexual shifts in their bodies brought on by hormonal changes. Worse yet, the symptoms don't improve with time and may actually get worse.

Relationships often suffer. Intimacy behaviors key to sexual response may get lost or tossed aside. Those touches, spontaneous hugs, or heartfelt "I love you" expressions disappear. A cuddle on the couch or bodies touching at bedtime are avoided. These behaviors are so often shunned by these women. Her estrogen is diminished, her testosterone is down by half, sexual desire and response may have all but disappeared for her. If sex is initiated, there can be vaginal dryness, irritation, pain, lack of arousal, and difficulty achieving orgasm. This is too easily interpreted as "She doesn't love me" from her partner, which is often far from the truth. One tragic statistic I heard a couple of years ago is that 60% of 57-year-old women not on hormone replacement are no longer sexually active. I find that tragic. It doesn't have to be that way. Hormones matter!

Effects on Women's Performance in the Workplace

Approximately 60% of women aged 45- 55 are in the workforce, peaking in their careers. Tragically, too many are saying, *I'm going to quit!* It is estimated that one million of these women have dropped out of the workforce. These are strong and capable women who are talented contributors to society.

This exodus, studies tell us, is fueled by the impact of estrogen deprivation. These women are grappling with memory loss, temper outbursts, and anxiety. They have difficulty making decisions, checking and rechecking their work, find themselves having difficulty getting things done, and having to do tasks more slowly to ensure correctness.

Does this sound like anyone you know?

Hormone Therapy Myths

Yet, too many women and their health-care providers have been frightened by negative press about hormone therapy. Especially since 2002, when the results of one study, the Women's Health Initiative, were negatively and incorrectly reported. To me, the way that study was presented has been one of the greatest injustices done to women. Too many are now suffering as a result and find themselves caught up in the same web of fear and misunderstanding generated by that single set of results at the turn of the century. But ladies, our best strength comes with our knowledge!

You may be thinking, “Doesn’t estrogen cause breast cancer and all kinds of other dreadful things like heart disease and blood clots as was reported in 2002?”

In the past eighteen years, *estrogen* has become an emotionally loaded word. “Estrogen has gotten a terribly bad rap . . . but it isn’t a culprit . . . It is a life saver!” says Dr. Phil Sarrel, an expert in the menopause field. But the fallout continues, with women continuing to refuse the help of hormone therapy and too many practitioners still afraid or unwilling to prescribe hormones.

In an article he wrote, Dr. Sarrel tells us that “it’s of tremendous importance at this time of menopause, when estrogen is declining, for women to intervene with estrogen.” We have also come to see the importance of continuing menopausal hormone therapy long-term.

Protective Effects of Hormones

Fifty years of studies worldwide confirm that there is no conclusive evidence that says estrogen therapy causes breast cancer. According to numerous studies, estrogen is actually breast-protective and cancer-protective. Even when there is a family history of breast cancer, hormone therapy doesn’t seem to increase that risk further. As a matter of fact Dr. JoAnn Manson says, “estrogen therapy has been shown to significantly reduce breast cancer risk and mortality.” It’s easy to connect symptoms like hot flashes with decreased estrogen but not as easy to connect the development of diseases with loss of estrogen. Yet, there is strong evidence that estrogen therapy after menopause reduces the risk of heart disease, osteoporosis, fractures, dementia, and all-cause mortality. Heart disease is the number one killer of women. None of us wants to be a statistic! This decreased risk of disease and mortality is especially true when estrogen therapy is started in younger women within 10 years of their final menstrual period, immediately after surgical menopause, or during perimenopause if they are having symptoms.

The sooner estrogen is started and the longer it is used, the greater the protection, especially in preventing heart disease, dementia, and bone loss. It’s important for all of us to understand that there is no scientific basis for the statement I hear so often - the lowest dose for the shortest period of time. What is important to note is that we want the lowest *effective* dose. Effective is the important word! Additionally, there is no data to support routine discontinuation over the age of 65. Actually, the greatest benefit is seen when it is continued for many years or a lifetime. The benefits clearly have been found to outweigh risks. As long as there are benefits, there is no reason to stop.

It’s not just the “bones, brain, heart, and private parts” that fare better with estrogen. It also helps with preventing diabetes, colon cancer, death before age 70, depression, sexual dysfunction. It also slows the loss of collagen and elasticity in our skin, and so much more.

The good news is that transdermal estrogen, such as the patch, which provides continuous estrogen for three and one half days, as well as estrogen gels and creams, do not carry the risk of blood clots, strokes, or heart attacks as oral estrogen might. A woman with a uterus will also need to take the hormone progesterone to protect her uterus.

In women who have stopped their estrogen, it has been shown that there may be a return of “oh so difficult to deal with” symptoms such as hot flashes, plus significant bone loss, bone fractures, simple words disappearing again, and the development of atherosclerosis in a short period of time. It has also been documented that there is a rise in heart attacks and strokes in the first year after stopping hormones.

A Patient’s Words

Here’s a comment from Kerry, a patient, about what hormones mean to her:

Hormones have helped me take back control of my life, helped me to sleep again, cleared my brain fog, and helped me gain back energy and optimism. They are life changing for those of us struggling through the change of life. It seems like perimenopause and menopause are such taboo subjects. Often when I shared my symptoms and frustrations with other women, they slowly edged away from me, as if aging is contagious rather than inevitable.

My Final Message

I encourage you to talk with your doctor or nurse practitioner if you find yourself in the throes of symptoms described in the above paragraphs. There are more practitioners today willing to listen and help you find the hormone therapy regimen that’s right for you, tailoring it to your individual needs. Or, as I said earlier, the lowest effective dose. *Effective* being the significant and key word here!

In today’s world, we live 30 to 50 years beyond menopause. At age 79, let me assure you that quality of life is vitally important to me, as is sex, which my husband and I continue to relish. I am truly of the belief that these postmenopausal years can be the best years of our lives. Why would we not want to do everything possible to positively influence our health and well-being? With my strong personal family history of Alzheimer’s, heart disease, and stroke, I know I plan to have this “miracle estrogen patch” on my abdomen until they put me in my grave!

And, as Philip Sarrel, MD, from Yale University so wisely states, “The end point of hormone therapy for women is I feel like myself again!” I wish each of you a happy and healthy life!

REFERENCES

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