The Essential Guide to Menopause, Conventional HRT, and Bio-identical HRT

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Menopause can be a really, really tough time for a woman, but there is a lot you can do for yourself, and a lot of help available, which will enable you to feel your normal self again.

With this guide I intend to explain what's going at this time of BIG change, why you're feeling like you are, and make you more aware of the choices available.

At the time of writing this (April 2019) I'm nearly 3 years into my own menopause journey.

I initially viewed menopause as a natural part of a women's life, with no need for me to take medication or HRT.

However, because my interest has naturally been piqued about this I wanted to see what was available beyond the confines of the NICE (National Institute of Clinical Excellence) guidelines that we doctors in the UK tend to work too.

What I found has prompted me to write this piece for you, because there is more choice out there than I realised. It has totally changed my view on how I'm going to manage my own menopause and health into my middle and older age.

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What Is Perimenopause and Menopause?

After years of having periods you enter the perimenopause - the 2 to 10 year transition period before menopause. Menopause is the complete end of your periods.

Perimenopause usually starts somewhere between the mid-40s and early 50s.

While you're having regular periods a cycle of rising and falling levels of oestrogen and progesterone play out each month.

The ovaries are full of little sacs called follicles which have eggs in them. At the beginning of each menstrual cycle just one of these eggs ripens, and as it does lots of oestrogen is released into the bloodstream.

Oestrogen levels keep rising until ovulation – the egg is released from the ovary. Oestrogen levels then tail off a little, and the empty sac starts producing progesterone as well as oestrogen.

Unless you get pregnant this cycle repeats over and over, until you reach perimenopause.

The levels of oestrogen and progesterone start on a downward trend during the perimenopause years, leading to menopausal symptoms.

It's possible to continue having regular periods at the beginning of the perimenopause, but at the same time be experiencing other perimenopausal symptoms. It's not always obvious what's going on early on because some of these symptoms can be a bit vague – it might be that you don't quite feel yourself, you could feel fatigued for no obvious reason, have lost your sex drive, or have low mood and anxiety for the first time in your life.

Once your periods start changing or the hot sweats kick in, it's pretty obvious what's going on.

When you've not had a period for 12 months you've gone through the perimenopause and are now officially in the menopause. Unfortunately you can still be suffering a lot of symptoms when you reach this stage. Asking how long it will last for you is like asking how long a piece of string is – it's very different from woman to woman.

Common Symptoms

So much can be going on, and your experience will be different to another woman's. These are the more common symptoms:

1. Period changes – some women just suddenly stop (but if this happens do a pregnancy test to make sure it's not that!) More commonly there's a change in cycle length – often periods get closer together, and you might miss some too. They can become lighter or heavier. (If you're having irregular bleeding or spotting in between periods it's best to get that checked out with your doctor).
2. Hot flushes – you feel a heat coming from within, like you're on fire all of a sudden. Your face and neck might go red and you may sweat too. Annoyingly they can be worse with alcohol and caffeine.
3. Night sweats – some women might just get a bit hot a night, others have horrible drenching sweats where the bed clothes end up soaked.
4. Sleep problems and insomnia – not necessarily related to night sweats.
5. Fatigue.
6. Weight gain, especially around your middle.
7. Low or no sex drive.
8. Mood swings, feeling overly emotional, lost confidence
9. Difficulty concentrating or remembering things – 'brain fog'.
10. Vaginal dryness which is uncomfortable anyway (itchy and sore), and can be really painful when having sex
11. Repeated urine infections
12. Urinary incontinence and leaking
13. Your skin is wrinkling even quicker
14. Increasing aches and pains

That's not an exhaustive list but they are the most common problems.

Some women can be ok one week and literally hit a brick wall the following week, it can happen that fast.

Why All These Symptoms?

These symptoms happen because of plummeting levels of oestrogen and progesterone. And testosterone plays a significant role too in some women.

