PRIME TIME LIVING

WEDNESDAY, JUNE 21, 2023 • A SPECIAL ADVERTISING SECTION OF BALTIMORE SUN MEDIA

55+ LIFESTYLE

Breast cancer
Multi-disciplinary advances

Menopause
Clearing the air

Men's Health
Importance of check-ups

Neurology and neurosurgery advances
University of Maryland Medical Center

Camino de Santiago
Life lessons

A little extra
Part-time work

Managing memory care
Dementia and Alzheimer's

and More...

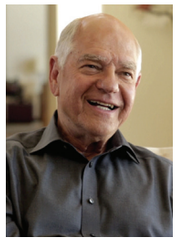
PRIME TIME 55+ LIFESTYLE LIVING

MENOPAUSE

All about menopause

Clearing the air on what is safe and what is not

By Margit B. Weisgal, Contributing Writer


Dr. Avrum Bluming


Dr. Carol Tavris


Dr. Wen Shen


Dr. Daniel Minkin

Every year I see my gynecologist, Dr. Daniel Minkin at Aurora Women's Health, and every year we would have a pretty easy appointment except for one bone of contention. He wanted me to go off estrogen, and I didn't. We never really talked about why I was being so stubborn.

Menopause is a very personal subject for me. When I was 39, I was diagnosed with cervical cancer. As was the procedure at the time, I had a hysterectomy (removal of the uterus) and a partial oophorectomy (removal of one or both ovaries) due to cysts. (Hysterectomies are no longer a standard treatment for early stages of cervical cancer.) Three years later, the remaining partial ovary stopped producing estrogen, and I started a very atypical menopause.

For women like me, the drop can be sudden, like plunging off a cliff, and it can set off a cascade of symptoms.

I was overwhelmed with hot flashes (medically referred to as flushes) – as many as 20 to 30 a day – and night sweats, a feature of sudden menopause due to surgery. It took my doctor over six months to come up with an effective dose of estrogen to control what were enervating, debilitating symptoms. He would try one combination of pills and dosages, then six weeks later it would stop working. This was repeated over and over again until, finally, we found a combination that worked. Almost 20 years later, unlike most women whose symptoms last an average of seven and half years, mine were still going strong.

Then, as you'll read below, the Women's Health Initiative study claimed hormone replacement was dangerous and should not be prescribed. My symptoms were still raging, so I ignored the headlines, as did my doctor, and stayed on estrogen.

Years later, with a new gynecologist, I was still fighting the battle. In 2019, Minkin, as he did annually, asked me again to stop estrogen and see how I felt. I, to my detriment, finally acceded. Then, after six urinary tract infections in a row, another health issue due to estrogen depletion, a referral to Dr. Aisha Taylor, a urogynecologist, and more tests, I asked if I should go back on estrogen. "Yes," Taylor said emphatically, so I did.

Then, this year, when I had my annual appointment, Minkin told me I may have been correct to stay on estrogen replacement. I asked what happened.

"The change has been gradual," he explains. "I was reading articles, discussing the issue of hormone replacement with colleagues, and there were my own misgivings about how my patients were suffering with symptoms. Either we were hesitant to write a prescription, or they were hesitant to accept it. Then I heard a podcast with Dr. Avrum Bluming and Carol Tavris, Ph.D., coauthors of Estrogen Matters: Why Taking Hormones in Menopause Can Improve Women's Well-Being and Lengthen Their Lives – Without Raising the Risk of Breast Cancer, and I read the book. After that, I was all in."

It is long past time to revisit what we know about menopause. We need a better understanding of how it affects women's health and their day-to-day lives, what options are available for symptom relief, and the long-term effects of those remedies. It's also time for the doctors who minister to us during menopause to update their knowledge instead of relying on old inaccurate data. The landscape has changed dramatically with new studies, so it's not fair to their patients who need to have their symptoms managed, especially when they will probably spend a third of their lives post-menopausal.

