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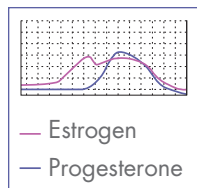
Menopause and Bio-Identical Hormones

“Indeed, the menopause is a rite of passage that takes some getting used to. Just as it took our thirteen-year-old selves time to adjust to the trials of menstruating, so too will it take our forty-something selves time to readjust to not menstruating.”

The Three Stages of Menopause

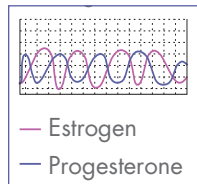
Menopause is not a single point in time when the ovaries are switched off for good, but occurs in stages over the span of a woman's reproductive life. It's a transition that begins and ends with female fertility, and in the process, reshapes the way we think, feel, act and grow into our "second adulthood," the approach encouraged in the pivotal book on menopause, The Silent Passage.

Pre-Menopause – The PMS Years



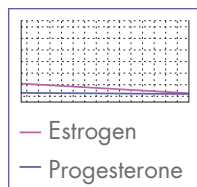
Women in their 30's should have fairly regular cycles, but increasingly, younger women do not ovulate regularly. Linked to extremes in exercise and stress, dieting, toxins and contraceptive use, many young women suffer from myriad symptoms of PMS, or more serious disorders like endometriosis and infertility. Severe symptoms in these years may be seen as a warning sign of hidden hormone imbalance, well before the end of periods.

Peri-Menopause – The Roller Coaster Years



In the years approaching menopause, women start to have erratic cycles as estrogen and progesterone levels fluctuate between highs and lows, dozens of times a day. This hormonal roller coaster takes women on a wild ride through life in 'The Menopause Zone.' Now is the time when the search for symptom relief begins in earnest!

Post-Menopause – The Progesterone-Poor Years



Once a woman has gone at least 12 months without a period she is said to be officially in menopause! At this point, estrogen levels have dropped approximately 40 to 60%, but without ovulation, progesterone output drops to nearly zero! Contrary to the notion of menopause as an "estrogen deficiency disease," it is often marked by too much estrogen relative to progesterone. Defined by John Lee, M.D. as "estrogen dominance," this is a hallmark imbalance of the menopause.

Bio-Identical HRT for women

Estrogens

- are a group of related hormones, each with a unique profile of activity. The three principal estrogens in human females are Estriol (E3), Estradiol (E2) and Estrone (E1).
- are often prescribed in combination to re-establish a normal physiologic imbalance. The use of one or more of these hormones is referred to as Estrogen Replacement Therapy (ERT).

Bio-identical estrogens have been shown to be clinically effective.

- for the treatment of menopausal symptoms.
- for the treatment of postmenopausal problems including vaginal atrophy, dryness or infections, painful intercourse, and various conditions of the urinary tract.
- in decreasing the risk of osteoporosis and colorectal cancer.

Despite studies reporting the risks associated with synthetic hormones, conjugated equine estrogens remain the most frequently prescribed form of ERT.

Published clinical trials have reported that the risk of breast cancer is increased by long-term use of conjugated equine estrogens, and further increases when the synthetic progestin medroxyprogesterone acetate is added to the regimen.

Progesterone

- is commonly prescribed for perimenopausal women to counteract “estrogen dominance.”
- minimizes the risk of endometrial cancer in women who are receiving estrogen.
- is preferred by women who had previously taken synthetic progestins, according to a Mayo Clinic study
- may enhance the beneficial effect of estrogen on lipid and cholesterol profiles and exercise-induced myocardial ischemia (reduced oxygen supply to the heart muscle) in postmenopausal women (in contrast to medroxyprogesterone acetate).
- therapy may minimize the side effects associated with synthetic progestins.

Androgens

Testosterone and dehydroepiandrosterone (DHEA) may be added to a woman’s HRT to alleviate recalcitrant menopausal symptoms and further protect against osteoporosis, loss of immune function, obesity, and diabetes. A decline in serum testosterone is associated with hysterectomy, and there are age-related gender-independent declines in DHEA and DHEA-sulfate. Additionally, ERT may cause relative ovarian and adrenal androgen deficiency, creating a rationale for concurrent physiologic androgen replacement.