Women have testosterone too, but in much lower levels than men. Low testosterone isn't directly related to the menopause, its age related and the older you get the lower your level.

Oestrogen

Oestrogen is the name given to a group of female hormones. Women have 3 primary oestrogens during the menstruating years:

- Oestradiol
- Oestrone
- Oestriol

Oestrogen has many roles in addition to its reproductive role:

- It helps regulate your body temperature, which is why you get hot sweats when levels fall.
- It helps with sleep, so with lower levels it's possible to have sleep problems even if you're not troubled with hot sweats at night.
- It keeps the tissues of the vagina and bladder healthy, low levels cause vaginal and urinary problems.
- It supports memory, concentration, and helps keep your mood positive. Low levels can trigger feelings of depression and anxiety, and even panic attacks for the first time in your life.
- It plays an important role in keeping collagen (a structural protein) healthy, so when levels become low your skin wrinkles quicker and your joints can start to ache.
- It's important for your bone health and your heart health.

Progesterone

Progesterone is especially known as the calming hormone. It too has many roles in addition to its reproductive role:

- It's calming and relaxes us.
- It reduces feelings of anxiety and depression.
- It reduces mood swings.
- It helps with sleep.
- It works with oestrogen to keep bones strong.

In women who feel like they're losing it or don't know who they are anymore - low progesterone is likely to be responsible:

- You're so up and down you feel like Jekyll and Hyde.
- You have a feeling that you don't know what's happening to you.
- You feel out of control.
- You feel like you're going mad or starting with dementia.

Testosterone

Women have a small amount compared to men, but it plays several important roles:

- It gives you your sex drive – libido is non-existent with little testosterone in your system.
- It provides a sense of wellbeing and confidence – women can suddenly have a crisis of confidence when testosterone gets too low.
- It helps with your energy and vitality – you can feel fatigued and flat without it.
- Along with oestrogen and progesterone it's crucial for bone health.
- It also plays a big role in maintaining your muscle mass – this is why women are more likely to get frail in their older age than men.

If your sex drive suddenly goes it could well be due to low levels of testosterone.

If your confidence evaporates and you're struggling to do what you always used to be able to do, it could be down to low testosterone.

Even after the menopause the ovaries continue to produce testosterone, so in women who have them surgically removed – a sudden testosterone withdrawal can really tip the apple cart over.

What Are Your Options?

There is always the option of doing nothing. You might feel absolutely fine, or your symptoms may be minimal. This can actually happen!

But most women suffer at least at bit, so it's case of looking at what you can do, and deciding what's best for you.

Diet and Lifestyle

If you're like most women you've probably got a lot of room for improvement when it comes to your diet and lifestyle.

Even if you go on to choose HRT you'll get maximum benefit when you improve your diet and lifestyle alongside it.

It's not only your ovaries that produce oestrogen, progesterone, and testosterone. Your adrenal glands produce small amounts too – much smaller than the ovaries, but the amount can make a difference to your menopause experience.

The adrenals are small structures that sit on top of your kidneys and with modern life they get a real hammering.

If your adrenal glands have been asked to do too much too often because of the way you're living, they might not have enough slack in the system to be picking up the pieces at menopause.

Some of the hormones the adrenals produce are life sustaining, so these hormones will get preference over sex hormones.

Supporting your adrenal health will improve menopausal symptoms. You can support them by reducing the stress you put on your system. These are just a few things to think about:

- Reduce caffeine intake
- Reduce alcohol
- Reduce sugar and refined carbs
- Give yourself a chance to get 8 hours sleep
- If stress is an issue for you – take steps to start managing it
- Make time for yourself and have some down time

Here's a link to a blog for information:

Adrenal Fatigue Symptoms

I'll point you in the direction of a great book on the subject at the end of this guide.

Herbal Treatment

Herbs such as clary sage, geranium, agnus castus, black cohosh, and dong quai have been shown to give some relief with hot flushes and other menopausal symptoms.