An article in the British Journal of General Practice, a publication of the Royal College of General Practitioners, describes the landscape. "Around 75% of menopausal women experience symptoms, with around one-third of these experiencing severe symptoms, which

Menopause, continued on page 24

Menopause, continued
from page 8

are having a negative effect on their lives, both at home and at work. Over the past two decades, there has been a huge amount of confusion regarding hormone replacement therapy (HRT). We now have clear, evidence-based guidelines available to ensure women have individualized care and treatment for their perimenopause and menopause."

Unfortunately, too many people, health care professionals and patients alike, are still concerned with perceived risks generated by a decades old study that we now know was flawed. The goal here is to reassure those for whom hormone replacement therapy could help ameliorate any discomforts related to menopause, to learn about other options when appropriate, and to be open to a discussion with their medical professionals.

Definitions

Let's start with some definitions. "Menopause is an all-inclusive term and includes perimenopause, menopause and post-menopause," explains Dr. Wen Shen, M.D., M.P.H., Co-Director of the Women's Wellness & Healthy Aging Program (WWHAP) and Associate Professor of Gynecology and Obstetrics at John Hopkins School of Medicine.

Dr. Shen has concentrated on menopause medicine for more than 15 years. In addition to clinical care, Dr. Shen focuses on educating her patients, other physicians and future physicians on women's post reproductive health. She is engaged in clinical trials for new therapies for the treatment of menopause symptoms and is actively developing curricula and educational aids for future physicians and health care providers on menopause medicine and the importance of healthy aging.

"Perimenopause," says Shen, "is the time between the approximate ages 40 to 51 when most women will start experiencing irregularities in their periods as their hormone levels fluctuate. Ovarian function goes through a roller-coaster stage. As women enter this period, their symptoms will differ. Some breeze through it with no problems. For others, the turbulence of varying estrogen levels affects them strongly, so symptoms tend to be all over the place. Hormone replacement therapy, where appropriate, can return them to a normal life.

"Once they pass 12 consecutive spontaneous months without a period, they are post-menopausal and remain there for the rest of their lives. For women who have had a hysterectomy and/or an oophorectomy, you have to measure hormone levels using an FSH test (follicle stimulating hormone) to determine the inactivity of the ovaries in producing estrogen. This test guides the physician on the stage they are in and how to address the patient's symptoms.

"Approximately two-thirds of women live to be 85 years old, so they will spend a third of their lives in post-menopause, a very important part of a woman's life. At the age of 50, many are still active professionally, involved with their families, participating in activities, living a full life. They often have no plans to stop doing any of this."

Estrogen receptors are located in the tissues of the female reproductive tract and breast as one would expect, but also in tissues as diverse as bone, brain, liver, colon, skin, and salivary gland." As ovaries stop producing estrogen, bone, brain and vaginal functions change.

What perimenopausal symptoms do women experience? "The most familiar are vasomotor symptoms – hot flashes (or flushes) and night sweats," says Shen. "Despite all the jokes, they are not funny. They are incredibly serious as women feel like they are having panic attacks, palpitations and a strong sense of anxiety. These dramatic changes are related to the body's thermostat and can be extremely uncomfortable, annoying and disturbing. Night sweats disrupt sleep and, in turn, severely impact the quality of their lives as their cognitive function is threatened. Many women also suffer from vaginal atrophy, a part of the body with a lot of estrogen receptors. This can lead to bladder problems and painful intercourse."

Other body changes? "Although less obvious," Shen adds, "the loss of estrogen can cause serious medical issues including an increase in cardiovascular disease and an increased risk of heart attacks. After the age of 65, more women die of heart disease than men. One of three women will have an osteoporotic event in her lifetime, such as a fragility fracture, which does not heal well. This compromises the quality of life due to increased frailty and decreased mobility. It also takes a real toll on the families.

"However, one change that causes fear is cognitive decline. As with vaginal tissue, the brain has a lot of estrogen receptors. Women are more prone to Alzheimer's disease, and there is a greater risk for early onset dementia for women who experience early menopause."

A Brief History of Hormone Replacement Therapy

The Women's Liberation Movement of the 1960s – the genesis of feminism – changed how women perceived themselves. Feminine Forever, a 1966 book by R.A. Wilson, claimed "menopause is a hormone deficiency disease, curable and totally preventable, just take estrogen."