Women's Hormone Deficiencies



For many women there is a tremendous void in treatment of menopause symptoms. Hot flashes and mood swings are just the tip of the iceberg. One of the earlier signs and symptoms of estrogen deficiency are frequent waking at night. These sleep disturbances are one of the earliest symptoms of beginning hormonal deficiency. Many others

are present, including such things as mental "fogginess". A woman's short-term retention may be dwindling and her concentration and focus isn't as good as it used to be. Frequently, women may experience some loss of energy, to the point that they actually slide into symptoms of chronic fatigue. In addition, women may experience some mood swings and irritability, and at the extreme may actually develop feelings of depression. With the loss of energy and chronic fatigue, we also find ourselves unable to exercise as much as we have in the past, or to recover as quickly when we do exercise. We find ourselves sliding into increasing weight gain in spite of attempts at exercising. One that is not so frequently discussed is the loss of sexual drive or lack of libido. Not only is our energy level and sense of well-being diminishing, but anticipation and enjoyment of sexual activity is waning as well.

Unfortunately, many times these symptoms are simply attributed to normal aging, or depression. Often, patients leave the physician's office frustrated, without hope, and with a prescription for an anti-depressant! For many physicians, it is assumed when we eradicate hot flashes and night sweats, we have alleviated the menopausal syndrome. All of these symptoms are frequently attributed to the normal aging process. While there is no "fountain of youth" – we cannot reverse the aging process – we can certainly optimize it by restoring the normal balance of estrogen, progesterone, testosterone and DHEA in the menopausal woman.

Why should you use bio-identical hormones?

The real question is "Why not you use them?" Bio-identical hormones have been used by women for decades. In well-known medical journals, researchers have reported that the bio-identical hormones, estrogen, testosterone, progesterone, and DHEA are just as safe as synthetic hormones and also have positive impacts on some diseases like osteoporosis, decreased libido, poor cognition and depression.

How are bio-identical hormones administered?

BHRT can be administered via creams, troches, injections or capsules. While any form of BHRT is a step in the right direction when your hormones are imbalanced, certain methods may work better for you than others. Each person is different, and their needs may change over time. This is why it is important to have an individualized program designed for each woman suffering through the symptomatic stages leading up to menopause. My personal recommendation is the transdermal approach for the excellent absorbing ability.

Hot Flashes

Women suffering from early stages of menopause often experience hot flashes that range from feeling flushed, sweaty, hot and cold, or feverish. Women describe their experiences in different ways. Many say they literally feel like the heat is coming from the inside of their bodies and that this fluctuation in temperature can come in a flash or can last for days on end. The hot flashes occur when blood vessels open or dilate, allowing more blood flow to the head and neck, causing heat, redness, and frequently perspiration. Sometimes it occurs at night (night sweats) followed by a chill, causing you to grab for a blanket that you had kicked off moments ago. These hot flushes/flashes are usually over in a few seconds, but they always arrive unexpectedly and at the most inconvenient times. They are triggered by falling estrogen levels. For many women, there is a tremendous void in treatment of menopausal symptoms. Bio-identical hormone replacement therapy has been proven to ease the hot flashes and the symptoms of menopause. BHRT can help regain your youthfulness and overall good well being.

Diminished and Low Sex Drive

Testosterone is the hormone of sexual desire. Perimenopausal and menopausal women often experience a decreased desire for sex caused by an imbalance in the hormones: estrogen, progesterone and testosterone. Surgical menopause (i.e., removal of ovaries) causes an immediate decline in testosterone by 50% as well as an 80% fall in estradiol. The decline in libido or sex drive continues steadily from approximately 30% of 30-year-old women to 90% of 50-year-old women. Women who are having normal periods in their 40s and 50s may still be 50% low in testosterone levels compared to 30-year-old women.

Testosterone levels are reduced by more than 40% with estrogen replacement. This is because normally after menopause the pituitary gland in our brain continues to secrete a hormone (LH) that stimulates the ovary to continue producing androgens or testosterone. (Libido actually improves for some women after 50.) Adding replacement estrogen, however, keeps the pituitary from producing the androgen-stimulating hormones. Symptoms in addition to decreased or low

libido and sex drive and decreased intensity of orgasm may include loss of energy and sense of well being, and affect as many as 90% of menopausal women.

Chronic Fatigue Syndrome – What is it?

In the past many doctors considered Chronic Fatigue Syndrome a waste basket health diagnosis. That is, when no specific medical explanation for the fatigue could be made, it would be labeled chronic fatigue syndrome. Today, it is theorized that viral infections such as Epstein-Barr as well as others may affect the ovary, adrenal or thyroid. Low levels of testosterone are often found in this condition as well. Replenishing testosterone in addition to traditional treatment may further improve the quality of living.