However, the outcome of using them is variable, and they may work better in some women than others. Just because one herbal treatment doesn't work for you, another one may do.

You can get expert advice about this from a trained herbalist.

Antidepressants

It's not uncommon for women whose predominant *menopausal symptoms* are psychological to be prescribed antidepressants.

If the way you're feeling is due to low hormones - you are not depressed, you are lacking hormones. For you, the lack of hormones may have triggered your low mood, and maybe anxiety too. These symptoms can be a normal consequence of lowering hormone levels. It's not a failing on your part.

Lack of oestrogen, progesterone, and testosterone can all cause low mood and anxiety. This doesn't happen in every women, because we're not all the same.

As a GP working in a busy practice it doesn't surprise me how often this happens, but it does sadden me. It's a sad fact that a 10 minute appointment with your doctor is not nearly long enough to explore what's going on with you properly at this time of massive change.

Clonidine

This is a drug sometimes used to try and treat hot flushes in women who don't want to or can't take HRT.

The effects are pretty variable, some women don't feel any benefit at all whereas others find it really helpful.

HRT (Hormone Replacement Therapy)

There are two main reasons to consider HRT:

- To feel better right now by improving your current symptoms
- To look after your longer term health and vitality, because menopause doesn't go away even if your symptoms settle

There are broadly two ways to approach your HRT treatment:

- Conventional pharmaceutical HRT – available at your GP surgery
- Bio-identical HRT – few GPs have trained in this field so far but you might be lucky with yours so it's worth asking about it if you'd like to explore this route. However, it's possible your GP may not have even heard of this approach. I only became aware myself when I went looking for options to help my own situation. As a doctor myself I know that doctors tend to have a downer on things that lie outside 'accepted practice'. So you might not get a positive response if you mention bio-identical HRT!

Conventional HRT

If you've had a hysterectomy..

If you've had a hysterectomy you'll be offered oestrogen only replacement therapy. This will be via a patch you stick on your skin, or a pill.

Oestrogen is great for dealing with hot sweats. Most pharmaceutical preparations use oestradiol, which is the same as the oestradiol your body used to produce (this is called bio-identical).

The reason you'll only get oestrogen rather than a combination of hormones is historical.

HRT started to be marketed in the 1960s and use rapidly took off. When it was first used only oestrogen was prescribed, as a branded horse oestrogen. That brand was (and still is) Premarin. You can see how the name has been inspired from the origin of the oestrogen - PREgnant MAres uRINe. It's still used today but has fallen out of favour quite a lot in the UK.

Horse hormones are very, very strong compared to human hormones, and their effects in women are extremely potent – cases of uterine cancer became scarily common in women taking Premarin.

This was because Premarin was stimulating the lining of the uterus (which is what oestrogen does, but horse oestrogens are seriously strong), and progesterone wasn't there to temper that effect. Cancer was the unfortunate outcome for some women.

Premarin is still prescribed to women today who've had a hysterectomy. These days there is a version with an added progestin (pharmaceutical progesterone-like compound) for women with a uterus – Premique.

If you've had a hysterectomy you're not at risk of uterine cancer, so the conventional approach deems it unnecessary for you to have progesterone. And that's still the case today.

No hysterectomy..

You'll get offered combination HRT which will have oestrogen (as oestradiol usually) and either natural progesterone or a pharmaceutical progestin.

A progestin is a molecule that has some actions in common with natural progesterone, mainly in terms of protecting the lining of the uterus.

Common progestins used in HRT are norethisterone, dydrogesterone, and medroxyprogesterone.

It comes as a pill, a patch, a cream, or a combination of these. Another way of delivering progesterone is a vaginal tablet.

Progestins were developed to protect the lining of the uterus in women taking oestrogen for menopausal symptoms. It does that job well, but since it isn't natural progesterone it doesn't do all the other things that progesterone does.

