

48 - Obesity and Hot Flashes in Menopause

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

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Dr. Kathy Maupin: Welcome to episode 48 of BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. And today we're talking about the news. We get a lot of questions from our clients separately about things that people hear in the news. And there seems to be so much information out there that really isn't information. So we thought today we'd talk about 3 different things that have come up. We're going to focus on them in different podcasts that we'll do. The first one is about older women who are obese and the issue of hot flashes. And this is all territory which I'm pretty unfamiliar so Kathy is going to have to do a lot of explaining to me today. Talk to me about menopause first.

KM: So to understand the news, the news says that people who, women who are obese do not get hot flashes. Now as a clinician, I've always known that. That's something that we just know. We just don't really think it through, why don't they get hot flashes. But today we're going to talk about why.

BN: So at first blush that seems like a positive.

KM: Yes, that seems like a positive, but it's not really a good sign. So for you to understand exactly why, I have to explain what happens in menopause in a way that makes it easy to understand. In your brain there's a small teeny tiny gland that's like the COO, (it's right here), of all of the glands in your body. It puts out a stimulating hormone to every other gland. And the ovary is no exception. So when we start having periods the pituitary starts making FSH. It stimulates our ovary by putting FSH into our blood stream. It then goes to the ovary and then the ovary responds by making estradiol. Great, that's how it's supposed to work. Estradiol then feeds back to your pituitary and shuts off the FSH and it goes down to a low level.

BN: And the FSH is?

KM: Is follicle stimulating hormone. It is the hormone that stimulates your ovary as long as your ovary is cycling and you're not menopausal. Menopause happens when the ovary effectively dies. You still have an ovary but it becomes a very little streak inside of you. And it no longer acts as a gland. And it's one of the few glands that do this. And this happens in men much later and not to every man.

BN: So men go through menopause too?

KM: They go through andropause.

BN: Andropause.

KM: Yes we won't make you go through menopause. It's not that bad, it's not as bad as ours.

BN: But we can have hot flashes.

KM: You can have hot flashes if you don't have enough testosterone you can have hot flashes. You can enjoy what happens to us, or not enjoy it. At least you can relate to it. This is something that is a cycle our whole lives but then when the ovary doesn't respond the pituitary puts out more FSH. And the FSH goes to the ovary, no response, so then it keeps hammering the ovary with more FSH and there are pulses. And those pulses are hot flashes.

BN: It's like knocking at the door but nobody's home.

KM: Right. And estrodial, young women's estrogen, is the estrogen that feeds back to the pituitary and shuts it down. So there's no young women's estrogen in normal size people. Now we're going to talk about skinny little girls, girls that don't have very much body fat. They generally get more hot flashes, not less. So let's talk about that for a second. I'm not talking anorexia, I'm just talking about thin women. So what happens is they don't have any body fat. Body fat actually makes estrone, old lady estrogen. And old lady estrogen feeds back to the pituitary and will shut down hot flashes. But in thin women there is no estrone. They don't have a big belly, they aren't making it in their fat. You actually make estrone in your fat.

BN: So the chemical messenger comes from the pituitary gland and it says "hey, let's make some of this stuff." But the gland that makes it has shut down. So then the chemicals in the body fat send a response back to the pituitary and say "you don't need to be doing this anymore, we got it covered."

KM: And it shuts down hot flashes, if you have a lot of belly fat and if you are making a lot of estrone. Estrone also comes from the adrenal gland, and that's what kicks it off. But in thin women they don't have any estrodial from their ovary and they don't have any estrone from their adrenal and they don't have any body fat. So their hot flashes are terrible because there's nothing feeding back to their brain to shut it off. No off switch. So now let's jump to women who are so proud of themselves and you know I'm sure there are some of you listening "I'm so cool I don't have hot flashes" Well if your BMI is over 30 then that's why you don't have hot flashes. You're making old lady estrogen in your belly fat. But the reason that's not good is that estrone is produced by belly fat and it also makes more belly fat. So when you hit menopause, yes it's turning off your hot flashes, but the cycle of gaining weight goes up drastically.

BN: And the excess weight accelerates other medical complications. So it really is a catch 22.

KM: Right. Obesity is the greatest risk of breast cancer. Because fat creates estrone and estrone is the estrogen or type of estrogen that stimulates breast cancer growth. So you don't want to have a lot of estrone. Actually those skinny girls have less risk, medium girls have a little more, but you know less risk than people with a high BMI. The high BMI patients also have risk but it goes up and up and up and up because their estrone increases. They also have risk of heart disease. Estrone is not good for your cholesterol, estradiol is good for your cholesterol, estrone is not. So that's not going to help your HDL and it's not going to help your cholesterol come down.

BN: So the trade off is not worth it. The trade off of having fewer or no hot flashes is not worth the ancillary cost of having more and more estrone.

KM: Right, and an estrogen is not an estrogen. Because they are both estrogens does not mean they do the same thing in the body. You know that we're quite different when we're young. We are, our breasts are perkier, we have a waist line, we have more sexual thoughts, better lubrication of the vagina. That's estradiol. But when we are post menopause then we have muddled thinking, we start looking older, our skin doesn't look good instead of the opposite, we don't look good, and we have lost our waist line, we're tired, a lot of these things come from estrone. So estrogen sometimes is a good thing, and sometimes is a bad thing, depending on the type that it is. So in this study they studied women who had a BMI over 30.

BN: And BMI is Body Mass Index.

