**Hormone Replacement Controversies**
BioBalance Podcast — Dr. Kathy Maupin interviewed Brett Newcomb
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Welcome to the BioBalance Health Podcast. I'm Dr. Kathy Maupin, founder and Medical Director of BioBalance Health, located in St. Louis, Missouri. Today Brett Newcomb and I will discuss hormone replacement controversies. This is a different subject than we had planned to discuss because we have an article that came out in the New York Times and then was sent to all the press across the country, that has the title "Hormones After Menopause Called Risky". So Brett, can you tell us a little bit about what you do and why I need you to give us your opinion on today's subject?

Brett Newcomb (BN): Well, you know I think we both do similar things in terms of addressing this issue. I am a family therapist in private practice and I have lots of people come to me to talk about issues in their relationships and their lives. That's how we met; you and I sort of covering the same population spectrum that had similar issues and we got cross-connected. So, in terms of the issue of hormone replacement therapy causing cancer, you and I have had some discussions in the past about this as an issue that comes up in your conversations with your patients, my conversations with my clients, because in many ways it is a misnomer. It's a misuse of some terminology or an imprecise use of terminology and you get pretty heated when you talk about this. I thought we would perhaps spend some time today talking about this issue and why there is that confusion and why potentially you think there is the misuse, which might even be deliberate, of some of the terminology.

Dr. Kathy Maupin (DM): I have been and OB/GYN for over 25 years and now I do just post-menopausal and post-andropausal replacement therapy. And, I also participate in anti-aging medicine.

(BN): Let me interrupt you because you are using a word that I am not sure everybody is familiar with. Menopause - most people have heard that word and think they know what it means. Andropause - what does that word mean?

(DM): Andropause is the replacement of testosterone for both men and women when they run out, because we all run out of testosterone at some point, and it's integral to our health.

(BN): So, it is similar, conceptually, to the menopausal stage in women. Men go through their own adaptive decline as a result of hormone changes in their body.

(DM): Yes. Aging causes the decline of very essential hormones. In women, estradiol and testosterone, and in men just testosterone.

(BN): So there are more than one hormone. They're a lot of different hormones that people take or make that do lots of different things. And, in the news coverage of this issue, they use the generic term "hormone" which is a misnomer.

(DM): It is. Hormones come from many glands all over the body. Generally the "hormone" label is considered estrogen in the eyes of the press and in the eyes of the reader because they have been told that is an equivalent. Hormones are of many different types from many different places in our bodies, and it overgeneralizes (the label). But what really bothers me about these articles that come out and generalize hormones and giving allegations that they cause cancer or they shouldn't be taken, and bring fear to my patients. I think that's really the job of the press is to bring fear or emotion of some kind to people as they are informing them just to get a good headline, and I understand that. Yet it should be truthful information and none of the things that they have given us in this present article which states "Hormone therapy after menopause already know to increase the risk of breast cancer also makes it more likely that the cancer will be advanced and deadly, researchers are reporting." Now, that whole front paragraph is essentially wrong and overgeneralized.

(BN): Right. In logic, we would call that an undistributed major term. You use a major term that flags somebody's attention like "hormones" and you say "hormones cause cancer." It has to do with the way that we think and we construct syllogisms to use logic. Like 'all A's are B, all C's are B, therefore all A's are C's' which makes a logical statement.

(DM): Which is false. It's not necessarily true.

(BN): If you have an undistributed major term, it's false. That's one of the tests of logic that you have. In previous conversations, you have talked to me about, as a woman and as a medical professional, the frustration that so much of the historic medical research that has been done has drawn its conclusions regarding women from research that was done on men. Can you speak to that a little bit?

(DM): For many years, all research was done on men, because women were considered to have the same physiology, which we don't, and . . .

(BN): You don't? Your'e not made like us?

(DM): Ha ha - yeah, we're quite different. And I think most people know that, but researchers didn't view us as different and they also had the worry and the fear of liability from doing research studies on women because of pregnancy. That's been going on up until the last 10-15 years. Now we have studies that are aimed at us, which is nice, except used in an improper manner for the public because most of the things that came out of the WHI study, that came out the the press, scared everybody. I had phone calls, I had people crying and screaming, and upset that they were going to have to stop their hormones, (meaning estrogen).

(BN): Yeah, because for a number of years, hormone replacement therapy was the gold standard in the treatment of postmenopausal issues and the treatment of aging concerns. And then this WHI study came out in 2002 and said 'hormones cause cancer' and everybody started running scared because there was in an imprecise usage of the term "hormone." And you have explained it to me repeatedly so that I can understand it, but perhaps you can explain it to the people that are listening. What is the difference between estrogen and estradiol and testosterone and how those things are used?

