

by Sandra Chambers
Photography by Allison Breiner

Negotiating the

MAZE

*Confusing **HRT** information
leaves women wondering
where to turn*

Phylliss Reynolds, 64, says she was on Premarin and Provera for hormone replacement for about nine years. "Then I was diagnosed with a breast tumor and was not able to use them any longer," she reports. "At the time, I was having severe hot flashes — which some days meant having a hot flash every 45 minutes. In the summer, it was so debilitating that I had very little energy. I also suffered from a lack of sleep and a lot of mental and emotional frustration. I used everything on the market — any popular product offering help with menopausal

symptoms. I even tried some popular prescription drugs used for depression and blood pressure, but nothing was effective for me."

Reynolds was taken off hormone replacement therapy (HRT) by a very real medical condition. Millions of other women have abandoned the practice in recent years because of the fear that HRT fosters serious medical conditions.

While hormone replacement therapy has been around since the 1960s, women have had to endure a rollercoaster ride of

contradictory findings about its risks and benefits. But with the Women's Health Initiative study (WHI), released four years early, on July 10, 2002, the rollercoaster ride may have ended once and for all with a harrowing plummet of bad news for patients, healthcare providers and the multi-million-dollar drug companies that produce synthetic hormones.

The WHI study — one of the largest U.S. prevention studies of its kind — found that the widely used type of HRT that combines two female hormones, estrogen and progestin, increased risks for blood clots, heart attacks, breast cancer and stroke. Currently, it is estimated that six million women in America are taking estrogen plus progestin.

"Almost every day since that study came out, I have had patients come to me with questions and concerns," says Dr. Sara Collins, whose OB/GYN practice is located near the intersection of Military Cutoff and Eastwood. Collins estimates that between 80 and 90 percent of women stopped taking HRT drugs after the study. But some women are slowly coming back to these traditionally prescribed drugs, she says.

Collins, who says she still prescribes what she calls the "standard Food and Drug Administration-approved western medications," says the study was too narrowly focused on only one demographic group of older women, and believes HRT is beneficial for women entering menopause if they have no other major contraindications.

"What the American College of OB/GYN now recommends," says Collins, "is that some women can take HRT for at least the first five years to reduce osteoporosis and menopausal symptoms."

But many of the estimated 10 million women who, according to FDA researchers, were taking some form of HRT have not been so quick to jump back on the traditional HRT bandwagon. Sales of Prempro and other synthetically compounded hormones have suffered significant sales losses since the WHI study. At the same time, there is an increasing interest in, and use of, an alternative form of HRT.

An Alternative HRT — Bio-identical Hormones

Courtney Wilson, a nurse practitioner at Wrightsville Family Medicine, is one of a growing number of local healthcare providers who specialize in the diagnosis and prescription of bio-identical hormones. Wilson holds a master's degree in nursing from Vanderbilt, a master's in health education from East Carolina University, and biology and chemistry degrees from UNC Chapel Hill.

"Many healthcare providers rushed to take people off HRT and didn't discuss all the options or look at the bigger picture,"

Wilson says. "People were taken off hormones without any alternatives. Unfortunately, many women are not aware that there are bio-identical forms of hormones available," which, she says, are safe and effective. And women haven't been informed that there is a difference between bio-identical hormones and synthetically produced ones, such as Prempro.

"Synthetic forms of hormones do not occur naturally in the



Tabetha Smith, a registered nurse and nurse practitioner, treats patients with hormonal imbalances at her practice, Insights Health Center.

body. They have been chemically altered so they can be patented," Wilson explains. "Bio-identical hormones closely mimic the body's own hormones, both structurally and chemically. At the molecular level, synthetic and bio-identical forms do not have the same chemical structure, and cannot fit the receptor site in the same way. Also, our body's enzymes are not designed to metabolize these in the same way."

Pharmacists Henry Herring and Beverly Clark, of the Medical

Center Pharmacy, in Wilmington, are among the approximate 2,000 members of the Professional Compounding Centers of America (PCCA) — a group of independent pharmacies that prepare “customized dosage preparation” of medications, including bio-identical hormones. They are also members of the International Academy of Compounding Pharmacists of America, which sets the standards of practice for compounding pharmacists and interfaces with the North Carolina State Board of Pharmacy.

What people have to realize is that the WHI study “was very specific in addressing two products (Premarin and Prempro) at one particular dose,” says Herring, and “the study cannot be generalized to all HRT, especially bio-identical hormones, as the authors of the study indicate.”