KM: Yes. And you can figure that out, you can go online and look at BMI index and find out what your height weight and what your BMI is. That's not a perfect measure, but it's pretty close and it's what we go by. But these studies were done like this is news. I guess sometimes we all know things but we don't have proof of things. But they did prove that women with bigger body masses, and higher BMI's had less hot flashes. However you want to take that I'm explaining it because in the study and how it hit the press it sounds a like a better thing, it sounds like you're healthier. It just means you're not tortured quite as much.

BN: Well because in the common perception everybody's heard about or had some experience with women who have hot flashes.

KM: Yea and we're miserable.

BN: And mood swings, and so the initial message of 'hey you can have less hot flashes and you don't worry about your weight. So it's good thing.' You have to delve deeper than that. And part of what happens is these research reports come out in medical journals, American Medical Association journals, the Journal of Endocrinology. And they get picked up in taglines to the news media.

KM: And they interpret the study really.

BN: Exactly. Or they have to fit it into a 30 second news clip on the five o'clock news. And so they just pull at the headline and they don't really look at all the data. And the details, the devil's in the details. And so when you start to look at the details on the surface it says if you have a higher level of fat or obesity you'll have lesser hot flashes. But the secondary costs of obesity are certainly not worth it.

KM: Yes I didn't even mention diabetes, and that's huge and rampant in the united states and that goes way up after menopause because more estrone, more body fat ,you keep gaining weight, they're no negative feedback there. So it's very hard to lose weight after menopause unless you replace both estrodial the young women's estrogen, and testosterone, which makes you leaner. So those two things help make you leaner and stop that process.

BN: So another question, when we talk about obesity and you're talking about estrone coming from or making more belly fat. Are you talking about the development of fat tissue around the midriff or throughout the whole body? Is it dispersed? Like they talking about somebody having a diabetic shape.

KM: That's the estrone shape. Your breasts get larger, not necessarily prettier because usually that means they're lower. And your waist size goes up and a lot of cardiology studies say you should [not] measure your weight but measure your waist. And they've given us some parameters on men, (I don't think we have them quite on women), about how big is too big. I think that depends on your frame too. And I'm not sure if it's been delineated about how tall you are.

BN: And you look at those things and they say do you have small frame, a medium frame, or a big frame? And it's always a judgment call. Well, I think I'm medium.

KM: We always say we're big boned so we look better on paper. Oh I'm big boned so I look really good on that study. But in any case, this is really what they're talking about. You get the head line and you think oh this is a good thing, oh I'm making belly fat and I have no hot flashes.

BN: A friend of mine was over the other night, Friday night, and he was looking at menand we've both been in a competition to lose weight.

KM: And did you win?

BN: So far, I'm way ahead. But he was saying that he had decided that the difference in our weight loss ratio was because I had a longer waist and he had a shorter waist. And I'm looking at him and he's wearing a horizontal striped shirt. And I said "the trick is visual, you have to wear vertical stripes if you have a belly. Don't wear horizontal stripes."

KM: All women know that, solid colors, vertical stripes, not cross stripes. But there's one other thing I want to touch on.

BN: Yes.

KM: Remember the WHI study that said HRT was bad that it was going to cause all of these terrible things?

BN: Yes.

KM: Well this study was a bad study because it chose women who had never taken estrogen and the biggest reason to take estrogen, or an estrodial, is because you have hot flashes. So the study picked women who had never taken hormones, so they had a much more obese study set than you would naturally find.

BN: So it was skewed by the sample, not by the results.

KM: Right, the results were skewed by the sample, but it was set up that way. And the average age was 69 for starting estrogen. Now most of us start estrogen in our late 40's or 50's, not after we've been collecting goo in our vessels since we were 49 because without estrogen replacement we collect plaque. And once we get estrodial going the plaque dissolves and sometimes that causes little flecks to go off to the brain and sometimes it causes flecks to go off into the heart. So sometimes that's not a wise thing. But in the study they had 80 year olds starting. I mean the average age was 69 but they had 80 year olds who had never taken estrogen before start taking estrogen.

BN: But you've always said in other venues that there's a 10 year window. Once those systems start to shut down naturally there's a 10 year window where the replacement will work and keep those receptor sites open and active.

KM: It will work later but not very well. So if you've missed 10 years.

BN: Not as well. But for an 80 year old to start.

KM: In general we don't start 80 year olds on estrogen if they've never had estrogen before. So here is somebody with a lot of estrone who has a higher BMI and a higher chance of diabetes anyway and we give them oral estrogen and provera and this is not like any other estrogen out there and not like any other progesterone out there. It's specific to that. We gave them one type and then we condemned all hormone replacement therapy based on one type of estrogen and based on a higher BMI and based on people who had never had a hot flash before they started this. So the study was constructed poorly and I think it was probably constructed to fail.

BN: Well we're going to talk more about that in our next podcast because we want to focus on hormone replacement therapies and the news that is out about them. So we want to wrap up what we are talking about with obesity. It is important that you

understand if you hear this news that just because you have an extra amount of weight and therefore have lesser or fewer hot flashes isn't necessarily a good thing. What you really need to do is talk to your physician. Talk to your physician about your own individual health situation and if you are menopausal, if you are having the hot flashes, and if you are obese there are things that you need to consider and one of those things might be hormone replacement therapy.

KM: And weight loss and exercise.

BN: And weight loss. But one hand washes the other. They build on one another towards a success factor. So if you have questions about what we're talking about today or about any of the podcasts we have out, you can contact us, you can email us at podcast@biobalancehealth.com. You can contact me at my website at brettnewcomb.com

KM: And if you want more information about bio-identical hormone pellets, visit our website at BioBalanceHealth.com or call us at 314-993-0963.