(DM): First of all, "hormones" mean any hormone in the body; thyroid, adrenal, ovarian, testicular, all those are hormones. Then the subset of that hormone structure in our body that we are talking about are the sex hormones, which is estradiol, progesterone, and testosterone. Those are the three things our bodies make. When we replace these hormones, we replace estradiol with all kinds of different estrogens. The type of estrogen you use matters.The way you take that estrogen matters. That changes risk. You can't just say 'all estrogens cause this' because they are all quite different.

(BN): So that is a logical fallacy, going back to the syllogism.

(DM): Right. Progesterones - you use a natural progesterone and you use it sublingually, that's quite safe. But, in the study for WHI, the real problem was **progestins**. The arm of the study that actually showed an increase breast cancer had Premarin, (which is estrogen or a type of estrogen from horses and it is an oral pill), and Provara which is a progestin. It's chemically made, kind of looks like progesterone. Only that arm of the study increased the risk of breast cancer. Now the arm of the study that was simply Premarin, which was just estrogen, did not increase the risk of anything. That part of the study was clean, and they continued that arm of the study. They stopped the arm of the study that had Prem/Pro in it. And today's article where they are saying hormones are bad, that they cause cancer, and they cause severe kinds of cancer, also uses this same misrepresentation that all hormones after menopause cause breast cancer. Which is false because they did their study with Prem/Pro as well.

(BN): They also aren't making a distinction, or they are not identifying a distinction, in terms of different delivery systems or the provision of hormone replacement therapy in the different ways that we find replacement hormones. Whether we make them chemically, whether we take something that occurs naturally in other organisms and then try to use it in our bodies, or whatever else might be done. You use something called 'bioidentical hormones'. Can you talk a little bit about what those are?

(DM): Bioidentical hormones are made from plants; they are actually exactly chemically equivalent to what our body makes. But that is not the only reason they are safer. It's how you take them.

(BN): Okay, so we are talking about the delivery system.

(DM): The delivery system. There are delivery systems for taking any drugs. You can take them orally, most drugs are oral. Some drugs are transdermal, which in terms of

estrogens is safer than oral. Remember all the studies with WHI in this recent study were done with oral Premarin and Provara. That causes the hormone to go through the liver initially and make all kinds of degradation products like estrone and dihydrotestosterone and androstenedione. Those things aren't good for us. So when you take something orally, such as a hormone orally, it is broken down into these by-products before it even hits your tissues or is used for the reason it was supposed to be used. If you go transdermal it doesn't do that. You avoid that step, which is called the "first-pass effect". Then if you go the step that is even safer, subdermal, which is what I do.

(BN): Transdermal would be like a salve or a cream that you rub on your skin.

DM: Yeah. A cream or a patch.

BN: So you have oral, you have a patch, and then you have what you use which is . . .

DM: I use bioidentical hormone pellets under the skin because that is the safest, most effective way to get a hormone.

BN: So that is subdural?

DM: It's subdermal. It is underneath your skin, it sits in the fat of women's hips and it dissolves slowly over 4-6 months, depending on the age and activity level. But that's a reservoir of the exact hormone their ovary made. Both hormones their ovary made - estradiol and testosterone. They can pick that up when they need it and it is much more physiologically like what they did before menopause. So if you are looking for safety, estradiol is your safest - bioidentical estradiol is the safest in a non-oral route and pellets, because they are under the skin, are even safer.

BN: Help me because medically I don't know what I am talking about. I think by analogies. One of the things that happens in my business is that people sometimes have to take an anti-depressant or what's called an SSRI, (seratonin reuptake inhibitor). But one of the complications of taking that kind of medicine is getting the affective amount of the drug at the right location to be effective, which is inside the brain. So they take it as a pill, but the body interacts with it and starts to break it down so that it reduces the amount that actually arrives on-site in a useable form. So, it is really hard to get precise dosage and there are side effects and concerns.

DM: And, it's variable because you take it orally. Some people are going to absorb more than others.

BN: That's what I'm hearing. It's that whole oral delivery issue. And comparably, you've found a way to avoid those kinds of concerns by doing the subdermal delivery.

DM: That's exactly right. I have avoided all of those dosage problems; getting too much during the morning and not getting enough in the evening. It's a very steady stay.

BN: It's a consistent delivery on demand.

DM: Right.

BN: Let me shift gears for a minute. A few minutes ago you said something about when we look at hormones when we do hormone replacement therapies, we are looking at, originally at or initially at, sexual hormones. But in our conversations off the air, you talk about other benefits, or other concern issues these hormones impact that have to do with the aging process, whether it's heart disease, osteoporosis, Alzheimer's, dementia. Can you speak to those concerns?

DM: Well, that was my biggest concern for my patients when they all, because of an article that was then retracted, I don't know if you realized that but the American College of OB/GYN, the American College of Internal Medicine, all retracted that study, or their comment on that study, and said 'we don't back this study up.' Because it did not represent the 25,000 studies that came before it. It wasn't consistent, it was actually done . . .

