

40 - Are You A Candidate For Bio-identical Hormone Therapy Part 1

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: This is episode 40 of the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb and today we're talking about the information and decisions matrix for determining whether or not you are a candidate for hormone replacement therapy. Dr. Maupin has come up with what she calls a "bakers dozen". Rules that you should think about, get information about, and be able to respond to in helping you make the decisions. So Kathy, let's talk about these rules. Where do they start?

KM: They start with finding a doctor. I mean I can't take care of everybody. So finding a doctor who actually has a good handle on hormones, who has been doing it longer than 6 months, who has experience doing this, and it's generally good idea to find a doctor, an OB/GYN for women is the hormone doctor. Not endocrinologists. They take care of other things; diabetes, thyroid and pituitary problems. But in general OB/GYN's do the infertility, which is hormones, and we also do post menopausal hormone replacement. It's just that we haven't been trained to do bio-identical hormones and we haven't been trained to look at the labs properly, so this is how to choose with an educated mind, your doctor.

BN: What you've been saying through all these podcasts that we're doing is that you're not attacking or criticizing anybody's doctor or any doctor's training, what you've been saying is that this is an evolving specialty that is making use of new information that is the derivative product of new research that's been done that a lot of doctors have not, because they are already in practice, taken the time to develop a specialty in it. And you have done that and you've developed that specialty. So what you're trying to do is say to people this is what I've learned, this is what I know, ask your doctor if they know about this. And if they don't know about this, then these are the things that you need to do so you can make a good decision.

KM: And find a doctor who does understand this. One of the biggest issues is that patients come to me and say I showed this lab that you say shows that I need hormones to my internist or to my OBGYN and they said "you're fine, you don't need hormones". Well part of that is that lab tests don't show the young normal levels. They only show the big span of hormones whether you're menopausal or you're pre-menopausal, they give a huge range and say all that's normal.

BN: So they take a statistical average of all the people that had the labs run. They don't do it against age cohort and they don't do it against a young healthy standard.

KM: That's right, and sometimes they do it by an age standpoint and that means if you're menopausal and you have no estradiol and your FSH, which gives you hot flashes, is off the charts, they say that's normal because you're menopausal.

BN: You should be that way, you're getting old.

KM: But that's not, we don't believe that. We don't believe that you should be that way. We believe that you should have the quality of life.

BN: It's not a matter of belief; you have proof that that's not true anymore. Your practice is a foundation for thousands of clients that no longer have those issues because you don't believe that, you know that.

KM: Well I know that, and I strive to bring my patients to young healthy normals. However I have to write in my normals on the lab because the lab won't give me the proper, even I've talked to all of them, won't give me the proper normals on these so you have to ask your doctor if this is young healthy.

BN: OK, I want to keep you in order here because for the students who follow along at home. We've already covered three of the dozen rules.

KM: OK, go through the rules.

BN: The first one is select the best doctor for the job. Interview your doctor find out what your doctor knows, see if they are sensitive to, aware of, informed about these new changes in medicines. Two, hormone results, test results should be always compared against young healthy normals. Not against a large data base of everyone that has ever taken the test. Three, doctors should look at lab values and patient history symptoms at the same time. So when you say that, what do you mean?

KM: I mean when we get, I always get lab tests before a patient comes in, review it before I even bring them in. I don't send them their lab ahead of time because they're going to look at it and not be able to interpret it. I sit down with the patient, go over every part of their lab and make sure they understand what the good things are. Like if their cholesterol is great I'm going to tell them that. I'm going to reassure them on the good things, the things that they're afraid of, and reassure them that that's not a risk. And I'm also going to tell them what each test means, especially in the hormone levels, and what we have to do.

BN: So you're looking at the whole person, the whole spectrum of information that's available about them. You're not just looking at the lab test; you're not just looking at the medical charts. You are talking to them about the way that they live and they way

that they feel and what they're history is and you're manipulating all of that data to get an accurate picture of their symptomology and their needs.

KM: Right and I'm making sure I understand all of their medical illnesses and their medications because some of these things effect your hormones and your symptoms. So when I sit down with somebody for 45 minutes, we put it all together and make a treatment plan. You should not leave a doctor's office without a treatment plan. They should have a plan for you.

BN: So part of what I understand then, is that sometimes it's hard to know which comes first, the chicken of the egg. Because these factors cross reference one another. Sometimes you're talking about thyroid issues. Sometimes you're talking about obesity issues. Sometimes you're talking about depression, lethargy, mental acuity, all of those things which may or may not have a reflection in a lab test, a blood test.

KM: Some of it is just symptoms.

BN: So you need to the blood tests parts, the medical tests parts but also you need to know what the client has to say about how they present, how they feel, what their body's telling them and telling you.

KM: If you go to our website there is a questionnaire and the questionnaire has most of the symptoms that my patients have when they have hormonal imbalances. And so I've already delineated all of those symptoms and that's what makes them realize whether they need me or not.

BN: Yea they warning cues are the triggers. If you see these five things you need to talk to somebody and get more information.

KM: Right, and they can send that in and we'll send them a lab sheet.

BN: And by the way, if you're following along at home we will post these dozen rules at the end. There will be a slide you can see so that you don't have to worry about catching them as we go through them. When you have a conversation with a prospective client, I mean in the beginning of the process of deciding to treat somebody. Or for somebody to decide that your treatment is what they want, you order labs. And one of the frustrations that you articulated to me has to do with this next rule. And then next general medical rule of thumb is always follow the instructions given by the doctor before getting a blood test. Can you talk a little bit about that and what some of the frustrations that you and other doctors experience are around that topic?