Sometimes with conventional medicine you'll get natural progesterone, although it might not be obvious from the packet, it might have a brand name, e.g. Utrogestan.

The Full Bio-Identical HRT Approach

A women (Nina Joy) with a major health problem who worked in the financial industry compared doctors working in the NHS to financial advisors who were unable to offer any products outside their own bank. Because they couldn't offer them they didn't keep up to date about them either.

An independent financial adviser has the freedom to look around the market and find the best product for the person sat in front for them. This woman wanted the medical equivalent of that independent financial advisor to help her with her health.

As a conventionally trained medical doctor I know most doctors draw on their core training in medical school for their foundation of knowledge. We keep up to date with changes to that core training by continuing our education, usually within the confines of 'conventional medicine', because at the end of the day, that's our profession.

Most doctors don't have knowledge or expertise in alternative approaches, and arguably – why should they? They work within the field of conventional medicine.

Other ways of tackling symptoms or treating disease tends to be lumped into 'alternative medicine', or 'alternative practice', by practitioners of conventional medicine.

Not all, but most doctors know little about other approaches. That being the case they're perhaps not the best to advise or guide you about these alternative approaches, so don't be disappointed if this turns out to be the case with your doctor.

I often think of that parallel Nina Joy drew, because it's true. And it's very relevant in my opinion, when it comes to offering choice to women about HRT. The person you choose to see regarding your menopause can only help according to what's in their tool bag, i.e. what training they've had. For that reason, if you're going to get the best option for yourself – you need to do your own research first.

I believe treatment for menopausal symptoms is a pretty specialised area, especially when it comes to stepping outside the guidelines a conventionally trained NHS doctor usually works with.

In the 1940s the chemist Russel Marker discovered an easy and inexpensive way to turn a steroid hormone found naturally in a particular yam into molecularly identical progesterone, and from there to other hormones such as oestrogen and testosterone.

At this same time pharmaceutical companies were very focused on contraception, not menopause.

Marker tried to take this discovery to the pharmaceutical industry, but there were no takers. They were soon to create the world's first contraceptive pill. They had the opportunity at this point to put bio-identical hormones into the first contraceptive pill, but that didn't happen (and still doesn't).

Instead a pill was created with two pseudohormones (not natural) – ethinyl oestradial and norethindrone. These could be patented and therefore protected from any other company producing them. This practice enables a drug company to have the monopoly on their product for a number of years, and make shit-loads of money.

A drugs company can't make loads of money from something any other company can make too.

In recent decades there has been renewed interest in bio-identical hormones, particularly in light of the results of the large study – Women's Health Initiative - which started in 1993. This exposed some serious issues with how HRT was being prescribed at the time.

Bio-identical HRT always uses hormones that are identical to those found in a female human. As you've seen above this sometimes happens with the conventional approach too, but there are other key differences with the full bio-identical approach.

A bio-identical plan aims to mimic nature as closely as possible in the safest way which gives relief from symptoms today, and looks after health as you get older.

Oestrogen

The predominant oestrogen used is oestriol, with a comparatively smaller dose of oestradiol. (Although the spelling is similar these are different from each other).

It's done this way because oestradiol is stronger and has greater *potential* to drive breast cancer than oestriol, *if you have a leaning towards developing it*.

Although oestriol is weaker it does control menopausal symptoms, and gives longer term health benefits - providing it's used with other hormones to replace what you've also lost.

You get the benefits, but less of the *small increased risk* of breast cancer that comes with the oestradiol conventional HRT plan.

Progesterone

All women, whether they've had a hysterectomy or not will be offered natural progesterone. This is because progesterone does much more than just protect the lining of the uterus from the effects of oestrogen. Progesterone in particular helps with your mood, and problems with

anxiety and panic. It can help tremendously with sleep problems that aren't related to night sweats. It also works with oestrogen to keep bones strong.