An article from Medicina, published in the National Library of Medicine, explains "the real impact of hormone depletion on women's health. The clinical conditions associated with menopause were identified as "Hormone Deficiency Syndrome," which included, besides hot flashes, other late onset chronic diseases such as osteoporosis, cardiovascular events, Alzheimer's disease, and vaginal atrophy. At the beginning of the 20th century, the Food and Drug Administration (FDA) approved an estrogen product, Premarin, for the treatment of hot flashes."

In the 1970s, Hormone Replacement Therapy (HRT) added progestin – a form of progesterone that plays a role in menstrual cycles and pregnancy – to estrogen for women with uteruses to prevent endometrial cancer. Women who had hysterectomies continued to take ERT (Estrogen Replacement Therapy). In 1988, the FDA approved HRT/ERT to prevent osteoporosis. By the mid-1990s, approximately 40% of American women were taking hormone therapy, making it one of the most commonly prescribed medications at the time.

An early trial of HRT, the Heart and Estrogen/Progestin Replacement Study (HERS), which studied women with coronary heart disease, showed conflicting results. During the first year, those taking HRT had an increase in non-fatal coronary events. After four years, that number decreased and showed there was no difference in the HRT group versus those receiving placebos.

A majority of other studies continued to show benefits to HRT. Then, in 1998, the Women's Health Initiative study began.

Women's Health Initiative

Twenty-one years ago next month, one of the largest, most expensive studies ever undertaken of post-menopausal women – costing around $1 billion – made headlines around the world. The Women's Health Initiative (WHI), funded by the National Heart, Lung, and Blood Institute (NHLBI), shocked the world with frightening headlines stating, "Hormone Therapy Causes Breast Cancer" and "Hormone Therapy Causes Coronary Heart Disease." As you can imagine, people are drawn to negative news more than positive news. In the ensuing months, prescriptions for ERT and HRT dropped 70%.

After further reviews of the data from the WHI and the study as a whole, these statements were far from accurate. Within a few short years, papers filled the medical journals, pointing out the inaccuracies, but they never received the same level of publicity and awareness the WHI statistics did. Even today, many doctors are reluctant to prescribe HRT/ERT.

In one paper, titled A Critique of Women's Health Initiative Studies (2002-2006), published in 2006, the author says, "In contrast to the conclusions reached by the WHI and the NHLBI, I conclude that treatment of post-menopausal women with estrogen and progestin (Prempro) does not increase the risks of cardiovascular disease, invasive breast cancer, stroke or venous thromboembolism. I also disagree with the claim that an increased risk of stroke existed in women treated with estrogen alone. Note that these increases were judged in the final analyses to be statistically insignificant."

Even the NIH National Institute on Aging says the WHI study had problems: "…research reported since then found that younger women are at less risk and have more potential benefits than was suggested by the WHI study. The negative effects of the WHI hormone treatments mostly affected women who were over age 60 and postmenopausal. Newer hormone formulations seem to have less risk and may provide benefits that outweigh possible risks for certain women during

the menopausal transition."

In the ensuing years, study after study shows that hormone replacement therapy is beneficial, and women should not be deprived of its advantages in managing menopausal symptoms and aging.

Current Data and Options

Dr. Avrum Bluming has been a medical oncologist for over 50 years and is the author of Estrogen Matters along with Carol Tavris, Ph.D., a social psychologist. For more than two decades, he has been studying the benefits and risks of hormone replacement therapy administered to women with a history of breast cancer. "We wrote the book," he says, "to be used by both doctors and patients. It takes difficult information and makes it understandable for the lay person."

Bluming commented on the WHI study. "It was a seriously flawed study. It stated it had enrolled healthy post-menopausal women, but the reality was that many of the participants were much older than those normally treated for menopausal symptoms and who had numerous other risk factors. Thirty-five percent were considerably overweight, nearly 36 percent were being treated for high blood pressure, and nearly half were current or past smokers. The median age was 63, long past the onset of menopause.

