

Menopause Hormone Replacement Therapy (HRT) treatment options

Are you over 40 years old and having any of the following symptoms?

- 1) Hot flashes
- 2) night sweats
- 3) memory fog
- 4) inability to concentrate
- 5) mood disturbances (depression/ irritability/anxiety)
- 6) little to no sex drive
- 7) unexplained weight gain
- 8) fatigue
- 9) sleep disturbances
- 10) Frequent urinary tract infections
- 11) urinary incontinence
- 12) frequent vaginal infections
- 13) vaginal pain
- 14) vaginal dryness
- 15) pain with sex

Not to worry. There are treatment options available to you.

Menopause is a period in a woman's life when menses (or periods) are paused (or stopped), which is how the term came about — meno-Pause. The ovaries regulate menses, and as women age, the ovaries begin to shut down and no longer make the hormones that produce menses. Menopause is diagnosed when a woman does not have her period for 12 consecutive months.

There is usually a transition phase from regular menses to menopause; that transition phase is called perimenopause (or menopausal transition.) The symptoms listed above may appear during perimenopause, meaning some women may have the symptoms but continue to have periods. However, as earlier indicated, you are only in menopause if you do not have your period for 12 consecutive months.

The symptoms of menopause can affect the quality of your everyday life. One of the treatment options Dr. Taiwo Durowade, MD FACOG, at Dardur Gynecology offers patients is hormone replacement therapy. It replaces the hormones that the ovaries are no longer making, which is what causes the symptoms identified above.

Types of hormone therapy

There are various types of hormone replacement therapy and many different delivery systems. They include estrogen, progesterone, and testosterone. These medications can be combined, given separately, and given through different delivery systems depending on your particular situation. We'll start with estrogen therapy

Estrogen therapy

In the case of estrogen therapy, Dardur



Dr. Taiwo Durowade of Dardur Gynecology

Gynecology uses the lowest effective dose of estrogen to achieve symptom resolution. If you no longer have a uterus, you can get estrogen by itself. However, if you still have a uterus, then Dardur Gynecology adds progesterone to protect the uterus from the overstimulation that can occur as a result of estrogen therapy. There is a dramatic change in symptoms once you begin estrogen therapy. Durowade's patients describe it as "night and day."

Estrogen can be delivered in pill form, patch form, or pellet injection form. The pill/patch/pellet is for women with systemic symptoms (symptoms one through nine). The pellet is a preferable delivery method to the pill and patch because it is bioidentical in nature, i.e., it resembles the one your body naturally makes. It is injected into the fat of the hip and can last for three to six months because it dissolves slowly in the body, mimicking how your body delivers the hormone from your ovaries. This method reduces the risks of estrogen replacement drastically. These risks are exacerbated by the method of delivery. For instance, the pill delivery method passes through the liver, which can cause blood clotting problems or worsen blood pressure. The patch delivery method helps to bypass the liver but it must be delivered once or twice a week. The pellets are the most convenient delivery method and have the lowest side effect profile.

Estrogen therapy can also be delivered through the vagina, in the form of a cream, ring, or pill. If your symptoms are mostly local (symptoms 10 to 15) — then all you need is vaginal estrogen, which

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also has a better side effect profile. You usually do not need additional progesterone to protect the uterus if you go the vaginal estrogen route. And you can use vaginal estrogen for longer periods than non-vaginal estrogen therapy. Keep in mind however, vaginal estrogen therapy may not make a big difference if your symptoms are mostly systemic (symptoms one through nine). However, it is recommended that estrogen therapy, (both vaginal and non-vaginal) be discontinued after age 65.

Not everyone is a good candidate for estrogen therapy. Women with high blood pressure that's not well-managed, women with a history of blood clots in the brain or lungs, or women with a family history of breast cancer, are not good candidates for estrogen therapy. Some women are over 65 years old but they still have significant symptoms, or their symptoms are just starting to manifest at age 65 or older. For these women, including those who are not good candidates for estrogen, one of the other options available is testosterone.

Testosterone therapy

Testosterone can do the same thing estrogen can do plus increase your energy level, libido (a.k.a sex drive) and sense of well-being. It relieves the systemic symptoms (symptoms one through nine) and in some women, relieves local symptoms such as vaginal dryness and vaginal pain. Osteoporosis/osteopenia (bone loss/low bone mass) can be greatly improved as early as 6 to 12 months. Testosterone pellets can help with insulin resistance, which helps to improve blood sugar control especially in diabetics. Cholesterol levels may improve such as decreased LDL (bad cholesterol) and increased HDL (good cholesterol) and decreased triglycerides. It can also decrease the frequency and severity of headaches.

This testosterone is bioidentical, that is, like what your body makes naturally; and it will be given in form of pellet injection in the hip (meaning it can last up to three to six months.) It does not pass through the liver so risk of blood clots,

high blood pressure, heart attack and stroke are reduced significantly. In fact, in the 80 years that testosterone pellets have been available for use, none of these side effects have been recorded in women.

In the past, male athletes have abused testosterone and they may have incurred heart problems and elevated cholesterol. However, low dose, non-oral, natural testosterone pellets have not been associated with these problems.

Some of the testosterone is converted to estrogen in the body, but the level of estrogen from testosterone conversion is lower than the level of estrogen seen with direct estrogen therapy, which is why it is better for women who need hormone replacement who have a family history of breast cancer.

"All my patients on testosterone notice a change in how they feel within 24 hours. When I call to ask how they're doing, the first thing they describe as being gone is the brain fog. 'I can think clearly, I can accomplish my tasks...etc.' The turnaround is truly remarkable to witness," Durowade says.

The side effect profile of testosterone is minimal — some women may have oily skin, acne, increased hair growth under the chin but these side effects are easily managed and have not been a reason any woman has discontinued her testosterone therapy. It is also dose dependent, so doses can be decreased and increased based on side effect profiles.

For women who do not desire hormone replacement therapy, there are anti-depressant medications that can help with the hot flashes and the sweating, as well as the anxiety and depression. Durowade has patients on these medications who are doing well. So, if HRT is not right for you, you still have options.

Finally, there are women who are not in menopause but are also experiencing these symptoms. These treatment options are also available to you.

If you'd like to learn more about HRT, call or text Dardur Gynecology at 708-340-1167. Dardur Gynecology is located at 19150 Kedzie Ave., Suite 100, in Homewood.