Osteoporosis

Osteoporosis is known as the silent disease. At present, 10 million Americans have it and are at risk for fractures and chronic pain. Each year 300,000 people fracture a hip and 20% of these people will die as a result of complications from this hip fracture. Fosamax®, Actonel®, Boniva®, etc. are excellent medications used to aid in the development and preservation of new strong bone. The oldest treatment for this condition, however, is estrogen hormone replacement therapy. No safer estrogen is around other than bioidentical estradiol. It is important also to check your Vitamin D level, as more than 60% of Americans are D-deficient, and this prevents calcium intake from preserving or treating bones.

Poor Focus (“Foggy Feeling”)

I have always liked this word “foggy”! Almost all of my patients use it in describing their loss of mental acuity. Some of the earliest symptoms of menopause are frequent waking at night and poor focus. These two symptoms are linked together because poorer quality sleep interferes with rapid eye movements (REM) during sleep. REM is critical to all sorts of thought processes such as problem-solving and short-term memory. Going without adequate sleep over time can impair these cognitive functions, leading to a decreased ability to focus and concentrate, a decline in memory, and chronic fatigue. Until you start treating the hormone deficiencies causing the problems, the cycle of menopausal symptoms will not stop. Bio-identical hormone replacement therapy can help regain and restore your normal mental acuity.

Urinary Leakage

A symptom not often mentioned but very common in menopause is bladder leakage, and this may occur in as many as 70% of women. Why do women experience urinary leakage? The vagina, bladder and urethra all have estro-

gen receptor sites. Think of these like a lock and key, with estrogen being the key that fits in the receptor. These receptor cells are very sensitive to falling levels of estrogen. The bladder becomes more sensitive to many stimuli, resulting in an increase in the urge to urinate. In addition, low testosterone results in diminished muscle tone, making it harder to control the muscles that allow you to hold back the need to urinate. With these hormone deficiencies combined, they result in the bladder leakage problems. This lack of estrogen within the vaginal tissue creates the urinary symptoms and also the frequent complaint of vaginal dryness associated with painful intercourse.

Depression

It has been reported that declining or fluctuating hormone levels, in addition to chronically high levels of stress hormone can all lead to depression. Women are, therefore, especially vulnerable to depression starting during perimenopause and lasting into late menopause. Frequently, hot flashes and depression occurring with estrogen deficiency are treated with Prozac®, Zoloft®, Effexor® or similar antidepressants. These drugs are used to ease the flushes and depression, but why treat the symptoms when you should be treating the deficiency? Studies have shown that women developing depression in the first few months of menopause responded largely by hormone replacement without using antidepressants, so why are we not giving them to women instead of diagnosing and treating them as if they were depressed?

Conclusion



All of these hormone imbalance symptoms are the result of a hormone deficiency state, not the normal aging process. Restoring your body to a normal balance of hormones will go a long way towards making you feel like a younger, healthier, happier woman again. The next step is determining baseline blood levels, beginning a prescription, keeping a log of your symptoms and returning for follow-up blood and adjustment of your personalized hormone regimen.

Using Your Topical Transdermal Hormone Cream

The medication you receive from your compounding pharmacist is dispensed in a unit-dose syringe. When applying the penetrating cream, always select a skin location such as the underside of the wrist, or the inner forearm. This is not a vaginal preparation, though a vaginal cream can be compounded from those suffering from dryness, painful intercourse or urinary symptoms.

Apply the prescribed dosage, either one half ml. (cc) or one ml. (cc) in the following manner.

1. Wash the area with soap and water or cleanse with alcohol, washing away bacteria, perfumes or lotions
2. Remove the syringe cap and push out on the plunger the prescribed amount of medication
3. Gently rub the cream into the tissue until it has disappeared or only a slight film remains
4. Wash hands thoroughly

If you encounter any type of skin reaction, contact the dispensing pharmacy or our office. The prepared medication should be kept at room temperature and avoid extremes of heat or cold.

Lab Values



Your initial labs will be drawn at our office, and your follow-up labs will be repeated in 4 - 6 weeks. If you desire or have orders for fasting labs with cholesterol and lipid screening on your follow up visit, make an early appointment, and refrain from eating or drinking for at least 8 hours. It will take at least 2 weeks for all of your labs to be

done and this will be our 2nd meeting (6 - 8 weeks from our initial visit) to discuss and customize your prescription based on labs and your personal symptoms.