Made from soybeans or wild yams found in Mexico, bio-identical hormones have a basic structure that can be synthesized in a lab into chemical structures that are identical to those in the human body, reports Herring. “But because they are found in nature, they cannot be patented, and so pharmaceutical companies do not have the financial incentive to develop them.”

Although Herring emphasizes that many women have received relief from menopausal symptoms with Premarin and Prempro, he says that customized, bio-identical HRT is a better choice. A large percentage of the patients he sees have tried synthetic hormones or across-the-counter herbal products without success. These are not the same, he points out, as bio-identical hormones.

Patients Speak-Up

Customized hormone therapy is becoming so popular and is growing so fast because women are having success with it.

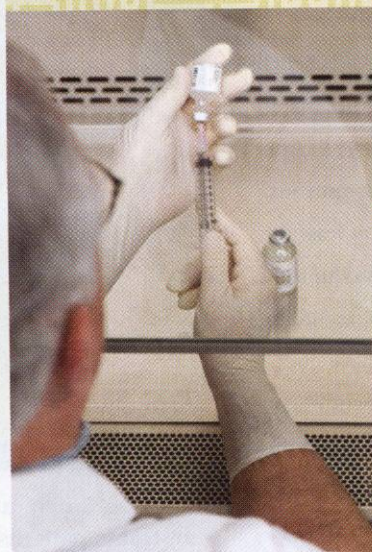
Phylliss Reynolds said she learned about bio-identical hormones from a book recommended by her sister — “What Your Doctor May NOT Tell You About Breast Cancer,” by John R. Lee, MD. “I had an oncologist look at my medical history, and she said there was no reason I could not take bio-identical hormones.”

For the past five years, Reynolds has been on bio-identical hormones which are compounded at the Medical Center Pharmacy.

“Most women don’t know their body produces three kinds of estrogen — estrone, estradiol, and estriol,” she says. “I take two kinds — estriol (the most gentle and safest form) and estradiol to address the hot flashes better — compounded into one pill. Then I take just a little progesterone, because I’m one of the fortunate women who still has a pretty good supply of progesterone naturally in my body. I can’t say enough good things about bio-identical hormones.

“The quality of my life has greatly improved,” she continues. “I’m energetic and very healthy. Literally, [bio-identical hormones] gave me back a normal life.”

Pharmacist Henry Herring discusses a medication with customer Phylliss Reynolds, right, at Medical Center Pharmacy. Below: Herring compounds hormones in a biological safety cabinet.



While hormone therapy is usually associated with menopausal women, it can also be used to treat various hormonal issues at any age. Lisa Isenhour, 40, suffered from severe migraine headaches due to a hormonal imbalance.

“Between 2004 and 2005, I spent close to \$6,000 trying to get rid of my migraine headaches,” she reports. “I suffered through

MRIs, cat scans and several emergency room visits before I discovered natural [bio-identical] progesterone. I was skeptical that one little thing could help change my life, but it did.”

Today, Isenhour is off all medications except for a natural progesterone cream. Her mood swings, irritability and stress — and most of all, her debilitating migraines — are gone.

Tabetha Smith, a registered nurse and nurse practitioner who recently opened her own practice called Insights Health Center,

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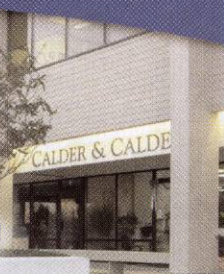
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on Kerr Avenue, believes the reason more practitioners don't prescribe bio-identical hormones is because of time constraints and lack of knowledge.

