

HOT NEWS FLASH FOR WOMEN

Hormone Replacement Therapy Is Out, Natural Menopausal Treatments Are In

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Paula Bruns' hot flashes began in earnest in her late 30s. Without warning, in the middle of the day or the middle of the night — no matter what the season or the temperature — she'd feel as if she had been set down next to a furnace.

"You've haven't lived until you've broken a sweat in 10-degree weather," says Bruns, laughing.

Her psychological discomfort was almost as unsettling as the physical symptoms of perimenopause, the period preceding the onset of menopause.

"I was caught up short. I was so young and now I was grappling with that 'old lady' thing," says Bruns, now 52, a Ridgefield resident.

MENOPAUSE, D2

Each day, 6,000 women enter menopause, defined as a woman's final period. But unlike their mothers or even older sisters, they are less likely to be prescribed hormone replacement therapy. In the 1990s, hormone replacement therapy, or HRT, was the standard treatment to relieve hot flashes and other menopausal symptoms.

Between 1999 and 2002, about a quarter of all women older than 40 were taking hormones, according to the National Women's Health Network. But a 2002 study, since challenged, linked HRT to higher rates of breast cancer, heart disease and stroke, changed the dynamic.

Today, most menopausal women don't undergo hormone replacement therapy, says Dr. Amy Johnson, an obstetrician and gynecologist at Hartford Hospital.

Despite the hot flashes, night sweats and just plain sleepless nights, like many women Bruns decided to go it

alone, endure perimenopause and menopause without hormones.

"I never thought about hormone replacement therapy because information about HRT was all over the map," Bruns says.

Although Bruns' symptoms were annoying, they weren't debilitating. They never got to the point where they prevented her from raising her family or re-entering the workforce.

"My symptoms weren't keeping me from anything," she says. "I had a lot of distractions. Raising three teenagers and going back to work."

Alternative Therapies

While Bruns eschewed hormone replacement therapy, she tried everything else.

"I was a complete consumer," says Bruns. "I took black cohosh. I tried mega-doses of vitamins. I rubbed wild yam cream into my thighs. I purchased every book on menopause. If nothing else it kind of helps you know you're not alone."

There are myriad over-the-counter remedies, but results vary. Some women swear that black cohosh or other herbs have helped ease symptoms. In many cases, studies have proved inconclusive or researchers suspect the placebo effect. Whether you're considering adding phytoestrogens, herbal supplements or vitamins to your diet, the bottom line is first check with your health care provider.

Here's what's available, according to The North American Menopause Society.

Black Cohosh: This over-the-counter herb has shown some ability to ease hot flashes, but the jury is still out. A couple of small trials show some benefit. Larger trials show no benefit,



Hartford Hospital's Johnson says.

Vitamin E and Vitamin C: "Good for you," says Johnson, but these two vitamins haven't panned out as a remedy for hot flashes.

Valerian Root: For sleeplessness. Available over-the-counter, but like many herbal preparations, there's a difference of opinion about its effectiveness in reducing insomnia.

Red Clover: Some women say the extract of red clover leaf helps with hot flashes. Studies are inconclusive.

Evening Primrose: Used for relief of hot flashes. But side effects associated with the botanical include inflammation, nausea, diarrhea and problems with blood clotting have been recorded, according to NAMS

Wild Yam Root Creams: Reputedly alleviates hot flashes, but some studies, including a University of Maryland Medical Center, report found no evidence of wild yam's efficacy in treating menopausal symptoms.

Kava: Research says it may decrease anxiety, but there's no evidence it eases hot flashes. The Food and Drug Administration warns that kava has the potential to damage the liver.

Ginseng: Studies have shown ginseng to ease some symptoms, including sleep disturbances and mood. But no evidence it helps with hot flashes.

Phytoestrogens: Plant-based estrogens. High levels of phytoestrogens can be found in many foods, including soybeans and soy products, flaxseed, chickpeas and yams. But plant-based estrogens can be dangerous if you're taking them at high levels, especially if you have breast cancer or are in a high risk group for breast cancer. Talk to your doctor before adding these to your diet.