Remember to allow the pharmacy at least one week to prepare your prescription so when you only have a week left of medication, contact them and re-order so you don't miss any dosages. If labs are drawn when you are not using the medication we have no values to work with when customizing your new prescription.

The Menopause Type® Questionnaire

Place an "X" after a question if the answer is "yes" to that question, or any question in the group

Section A

1. Are you having hot flashes or night sweats, or both?
2. Are you feeling more depressed? Are you more withdrawn or isolated? Do you feel periods of hopelessness? Do you feel apathetic?
3. Do you feel a loss of energy? Do you feel more fatigued?
4. Do you feel less receptive to sex? Do you feel less sensual? Do you feel that your sex drive is diminished?
5. Are you having increased vaginal pain, dryness or itching?
6. Are you having insomnia, difficulty falling or staying asleep?
7. Are you having trouble with your memory? Do you feel like you are having more trouble remembering names? Are you more forgetful?
8. Is your mood low, less upbeat, less positive or less outgoing? Are you having less "good moods" and times of joy? Do you find yourself caring less about things that used to matter to you?
9. Are you having trouble controlling your urine? Do you have to go more often? Do you spill urine when you cough or sneeze?
10. Do you feel as if your perception is weakening, that it takes you longer to notice things? Are you having trouble thinking of the right word when speaking or writing? Do you feel your mental skills are diminishing?

Section B

1. Are you having more aches and pain? Are you starting to get arthritis?
2. Are you having more spotting or break-through bleeding? Have you been told you have Dysfunctional Uterine Bleeding?
3. Do you seem to be getting more inflammations and swellings?
4. Are your allergies or asthma getting worse, or are you developing new allergies or asthma?
5. Do you feel like you are having more twitches and spasms?
6. Are you experiencing times of mental fogginess, or trouble thinking clearly?
7. Are you having more mood swings?
8. Do you feel more fatigued? Are you more tired in the morning?
9. Are you more irritable? Do you have more nervous tension?
10. Are you experiencing more anxiety? Do you feel more anxious?

please go to next page

Section C

1. Do you feel less motivated in general? Do you feel less assertive?
2. Is your libido lessened? Are you having less sexual fantasies or less desire? Are you less likely to become sexually aroused? Are you less pleased with sex?
3. Are you feeling less composed and in control?
4. Are you less energetic?
5. Are you anemic, or think you are anemic?
6. Are you feeling more irritable?
7. Do you have less muscle strength? Do you feel weaker?
8. Are you having more trouble with mental skills requiring logic and problem solving? Are you having trouble focusing and maintaining your attention?
9. Is your memory weakening? Are you having more trouble remembering things and events?
10. Do you feel more depressed? Is your mood low, less confident? Are you feeling frightened or afraid?

Section D

1. Are you noticing more wrinkles around your mouth and eyes? Do you have poor skin tone on your arms legs or hands? Has the skin lost its firmness or fullness?
2. Do you feel more depressed?
3. Do you feel more fatigue in general?
4. Are you having more headaches?
5. Are you over 45 years old?

Section E

1. Do your breasts feel as if they are shrinking and sagging?
2. Are you experiencing more confusion?
3. Are you experiencing more morning fatigue?
4. Do you cry more easily, or more often?
5. Are your hands or feet colder?

Section F

1. Is your libido less than it used to be?
2. Is your pubic hair thinning?
3. Do you feel less motivation, less assertive, less confident? Have you lost your competitive edge?
4. Are you gaining more fat weight? Do you feel less lean?
5. Are you having more low back pain or hip pain? Do you feel more joint pain? Are you having more headaches?

Section G

1. Are you developing more facial hair (hirsutism)?
2. Is your voice changing and becoming deeper or less feminine?
3. Are you having trouble tolerating sugars and carbohydrates?
4. Are you developing or having increased acne?
5. Do you feel more hostile, angry, agitated or aggressive?

Place totals from each sections in the "SECTION TOTALS" column below. Multiply totals as indicated in each of the columns.

Then, add the numbers in each column and write in "Totals" row.

Section Totals	Estrogen Deficiency	Progesterone Deficiency	Testosterone Deficiency	Testosterone Excess
A =	Ax4 =			
B =		Bx5 =		
C =			Cx5 =	
D =	Dx4 =	Dx5 =	Dx5 =	
E =	Ex4 =	Ex5 =		
F =	Fx4 =		Fx5 =	
G =				Gx20 =
Totals	E =	P =	T =	A =

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