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THE LONDON PMS AND MENOPAUSE CLINIC

February Newsletter

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Dear John Studd,

I have decided to send my patients (or former patients) a monthly newsletter with up to date views on hormone therapy particularly if clarification of any newspaper reports are required. The following are recent articles on the benefits and risks of HRT:

PROFOX A Post HRT Nightmare:

(click here to read)

This is a protest from me because many women who need hormones for depression and osteoporosis are given non-hormonal treatment in the form of Prozac for depression and Fosomax for low bone density by physicians who have not learned how to use oestrogens in a way that any general practitioner would be able to deal with. I have named this therapeutic disaster PROFOX. (after PROzac + FOsamaX)

DEPRESSION

The worst culprits are the psychiatrists who although accepting that depression that is more common in women than in men do not recognise the link with changes of hormone levels – a condition that we should call **reproductive depression**. This should be obvious because this excessive depression occurs at times of sudden hormonal fluctuation in that the patient can have **premenstrual** depression, **postnatal** depression and **menopausal** depression. These often occur over the years in the same woman All of these types of depression have been shown in careful randomised trials mostly published in a first class journal like the Lancet but these have not been repeated by psychiatrists who really view oestrogens with suspicion and fear rather like Dracula's fear of garlic. It is equally illogical. Thus women may start their treatment of postnatal depression with antidepressants, which work for a time, then they are changed, and then the periods return, and the depression becomes worse as premenstrual depression. They can have ten years of antidepressant drugs or mood stabilising drugs or even electroconvulsive therapy. This is a tragedy because most of these patients are better treated at the beginning of their illness with transdermal oestrogens.

An even more unhappy occurrence is that these patients with premenstrual depression can be and are being misdiagnosed as bipolar disorder and given inappropriate hard-line mood stabilising drugs and even ECT. This alas is not uncommon and I am now collecting a large number of such women who have been completely cured by estrogens for publication. Severe PMS with cyclical mood changes; bloating, and breast pain loss of energy and libido can easily be treated by suppression of ovulation and suppression of the cyclical hormone changes, which produce the cyclical symptoms. They should rarely need antidepressants if treated correctly.

OSTEOPOROSIS

A similar problem occurs with osteoporosis which should be treated with oestrogens but physicians now have a huge armamentarium of expensive non-hormonal drugs that they prefer to use. I have been fighting this for sometime and at last we are getting the message through so that general practitioners and the public are being advised that oestrogens are a worthwhile treatment for women under the age of sixty with low bone density. My view is that it should be first line therapy for women under the age of sixty I am sure that this will happen because most physicians are becoming aware of the many severe complications that occur with long term bisphosphonate therapy particularly in the younger woman.

The nightmare is that these patients who are already are prescribed Prozac for depression and Fosamax for low bone density will have these drugs in combination. This is happening already but an even greater nightmare is to have these 2 drugs in the same capsule .It is not happening yet but who knows of the extent of the lunacy of pharmaceutical progress! It should be clear that women below the age of 60 needing therapy for hot flushes, sweats, low bone density, depression, loss of libido and sexual problems can be treated effectively and safely with oestrogens possibly with the addition of androgen.

10 Reasons to be happy about HRT:

(click here to read)

This is an up to date patient guide to the benefits of HRT and the indications for such treatment, and the importance of using the correct dose of the correct hormone for a particular indication. The current uncertainty of the safety of estrogen therapy comes from the American WHI study in which a "one dose for all" policy was used in women whose age ranged from 50 – 79 with 22% starting after the age of 70. They were also without symptoms and any indications for therapy. Subsequent analysis of the data make it clear that any excess side effects occurred in women stating this combination of oral Premarin and progestogen over the age of 70 or 20 years past the menopause. Incidentally many of us warned the Americans and the British MRC that this was the wrong drug used in women of the wrong age only to be rewarded by being slung off the steering committee of the MRC. Such is life!

The published article itemises the principal benefits of estrogen therapy starting with the characteristic hot flushes, night sweats , insomnia, palpitations and the local problems of vaginal dryness and painful intercourse. There is also a beneficial effect on bone density in that it can correct osteoporosis and also protects the intervertebral discs. Estrogens have a beneficial effect on mood and sex drive although the addition of testosterone (a female hormone!) may be necessary for improving libido and difficult or impossible orgasms. The protective effect of estrogens on the frequency of heart attacks is outlined and this will be a subject of my next newsletter. The paper also quotes from many patients in that they claim to me nicer people for their husbands and children to live with as a result of shaking off their tiredness, depression, irritability and general bad temper that frequently occurs as part of the years approaching the menopause. Please note that "menopausal" symptoms are usually at their worst in the four or five years before the cessation of periods in the so-called menopausal transition.

Best Wishes

Next month I will discuss the current thoughts on estrogens and the possible reduction of heart attacks and also the role of estrogens and testosterone in restoring libido for those with a problem.

I will be happy to answer questions by email .

Best wishes,

John Studd

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