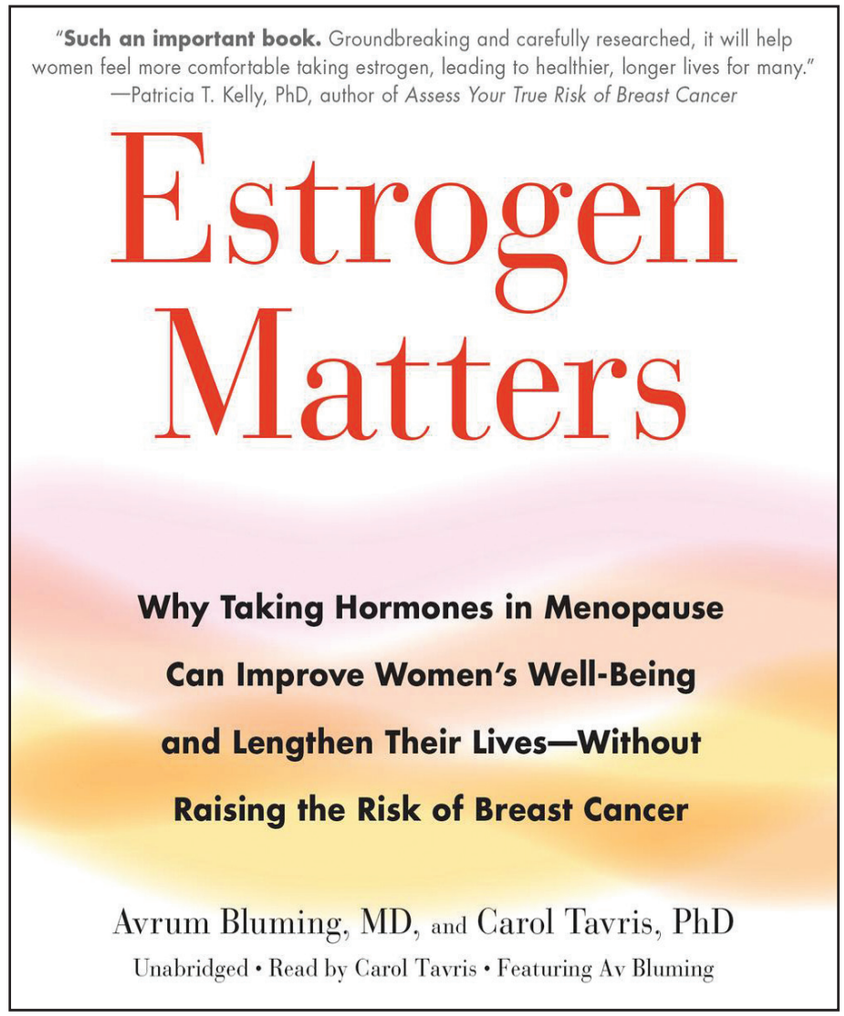
"Since then," Bluming, continues, "the investigators have walked back almost every one of their alarmist statements released in July 2002 – such as those on increased risk of heart disease, cognitive decline and increased risk of death from all causes. They now acknowledge that HRT/ERT is the safest and 'most effective treatment for menopausal vasomotor symptoms.'

"In other words, HRT/ERT does reduce the risk of heart disease, does lower the incidence of breast cancer by 40 percent even for those with a risk factor, does prevent osteoporosis, and does stave off cognitive decline and Alzheimer's Disease."

In follow-up studies, the WHI investigators reported in 2012 that estrogen replacement therapy decreases the risk of breast cancer by a significant 23%; then in 2019 they said they decreases the risk of death from breast cancer by 45%.

"Are HRT and ERT perfect?" asks Bluming. "No. There are risks. It's incumbent on a woman's medical practitioner to provide information that balances benefit and risk. But women are not being given the option. When they ask about hormone replacement, too often their caregivers won't broach the subject because they're working off old inaccurate information, so patients are being denied participation in the discussion they should have. Make sure you are informed – and that your doctor is informed."

Shen agrees wholeheartedly. "Since the WHI, much more research has been done, and we're taking a closer look at what that WHI data actually showed, so the interpretation of the data has progressed."



Educating and Counseling Patients

Women should be aware that most doctors have very little education or training in menopause.

"In obstetric and gynecological medical programs (OB/GYN)," says Shen, who teaches internal medicine students and OB/GYN residents at the Johns Hopkins School of Medicine, "menopause is becoming more of an established subject. Still, most medical residents in the U.S. who responded to a survey say they had about an hour of education on the subject."

