OCTOBER 2015
NEWSLETTER

TESTOSTERONE

The current good news is that the testosterone pellets are now available. After monthly promises for the last year they are now safely tucked away in my cupboard and are available to patients for many years. I am happy to say that although they have increased their price eight-fold I have not put my implant prices up yet.

The use of testosterone, a normal female hormone is now becoming more acceptable particularly in women who have lost their ovarian androgens after surgery or if they have particular problems such as loss of libido, loss of energy and depression. Testosterone is best used in conjunction with the oestrogens either as an implant or as gels. I have in my last audit found that 93% of my patients who have received the oestrogens also had testosterone. It can rarely cause acne or excess hair growth which stops when you reduce the dose but in general women respond well to this treatment and wish to continue on this combination for many years.

DEPRESSION

I am still campaigning to persuade psychiatrists to accept that depression in women often, very often, has a different causation to depression in men. The whole concept of Reproductive Depression is not known to psychiatrists who fail to recognise the hormonal nature of depression which occurs before a period – at <u>every</u> period and in the postnatal months and towards the menopause. These have all been shown to respond well to transdermal oestrogens. They do not recognise this association and in particular do not want to learn about the effects of three principal hormones in women; oestradiol, testosterone and progesterone on mood, libido and behaviour. Nor do they consider the effects of menstruation, pregnancy and lactation have upon on mood.

I have recently seen a young lady who has had six suicidal attempts, always before her period. The psychiatrist did not recognise that association. She has also had six admissions to the Priory Hospital, always before her period and the psychiatrist still could not recognise the association. I have sent all this information to my old friend Sir Simon Wessely, who is the current President of the College of Psychiatrists, with the patients consent but there is no interest from his college although our original work on oestrogens for menopausal depression and postnatal depression twenty years ago was performed at his hospital The Maudsley in association with Maudsley consultant psychiatrists.

I lecture all over the world on hormones and depression to gynaecologists and endocrinologists which is a waste of time because they already know of this problem and of the solution. I need

to lecture to psychiatrists or have my papers published in a psychiatric journal. This has not proved possible as psychiatrists fear any encroachment on their territory, even if it means that patients with long-standing incurable depression can be cured elsewhere with the correct therapy. I have published over 500 papers but the two important papers that I sent to the British Journal of Psychiatrists were turned down without even being reviewed. There is a message there and it is not because the papers were rubbish. So sorry but I do get paranoid when I see the way that most psychiatrists treat depression in women. The British Journal of Obstetrics and Gynaecology is currently running a series of debates; the one that involves me is *The First Choice Therapy for Depression in Perimenopausal Women should be Oestrogens*. I have written my 800 words but they cannot find a psychiatrist in the country to write an alternative view! Perhaps a blank page would speak volumes or a comment that half a dozen psychiatrists who have been invited to oppose the motion but have refused to do. That does not show a lot of confidence in their treatment by antidepressants.

THE FUTURE

Patients sometimes express some anxiety if I am about to retire but I have reassured them that I have no plans to retire whatsoever, particularly as I am only approaching middle-age! However it is sensible to have a 'handing over' process operative and two of my original research fellows and colleagues will be doing the occasional Friday. They have in the past worked at my Wimpole Street clinic when I was having my chemotherapy and radiotherapy. For three months they held the fort while I was incapable of doing very much and when I returned to work the practice was intact. My thanks to them.

Mike Savvas and Neale Watson were my research fellows at Kings College twenty years ago and were co-authors in the published research on transdermal oestrogens for the treatment of Premenopausal Depression and also for the successful treatment by oestrogen patches of Postnatal Depression. Both of them worked with me and have maintained contact and their views on hormone therapy for the menopause and hormones for the treatment of depression are the same as mine. They are also, unlike me, recognised by BUPA and AXA PPP but these companies do not usually reimburse treatment for menopause, PMS and osteoporosis. Both are still doing surgery and are also involved in infertility and both run their hospitals NHS IVF service as well as the Menopause Clinics.

Michael Savvas is a senior consultant at Kings College Hospital. Neale Watson is a senior consultant at Hillingdon Hospital. I am sure that you will be very happy to meet them and initially they will be doing alternate Fridays. You have to see me for the rest of the week!

With best wishes,

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