

## HEALTH

# Hormone replacement should be used carefully

### LIFELONG HEALTH



**DR. DAVID LIPSCHITZ**  
Syndicated Columnist

For American women reaching menopause, the discussion of hormone replacement therapy is likely overwhelming. Mixed messages on the benefits and risks of these treatments have left most women fearful and confused.

As recently as five years ago, hormone replacement therapy for post-menopausal women was thought by many to be the fountain of youth, not only alleviating some of the features of aging but also reducing the risks of heart disease, stroke, Alzheimer's and osteoporosis. But following a seminal paper published in the *New England Journal of Medicine*, new evidence indicated that hormone replacement therapy actually increased the risk of the same diseases that it had once been touted to prevent. And over time, more and more research has confirmed these findings.

Published in the journal *Cancer Epidemiology*, research showed that hormone replacement therapy significantly increased the risk of breast cancer, particularly in women who were not overweight. In this study, the longer the hormones were taken, the higher the risk. For women who had a hysterectomy and took estrogen therapy alone for 15 years, the increased risk of breast cancer was 19 percent. Women taking estrogen and progesterone for 15 years saw an increased risk of 85 percent.

Studies clearly show that hormone replacement therapy — and particularly estrogen therapy — reduces the risk of osteoporosis, but new research now indicates that it does not help protect strength and muscle mass.

Based on all this evidence, experts in the field now recommend hormone replacement therapy only to alleviate the symptoms of the menopause, using the lowest dose available

and for as little time as possible. For women who have had a hysterectomy, estrogen alone can be used; otherwise, progesterone must be added, as estrogen alone dramatically increased the risk of uterine cancer.

Despite the mounting evidence and warnings of adverse effects, many physicians are still not convinced that the increased risk of various health problems is significant. Some believe that the actual risk to an individual patient is small, even if the risk to the population as a whole is quite significant. There is also a large group of physicians who maintain that hormone replacement therapy does have significant anti-aging effects. They say that adverse effects of the therapy are related to the fact that the hormones given are not identical to those naturally occurring in pre-menopausal women and that the dose administered is inappropriate.

These physicians measure hormone levels in the blood and saliva and compound "natural or bioidentical hormones" to achieve physiological levels in the blood. Constant monitoring is required. While this approach is very popular, there is currently no rigorous research to document either benefit or risk in this form of therapy.

Today, the vast majority of women continue to take hormone replacement therapy because their menopause symptoms remain so severe that they simply cannot manage without it. These symptoms include severe hot flashes, insomnia, emotional changes such as anxiety and depression, headaches, loss of libido and vaginal dryness leading to pain with intercourse. Another common problem is an overactive bladder that is characterized by urinary frequency and a need to rush to the bathroom.

The North American Menopause Society and the Endocrine Society agree that use of hormone replacement therapy should be limited to treatment of menopausal symptoms, that the lowest dose should be used and that the therapy should be discontinued as soon as possible. Alternate treatments such as vaginal estrogen creams should be considered for women who have vaginal dry-

ness or pain. Loss of libido can be treated with the use of a very low-dose testosterone cream.

Finally, experts in the field have shown that transdermal estrogen used in a patch carries a much lower risk of heart attacks and strokes than oral estrogen. In addition, the patch does not increase the risk of blood clots or reduce libido. Currently, the evidence is accumulating that should you need to combat the symptoms of menopause with estrogen replacement, the patch is preferable.

Clearly, hormone replacement therapy is not without its problems. However, like all approved medications, there are circumstances where the benefits outweigh the risks. Unless you have or have had a high risk of breast cancer, do not let fear of replacement therapy cause you to suffer with severe menopausal symptoms. When seeking hormone replacement therapy, talk to your doctor to ensure you get the right dose, in the right way, for the right amount of time.

More information on Dr. David Lipschitz is available at [www.DrDavidHealth.com](http://www.DrDavidHealth.com).

# Cancer patients, caregivers offered free telephone workshops

### TIMES STAFF REPORT

Finding out a loved one has cancer can be one of the most difficult things a person will ever have to experience, but caregivers who offer friendship, love and support to the family member or friend diagnosed with the disease do not have to go through the experience alone. The American Cancer Society hosts a series of telephone workshops for family, caregivers and friends to learn about information and support related to caring for a loved one with cancer.

"Caring for someone with cancer can be hard. Finding help shouldn't be," said Patricia P. Hoge, RN, PhD, executive vice president of mission delivery and medical affairs for the American Cancer Society's South Atlantic Division. "Working together with caregivers can help loved ones get well and provide the support family and friends need through every step of their cancer experience."

Workshops include tips and practical problem solving techniques, as well as time for questions and discussion. Participation is free to residents of Delaware, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia and the District of Columbia. No phone charges apply.

Workshop topics include:  
What you need to know about Social Security benefits

Tuesday, Oct. 12, 2010, from 1 p.m. - 2:15 p.m. EST

Childhood lost: supporting the tween caregiver to a parent with cancer  
Tuesday, Nov. 9, 2010, from 1 p.m. - 2:15 p.m. EST

Helping caregivers cope with the loss of a loved one during the holidays  
Tuesday, Dec. 14, 2010, from 1 p.m. - 2:15 p.m. EST

Body image: supporting your loved one with cancer  
Tuesday, Jan. 11, 2011, from 1 p.m. - 2:15 p.m. EST

Take a break! Self care tips for the cancer caregiver  
Tuesday, Feb. 8, 2011, from 1 p.m. - 2:15 p.m. EST

Telephone workshops are led by American Cancer Society patient advocates, trained Clinical Social Workers available to assist cancer patients and caregivers with problems such as loss of income or lack of health insurance, locating community resources, and providing assistance with the emotional impact of a cancer diagnosis.

To register for the telephone workshops, contact the American Cancer Society at (800) 966-3586 or visit <http://cancer.org/sacaregiverworkshops>.

To learn more about programs and services available in your community for you and your loved one, contact the American Cancer Society anytime at (800) 227-2345 or visit <http://cancer.org>.

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