For practicing OB/GYNs, it is only when their practice morphs to include more menopausal patients that they educate themselves.

Minkin made it a point to educate himself and is now more balanced in how he counsels his patients. "There's so much misinformation and disinformation out there. One of the biggest mistakes in medicine in the last 20 years is how the WHI had all of us running scared from prescribing hormones. It caused a huge disservice to our menopausal patients, especially those with symptoms. Even after much of the WHI was discredited, I still get notes all the time from the various insurance companies about taking women off hormone replacement.

"When I talk with patients, I have to look at the whole patient, their individual health issues, and what will do them the most good. For those getting closer to menopause, I'll explain, 'This is important foundational information, what you need to know and think about so can you make informed decisions to be healthy and strong for the next part of your life.' As for HRT, I have the conversation with my patients, whether or not they have symptoms, because of its benefits. The point is to have the discussion, to provide guidance, something too many physicians are reluctant to offer."

Minkin added a final comment. "Doctors are overwhelmed when trying to stay current. But I am lucky. All the members of our practice are in tune, and we discuss medical issues often, like prescribing hormone replacement. Patients shouldn't have to struggle when they've trying to manage their menopausal symptoms. What do we gain by withholding HRT?"

Shen put together the Women's Wellness + Healthy Aging Program because there is still a lag in education. "There is a shortage of doctors, so patients don't always have a choice in who to see. Many programs are staffed by nurse practitioners or physician's assistants. We're also seeing more women's health fellows, so there can be further progress in post-reproductive health management. A woman spends a third of her life in this stage. It's important to improve the playing ground for women. One common complaint is brain fog due to estrogen receptors in the brain. You're not firing on all cylinders if you spend the night before with night sweats and the days filled with hot flashes. When it comes to managing symptoms, our program can help.

"In addition, there are now more types

of HRT: transdermal patches, vaginal rings and creams. Transdermal patches are absorbed directly into the bloodstream. Oral estrogen pills have to go through the liver, which can cause other problems. Not everyone needs to be on HRT, and not everyone qualifies. It's about living in the best possible health into your 80s. We also cover all the other non-hormone treatments available today for those who cannot take HRT/ERT. These are fine points to grasp, and you need a counselor, a doctor, to explain them to a patient."

Compounded Bioidentical Hormone Therapy

One of the latest fads is something called bioidentical hormones. An article by the Mayo Clinic asks, "Are they safer?"

"No, they aren't," it states. "According to the Food and Drug Administration (FDA) and several medical specialty groups, the hormones marketed as "bioidentical" and "natural" aren't safer than hormones used in traditional hormone therapy. There's also no evidence that they're any more effective."

The article goes on to provide two strong warnings:

- They're produced in doses and forms that differ from those in FDA-approved products. For many non-standard combinations, you need to go through a compounding pharmacy. A compounding pharmacy is one that specializes in making medications customized for your individual needs. However, products from compounding pharmacies haven't been subject to the same rigorous quality assurance standards that standard commercially available hormonal preparations have to meet.
- They're custom-made for you, based on a test of your saliva to assess your unique hormonal needs. But, unfortunately, the hormone levels in your saliva don't reflect the levels in your blood or correspond to menopause symptoms.

The American College of Obstetricians and Gynecologists (ACOG) provides its own warning: "Not only is evidence lacking to support superiority claims of compounded bioidentical hormones over conventional menopausal hormone therapy, but these claims also pose the additional risks of variable purity and potency and lack efficacy and safety data."

