

**If Menopause isn't a Disease Why Do They Keep Trying to Cure It?  
by B. Dale Magee, M.D.**

If you are menopausal and aren't quite sure about taking hormones, join the crowd. This uncertainty isn't just common - it probably represents the majority view.

I'm sure you've heard the benefits. As a gynecologist I can (and sometimes do) recite them in my sleep. Less premature heart disease. Fewer bone fractures due to osteoporosis. An end to hot flashes and symptoms of vaginal dryness. Fewer urinary complaints and stronger support for the pelvic organs. Possibly, less risk of cancer of the colon and less Alzheimer's Disease.

Your brain says yes but a nagging little voice says you're not so sure. The truth is, most postmenopausal women are not on hormone replacement. Most who are given a prescription by their doctor either don't fill it or quit after a few months. Somehow the science of medicine and the needs of menopausal patients aren't quite connecting.

A woman's relationship with her hormones is love-hate at best. The use of hormone replacement plays right into that. If I tell my patient that I can return her hormonal status to its youthful peak this may conjure up thoughts of something quite different than I had intended. PMS, premenstrual migraines, breast tenderness, bloating, cramping, bleeding... think about that for a while and a broken bone doesn't sound too bad!

The fact is, the levels of hormones used are lower than occur during a normal menstrual cycle. Yes, it's true that the nuisance side effects can be the same as those that can occur during a menstrual cycle. But they usually don't occur, and, after an adjustment phase of about three or four months, even fewer women are affected by these symptoms.

Gynecologists learned nearly twenty years ago that by using both estrogen and progesterone a woman would not be placed at greater risk for getting cancer of the uterus. But this mimicry of the normal menstrual cycle comes at the price of a return of menses for most women and for some this is unacceptable. So, for the past decade, doctors have tried using both hormones but in a continuous regimen designed to eliminate periods while still protecting the lining of the uterus from cancerous changes. Sadly, design and reality don't always coincide and many women, especially during the first six months, experience bleeding. This inconvenience drives many to quit. For those who are patient, however, an adjustment phase is followed by no further bleeding. The

trick is to know what to expect and to give your body the time it needs to get used to the new regimen. For those who have had a hysterectomy the progesterone is generally not needed and the whole process is a little easier.

But, even if we get by the nuisance side effects, there is the cancer question. For too many patients it stops right there. In their minds hormones have been associated with cancer and hormone replacement is guilty until proven otherwise. This question has been looked at over and over again over the twenty plus years that I have been following the literature on the subject. There is no convincing evidence that hormone replacement therapy, as prescribed today, is related to any cancer other than breast cancer- and the relation to breast cancer is very small. Medically. Statistically. The benefits far outweigh the risks for all but a few at especially high risk for cancer of the breast. But for some this is a risk that passes right by the brain and goes right to the emotions. These patients will never stay on hormone replacement.

For many it just doesn't feel right to go on a medication- even a "natural" hormone- for decades when they feel just fine. Hot flashes don't trouble everyone. And the other symptoms may only be minor. Just how common are bone fractures and how serious is the risk of heart disease? In fact, at least a third of women who live past the age of seventy will wind up with a fracture of the spine or hip. And heart disease kills far more women than all cancers combined. So the benefits are clearly there for many who decide to stay on hormone replacement. And that's especially true for those at particular risk for osteoporosis- those who are sedentary, slender, smokers or on certain medications. Those of you who are overweight are at lower risk for osteoporosis (you may wish to tape this article to your refrigerator door since articles on the benefits of obesity are few and far between!).

But, are there any alternatives? Yes. Plenty.

The most important single thing is exercise. Aerobic exercise for your heart. Weight bearing exercise for your bones. And range of motion exercise to preserve flexibility and minimize falls. Forty minutes of weight bearing exercise twice a week may preserve bone density without hormones.

Calcium supplements may also help your bones, especially with vitamin D added. You should get at least 1.5 grams per day, unless your diet already contains that (a gram of calcium is in 3 glasses of milk or 3 cups of yogurt).

Vitamin E in a dosage of about 400 units a day may help mild hot flashes, as may meditation. The emotions and stress can actually make hot flashes worse- so calm and cool takes on a more literal meaning.

The key to this decision is to face your own concerns, fears and priorities head on. Know what you want and where your values are. Work with your doctor to arrive at a realistic assessment of your risks and your alternatives. And if the first plan doesn't work out don't be afraid to go back and rework things.