KM: You can end up, if you don't follow the instructions, getting treatment for a disease you don't really have. Because your doctor told you to either fast or go at 8:00 a.m. in the morning. Or for a PSA test you have to refrain from having sex for 48 or 72 hours.

BN: I've never been told that.

KM: And that's on our hand out when we send you the lab sheet, that's on the hand out for the men. So it's written, and if you don't have that, your PSA goes up if you've had sex, or if you've had a prostate exam. So you can be treated for prostate issues, prostate pre-cancer or cancer, go through painful biopsies just because of that.

BN: You know I have to tell you I have trouble telling the guys in the locker room that my doctor is a gynecologist.

KM: I know, I know. But I didn't do a pelvic on you so that's okay.

BN: Men don't think about going to a gynecologist. But what you're saying is that gynecologists are the most likely to have this information. So if men are suffering from hormone imbalances they're going to need, most likely, to go to a gynecologist and not to an endocrinologist or a urologist for this information.

KM: Right, in some cities maybe that's true but in St. Louis. I've gone to my friends who are urologist and they're like "ugh, you take care of it." Seriously, I mean they'll give them some Viagra or something but they don't want to deal with that. They're surgeons, and that's the issue.

BN: So, general medical rule of thumb, always follow the instructions. There may be issues or complications that occur that cause improper treatment, painful treatment, or unnecessary treatment.

KM: Or another test. You might have to have another test drawn again.

BN: Or more expense, so follow your directions. We always say that to students and they never, almost never do. The fifth thing you wanted to make a point about or the fifth rule, is that hormone replacement test or test results will cause some test interpreters to say that your levels are too high. Does that mean after you've already taken?

KM: Yes. After you've been treated with the proper amount of hormones then for a woman her estradiol should come back into the physiologic range between 60 and 350 which is the range that we have when we're cycling. So we should go back to pre-menopausal levels. But sometimes doctors look at this and say "what's wrong with you? You're too high. You should have the lowest possible level that takes away some of your symptoms." I don't understand that, I don't give the lowest possible level of insulin that's going to keep you from having a hyperglycemic coma. I mean I give you what you should have in insulin.

BN: You know I think my wife was saying to me just the other day you know I don't think I'm in my proper physiologic range. You know she talks that way.

KM: Yeah, I bet she was. But it's the doctor looking at it and they scare my patients. They say 'oh your estrogen is too high. It's 100 and you're menopausal'. Well it's not abnormal, that's perfect. That's exactly where we feel good and where we felt good when we were 35.

BN: And that goes back to the point that you're making that this is an evolving medical specialty that has new training and new information that doctors who have been practicing a long time and haven't chosen to pursue this line of study don't have that information.

KM: Some of it's in the GYN journals. But our colleges, the people that run OB/GYNs, and every other specialty, tell us guidelines, and the guideline is less is more. That's not good in terms of hormones. You don't feel normal if you have low levels of hormones. Why bother?

BN: So the goal isn't a low level maintenance dosage. The goal is the proper dosage to restore what normal levels were when you were young and healthy. So for everybody that's going to be a little different. Age factors, weight factors, general health conditions factors, other illnesses, patient history. Which is why you have the conversation and the labs.

KM: I have a conversation with them before and after. We sit down and go "okay so what's not better; here are the labs. What should we do about that?" So that's how we manage it.

BN: So rule number 6, prior to treatment before the decision is made and they're in the questioning phase, says it's critical to compare testosterone levels against young healthy normal. You've already said that as a general rule. Why do you delineate testosterone levels out for extra emphasis?

KM: Because testosterone is something that we don't have a good test to do total and free testosterone on women.

BN: So that's what you mean by free testosterone. Why is that?

KM: Free testosterone is the only part that really matters. That's the testosterone that's working in your body. It's not bound to a protein. So if it's free to work, it crosses the blood brain barrier, goes to your brain, goes to every part of your body, every cell in your body. If it's bound, it's just like storage. When you have a hormone it's stored in your blood but it's attached to a protein that inactivates its activity. So it doesn't matter what your total testosterone is. It matter what your free testosterone is.

BN: So if it's attached to a protein it's like a gun that's on safety. It's not going to fire, it's not going to do its job. If it's a free testosterone then it's a chemical messenger and it races around the body system and goes where it's supposed to go and it gives cell systems or organ systems information. You need to do this now.

KM: It's able to attach to the cells. So testosterone in young women total should be over 30, that's normal. And free should be over 10. So I see a lot of people that because lab tests say it's in range and their doctor doesn't know what the normal is for young healthy or may not get it. They think they're normal but they clearly have every sign of testosterone deficiency.

BN: And testosterone is the critical issue, for people that have been tracking other podcasts or some of the articles you've written, what you've identified is that the cascade of age deterioration effects that occur begins or seems to begin with the trigger of decreased testosterone.

KM: And that's why I'm here because no one really embraces that like I do. And I want other people to get their testosterone back, it's critical for me to have that.

BN: So if you get your testosterone normals back then all these other things can fall into place?

KM: That's right.

BN: If you have questions about this podcast or comments that you'd like to make you can email us a podcast@biobalancehealth.com. You can read my blog at Brettnewcomb.com.

KM: And if you'd like to know more about BioBalance Health or bio-identical hormones, visit us at BioBalanceHealth.com or call my office 314.993.0963.

BN: And if you want to hear the other 6 rules, tune in for next week's podcast. Thank you.