(For more information, go to www.menopause.org or National Center for Complementary and Alternative Medicine at nccam.nih.gov or HerbMed at herbmed.org, which provides information on 20 herbs and associated clinical trials.)

Ultimately, what proved most helpful to Bruns was the realization that menopause was "a natural process

that your body goes through, there's no shame in it," she says. It also helped her to talk to her husband about what she was going through: "There were times he felt sorry for me and times I felt sorry for him!" Bruns says.

Most important, she said, was being involved with group of women who were at a similar stage in their lives.

"It's the real reason for global warming," says Karen Giblin, the founder of Red Hot Mamas (www.redhotmamas.org) and co-author of "Eat to Defeat Menopause," whose coping mechanism includes humor.

Giblin experienced the immediate onset of menopausal at age 41 after an emergency hysterectomy and the removal of her ovaries.

"I lacked the knowledge of what I needed to do," says Giblin, a former Ridgefield selectwoman, who named her organization the Red Hot Mamas as an allusion to the red-faced blush that often accompanies hot flashes. Today, the group works with more than 200 hospitals providing information and classes.

Brun is Giblin's friend and a regular on the group's website.

"For me, the best thing is having a good support network," she says. "That's a great source of comfort having really frank talks with other women."

Brun's decision to forgo HRT may not be the answer for everyone. For some women, the period of perimenopause and menopause can mean the onset of debilitating symptoms, the most common being insomnia, heart palpitations and the onset, or worsening, of anxiety or depression. Severe symptoms have led some women to quit their jobs or curtail other activities.

But health-care providers don't always agree on the merits of traditional hormone replacement therapy or alternatives, such as bio-identical hormone treatments.

Functional Approach

"There's a lot more on women's plates today. They've got kids, jobs. Then when you throw the hormone fluctuation in it throws everything off-balance," says Dr. Deanna Cherrone, an Avon physician who practices functional medicine, taking a mind-body-nutritional-lifestyle

approach to patients.

Diet, exercise and sleep play an important role in alleviating menopausal symptoms. But when patients are suffering, she often prescribes bioidentical hormones, which some say are safer than traditional hormone therapy.

Unlike traditional hormones, which are derived from the urine of pregnant mares and taken orally, bio-identical hormones are derived from plants, typically yams and soybeans.

"The hormones have the same chemical structure as the ones circulating in your blood stream," Cherrone says.

Bioidentical hormones are delivered via the skin, in the form of a cream, bypassing the liver and digestive system. As a result, they can be given in lower doses, Cherrone says.

There are three main forms of estrogen: estradiol, estrinol and estrone. "Based on a patient's symptoms I can give them a cocktail of the three. Patients get what they need and not what they don't need," Cherrone says.

But not all medical practitioners agree that bioidenticals are innately safer than traditional hormones.

"As far as safety issues, there is no difference," says Dr. Mary Jane Minkin, a professor of obstetrics and gynecology at Yale University School of Medicine, and a certified menopause clinician.

"Some women suffer a little, some suffer terribly," Minkin says. "If you're doing fine without hormone

replacement, that's great."

But if it gets to the point where a patient hasn't slept a night in three months or they're experiencing unbearable hot flashes, medication may be advisable, Minkin says.

A patient who doesn't want to take hormones may be prescribed certain types of antidepressants, which have been shown to alleviate some menopausal symptoms. And by the way, says Minkin, antidepressants were first shown to be effective in reducing hot flashes in men being treated for prostate cancer.

"I'm happy to prescribe them, but there are side effects, including weight gain and loss of libido," Minkin says.

The gold standard for alleviating hot flashes is hormone therapy, Minkin says. A low-dose, short-term therapy of one to two years is safe for most women and can provide much-needed relief from menopause symptoms.

"The most important thing is to keep an open mind. Have a good relationship with a health care provider. People do a lot of reading, and that's good, but just because it's on the web doesn't mean it's true," Minkin says.

As for Bruns, one day her cornucopia of symptoms ended. "They came on gradually, came to a big build-up and then it was done and they didn't come back."

What's it like now that she can look back and laugh, a little?

"Life is really good," she says. "It's really good on the other side."



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OVER-THE-COUNTER herbs and supplements are favored these days over the traditional hormone replacement therapy.