BN: 25,000 to 1 and 1 wins because - it's like the Lincoln war cabinet joke, 16 members in the cabinet and there were 15 "no's" and 1 "aye" and the "aye's' have it.

DM: That's right.

BN: I mean that's what happened here. Everybody just ran scared.

DM: Because it was a headline. They created fear in women, which I thought we were past that.

BN: So at the end of the day, if people who have waded through this conversation to try to get some clarity, at the end of the day the take-away for any patient, male or female talking to their doctor, is to ask two questions when they are dealing with andropause or they are dealing with menopause and the concerns around that occurring in their life. There are two questions they need to ask. One is: "What are the risks to me if I take hormone replacement treatments? Can you articulate those, can you talk to me about those in terms of my personal experience?" And then secondarily ask: "What are the risks to me if I don't take these treatments?"

DM: That's absolutely correct. Because there are risks if you don't take estradiol. I'm not going to speak to progestins - I don't give progestins. I only give natural progesterone, so those risks are quite different that the progestins they describe in Prem/Pro. Let's just talk about estrogen. Estrogen is the hormone that keeps women from aging, just like testosterone keeps men from aging. And it is the one that if we replace it properly, we can decrease strokes, we can decrease heart disease. We decrease Alzheimer's and dementia. There are actually studies on Alzheimer's and dementia and if a woman is replaced with estradiol during the first ten years after

menopause, and she stays on it, then she can delay the onset of Alzheimer's ten years. If she then adds testosterone to that, in a non-oral form, she can delay it another ten years. So most of us would be twenty years out, we're not getting Alzheimer's because we would die first of something.

BN: Okay, so it's not just about sex and rediscovery of sex, it's also about good healthy long-term survival in functional ways.

DM: Right.

BN: Let's pull it all together. In terms of hormone replacement concerns be aware that the reportage is skewed, that they use labels generically without sub-distinctions or sub-category distinctions that really are clinically and scientifically significant, that doesn't get covered in the press, and that if you are thinking about it for yourself or a member of your family, you need to discuss the issue with your doctor. Don't just read what's in the press, be afraid, and avoid the conversation. And in the conversation with your doctor, ask what are the risk/benefit ratios if I do take it, and if I don't?

DM: That's very true. I want patients to ask their physicians both the benefit of taking something and not taking something. That's very integral to good care in any area. However, in the world of OB/GYN, which is where most women go, and that's my training, most doctors aren't aware of the benefits of bioidentical hormone therapy because they haven't had time to do the research. They may not have even read the WHI study itself and realized that it was a poor study, it was poorly done. And the biggest question for me as a clinician, is "Does this study look like my patient population?" Does this actually confirm what I have seen for years?

BN: What you are saying then is that your work has led you to focus on this issue and become an expert on this issue. And, that if their doctor, or they, have questions and don't have the information, they should come to your website and come to your office and look through the research that you have posted.

DM: That's absolutely correct. And just a little bit of . . . just one story that shows how powerful fear is, and misinformation: I have a patient I have been taking care of since I started practice, so that's over 25 years. She has gone through all the bioidentical hormones and she has come up with starting pellet therapy and she's finally treated and she's finally feeling better. Then she went to a pharmacist to get something else and talked about the pellets and how good she felt. He countered with total misinformation. He said they cause cancer, they cause Alzheimer's, they cause all things that are totally opposite. She was so afraid, she called my office hysterically, because even though she knows me and she knows this is working and she knows she is healthier now than she was before. She was getting healthier and healthier as she used the bioidenticals, she knows that this isn't what happens, that she has gotten healthier herself. But she still believed this guy. I said 'you know, the only thing I can do is give you research. And, you know me. I'm not lying to you. This man is a stranger. But go look at my website. I have the research there, I have the references. Go look it up and see what

my patients say, because I have interviews with my patients who talk about their therapy and how much better they feel and look after they get their hormones back. So just please do the research and don't just believe the fear.'

BN: So she has an experiential history with you and the treatment with you and the research data that you have available that she can check that's not done by you, but that's done by reputable sources. She has that to compare with a fear statement from a stranger.

DM: Right. And my answer to that is always go research it. And, often if your doctor says 'oh, you don't need that - just sick it up', which I hear from my patients who come to see me. They are very unhappy about their doctors saying things like that. 'You don't need it - see ya.' And, it doesn't really give them the attention they need for the problem they have. Physicians might make them feel crazy or make them angry because they are not listening. If that's the case, you need another doctor. You need to come see me.

BN: So those of you out there who are listening, call Dr. Maupin.

DM: Next week we will discuss anthropology, the universality of sex, attraction, instinct and the formation of family. If you have any questions or comments about this podcast, e-mail us at podcast@biobalancehealth.com and for more information, visit Biobalancehealth.com on the web, or call us at 314.993.0963.