Testosterone

Depending on your symptoms and your blood levels you might have testosterone added to your treatment as well. Low testosterone can lead to low sex drive and loss of confidence.

Diet and Lifestyle

Attention will also be given to what you're doing in terms of your diet and lifestyle because these can have either a very positive, or very negative effect on your menopause experience.

Sugar and refined carbs can worsen hot sweats, whereas eating plenty of whole plant-based food can actually help to improve them.

Key Differences between Conventional HRT and Bio-identical HRT

The key differences with a bio-identical approach compared to the conventional medicine approach are:

1. There's no one size fits all approach – you are treated as an individual women and not just as the condition of perimenopause or menopause.
2. More than one oestrogen is used, and oestriol is the main one which has less risk of estrogenic side effects such as breast cancer.
3. Only natural progesterone is used, ensuring you get all of the benefits of natural progesterone (which progestins don't provide).
4. You will get oestrogen and progesterone even if you've had a hysterectomy, which gives a more natural replacement of hormones, and consequently more benefits.
5. Testosterone is taken into account and added into the treatment plan if appropriate. One of the longer term benefits is helping you to retain your muscle and bone mass, keeping your body strong.
6. Your dose may change as time goes on, depending on regular blood test results, and your symptoms. This ensures you continue to get what you need in an individualised way.
7. Attention is paid to diet and lifestyle which is critical if you're going to get the best out of your HRT treatment. You are treated holistically, as a whole person.

It used to be more common for women to attend specialised menopause clinics and they would have more time to give you. Recently, more and more work has been transferred to GPs, and this is one area that's almost exclusively delivered by them these days, and not necessarily by their choice!

Most GPs are not menopause or HRT experts, and it's unrealistic to expect them to be because we are *General* Practitioners. In addition, as a GP myself I know we can't do a full assessment in a 10 minute appointment, or even a double appointment of 20 minutes! The resources just aren't there to give you longer. As such GPs can only do their best and do this by following guidelines when prescribing HRT, and these very much follow the pharmaceutical approach, not the holistic approach offered by the bio-identical HRT practitioner.

If you're planning on seeing your GP about HRT, ask if any of the doctors at your practice have a special interest, and see them.

When HRT is chosen in a conventional medicine setting, you're most likely to get offered the conventional prescribed treatment. This is deemed 'safe practice' and 'licensed prescribing'. Unless your doctor has gone outside the mainstream and had training in bio-identical HRT, and learned that it is a safe and effective option, they're not going to entertain going down this route with you.

In the era of high litigation doctors are less and less likely to veer from accepted professional guidelines for prescribing. Most doctors work within the conventional medicine framework, and when you chose to see them – that's what you're going to get.

Some doctors with a special interest will have had specific training and education in other approaches to help you with your menopause journey. More and more doctors are learning about bio-identical HRT.

Many women chose not to have any hormone replacement treatment, and simply let a very natural process play its way out. Every women's menopause is personal to her, and so too are the choices she makes along the way.

I will be posting regular updates and lots of menopause-related articles on my website. I'll keep you updated with my own menopause treatment choices as I continue my own journey with this.

Feel free to contact me with comments and questions.

Best wishes

Dr Julie Coffey

Resources

By staying on my menopause email list you'll get regular updates about menopause related issues and treatment.

I'm on my own journey with this myself and as I learn more and more I will share it all with you.

Menopause related blogs by Dr Julie Coffey

Books

It Must Be My Hormones – Dr Marion Gluck & Vicki Edgson

> This is a nice easy read and will give you a great introduction.

Stay Young and Sexy – Dr Jonathan V. Wright & Dr Lane Lenard

> This is a little bit more like a text book but not written especially for medical professionals. It's easy to understand. It has a lot of information about studies and evidence for bio-identical hormones.

Adrenal Fatigue – James Wilson

> Not specifically about the menopause but if you're concerned about the health of your adrenals this is a great place to start.