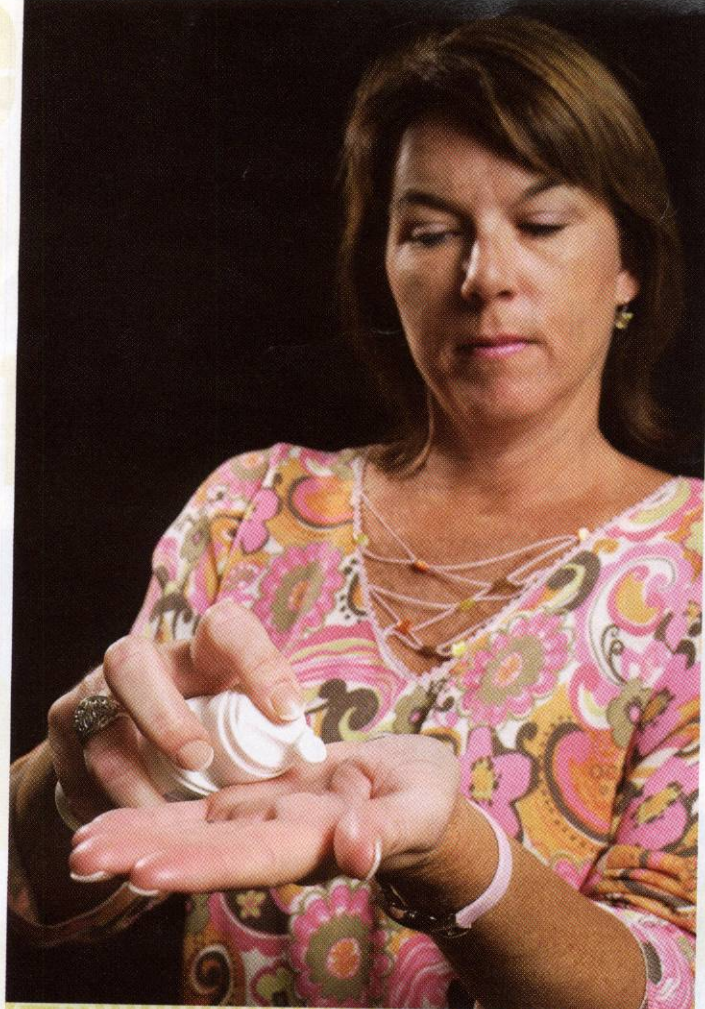
"We are greatly swayed by the big drug companies," Smith insists. "A lot of physicians get their info [on HRT] from publications sponsored by the drug companies, and that info is definitely going to be biased. Also, you can't do a good evaluation of a woman's hormones in 10 or 15 minutes, which is the average amount of time a physician spends with a patient."

Smith says in the past, she often prescribed traditional synthetic HRT treatment, which usually had side effects for her patients, including weight gain, breast tenderness and bloating. Since learning about bio-identical hormones, Smith has successfully treated patients for menopause, as well as for endometriosis, PMS, dysfunctional uterine bleeding, fibrocystic breasts and ovarian cysts.

"I have a couple of older patients who are peri-menopausal who had fibroids with bleeding. They were both told their only options were birth control pills — and they're both too old for that — or a hysterectomy. Since neither wanted a hysterectomy, they came to see me. I was able to stop the bleeding with natural progesterone."

Where to Go From Here

With so many women requesting information on bio-identical hormones, Herring says he now offers an evening information session entitled, "Surviving and Thriving Through



Lisa Isenhour treats her hormonal imbalance with a natural progesterone cream.

Menopause,” every few months at the Medical Center Pharmacy on South 16th Street. Herring and pharmacist Beverly Clark also do individual consultations with patients.

“We can’t prescribe medications,” Herring points out, “but we do act in a consulting role. We call that the triad relationship — patient, physician and pharmacist.”

Nurse practitioners like Wilson and Smith are allowed to diagnose, treat and prescribe drugs, including bio-identical hormones. Their customary procedure is to do an initial one-hour consultation with a patient, review information the patient provides in a health questionnaire, obtain results from a hormone saliva test, which helps determine a patient’s current level of free-range hormones, then customize an HRT plan using bio-identical hormones.

“I think a better term for hormone replacement would be hormone replenishment,” Wilson says. “HRT is not just about reducing symptoms, but about maintaining a normal level of hormones...and about optimizing health.”

Perhaps the results of the WHI study are a blessing in disguise. According to many health-care providers and patients, the study has been an impetus for women to become better educated about their own health-care issues and to become familiar with all the options that are available for hormone replacement. ✨

More than a decade ago, Gail Sheely’s book, “The Silent Passage,” helped break the taboo surrounding discussions of menopause. More recently, Suzanne Somers’ “The Sexy Years” has captured the attention of a generation of women who are becoming more pro-active in their own health care, especially when it comes to the controversy surrounding Hormone Replacement Therapy (HRT).

“HRT — THE ANSWERS: A CONCISE GUIDE FOR SOLVING THE HORMONE REPLACEMENT THERAPY PUZZLE,” Pamela Wartian Smith, MD, Healthy Living Books, Inc., c 2003.

“NATURAL HORMONE REPLACEMENT FOR WOMEN OVER 45,” Jonathan Wright, MD and John Morgenthaler, Ronin Publishers, c 1997

“THE SEXY YEARS,” Suzanne Somers, Crown Publishers, c 2004.

“WHAT YOUR DOCTOR MAY NOT TELL YOU ABOUT MENOPAUSE,” John R. Lee, MD, and Virginia Hopkins, Warner Press, 1996, revised 2004

Getting HELP