Shen had one warning to which patients should pay heed. "Be careful about what's on the internet. Choose wisely when doing research. Look for information that is evidence-based, where studies show actual results from medical trials. Celebrities don't have a medical degree. They hold themselves out to be experts, but they are far from it. In our reality-based society, people are so influenced by influencers, they end up doing real harm. Here are websites that provide evidence-based information and recommendations:

- Society for Women's Health Research (SWHR), https://swhr.org/about/ SWHR offers a free downloadable Menopause Preparedness Toolkit.
- The North American Menopause Society, https://menopause.org/
- Wellness + Healthy Aging Program: Dr. Shen's program provides podcasts by experts on a variety of subjects that women face as they age and are worth listening to: www.hopkinsmedicine.org/womens_wellness_program/podcasts_webinars.html

Wrap-Up

Menopause is complicated. As mentioned above, you could breeze through it. Or, like many others, you could have a variety of symptoms that throw your life into disarray. Take time to have a discussion with your medical professional. I was fortunate. At the beginning, my internist spent time with me to discuss what I was going through. Then, when I needed it, he referred me to someone who could do more than he could offer.

Shen points out women are not talking about menopause when they should because they think it means they'll be perceived as getting old. Not true. Menopause should not detract from living a full and healthy life. So, ask questions, learn what will work for you, and choose what will let you thrive. You are an individual, with your own medical history.

Primary Care, continued from page 10

body. If the blood pressure is exceedingly high, it can lead to serious concerns like stroke and blood vessel rupture.

*High cholesterol – the collection of fatty deposits in blood vessels leads to the development of plaque that can cause narrowing and make it difficult for blood to travel through the body. This can lead to high blood pressure and starve other parts of the body of oxygen. Depending on the location of the plaque, this can lead to heart attacks, strokes or peripheral vascular or arterial disease, which can require bypass or cleaning out of the arteries to enable blood flow.

*Diabetes – the body can become less sensitive to the insulin that it produces to assist in the removal of excess sugar from the bloodstream. Long-term high sugar levels can cause the pancreas to work overtime to produce enough insulin and eventually the body stops responding, causing damage to nerves, tissues and organs. This can result in heart disease, kidney disease and issues with the eyes and vision.

"You are not going to feel your blood pressure being elevated in most cases. In the early stages of diabetes, you are not going to feel that your sugars are high," Dr. Delapenha explains. "It's really at the late stages where you've had the disease for a number of years and it's gotten out of control that you feel those symptoms and end up in the hospital."

The primary care provider, in monitoring blood pressure and sugar levels, can work with patients to change their diet, encourage exercise and refer to a nutritionist to minimize the factors that contribute to the development and worsening of these diseases.

Partnering with a specialist

If levels are indicated or other concerns present needing additional care, Dr. Delapenha refers to the appropriate specialist like a cardiologist for the heart, a gastroenterologist for digestive concerns or an orthopaedist for musculoskeletal injuries and pain. Although he defers to their expertise, Dr. Delapenha monitors the patient's results and progress, communicating with the specialist and tracking issues to ensure the patient is meeting milestones and following up with specialist recommendations. If they haven't seen the specialist in a while, Dr. Delapenha makes sure the patient returns for a follow-up visit.

Regular check-ups also help physicians watch for signs of cancer. "Routine screenings help us keep an eye out for prostate cancer, colon cancer and lung cancer. Most cases of cancer are caught early enough to be treated and managed to enable the patient to live a pretty healthy and productive life. It's a lot of care coordination and direction to really make sure things keep moving and don't get lost," he explains.

When to seek care

Reach out to your PCP first if you are feeling ill, as they know your detailed health history best. Chronic ailments, especially those that have been persistently nagging for months or years, should be brought to the physician's attention. Dr. Delapenha attests the most common concerns are chronic back pain or shoulder pain that has been disregarded for some time. Twinges of chest pain should not be ignored, especially as the patient ages, since this could signify coronary artery disease that may necessitate a change in lifestyle and treatment.

Significant chest pain should necessitate a call to 9-1-1 and a trip to the emergency department.

"But often patients will complain to me about chest pain or shortness of breath following exercise or going up a flight of steps that goes away," Dr. Delapenha says. "Those are concerning symptoms of coronary artery disease and the patient should see a cardiologist for a stress test."

Maintaining a relationship with a primary care doctor helps to build a comfort level and trust between the provider and the patient. The PCP may be more apt to pickup on signals due to the familiarity built up over time and the patient may divulge more information based on the relationship. Dr. Delapenha encourages patients to call with concerns and questions, even if minor.

"That's what I'm here for," he says. "I like to educate and teach, and help patients understand what's going on with their bodies and how to get their health back on track."