THE CENTER FOR HORMONAL WELLNESS
Sherri Bergamo , N.P.

WHAT IS MENOPAUSE?

Menopause is the time in a woman's life when her ovaries have aged and atrophied. They can no longer produce and secrete the needed and all important sex hormones: estrogen, progesterone, and testosterone.

Menopause can be manifested very differently in different women.

Some women have all of the symptoms of menopause and some women only stop menstruating. The strict definition is the "cessation of the menses for six months!" By then many women have gone through 1 to 5 rough years and, to quote Dr. Diana Schwarzbein M.D." this should never be a working definition for a physician to treat a woman going through menopause. (It is a late diagnosis by then.)"

HOW MANY WOMEN ARE GOING THROUGH MENOPAUSE?

There are approximately 40 million women in menopause now. Less than 20% are on some type of hormone replacement therapy. There are approximately 50 million women in peri-menopause.

Since life expectancy for women has changed drastically it is very important to address, hormonally, the changes in women as we age.

WHEN DOES MENOPAUSE BEGIN?

Peri-menopause begins around the age of 30-35. It is at this time that the peak levels of hormones start to slowly decline. This is secondary to aging of the ovaries! Menopause itself can begin at anytime from there on. And, again, the strict definition is one year after the cessation of the menstrual cycle. There is also an entity called premature ovarian failure. This is an autoimmune disorder that destroys the follicles of the ovaries sooner, and leads to menopause in the early 20's and 30's. Women can also go into menopause even in their early teens.

The symptoms of menopause can abruptly start and stop at anytime. They can also slowly start and stop at any time. As mentioned earlier they may never even begin.

2128 Truxtun Ave Bakersfield, CA 93301 (661) 633- 9080 FAX (661) 633-9081

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WHY ARE WOMEN SO DIFFERENT?

The answer lies in the adrenal glands which also produce sex hormones. The adrenal gland starts with the chemical cholesterol. Cholesterol then undergoes changes to the hormone progesterone which then undergoes changes to the hormone testosterone. Testosterone then leaves the adrenal glands and ends up in the fat cells where it can be changed into Estrone which is one form of estrogen in the body. Estrone can then be changed into Estradiol. These two estrogens are interchangeable. In other words, there is a reversible reaction- If you make Estrone you have an enzyme which will turn it into Estradiol. If you make Estradiol the same enzyme will turn it back into Estrone. However, this reaction slows down with aging.

You never have to have one hot flash in your entire life!

Since menopause is the time when sex hormones decline to less than prepubertal levels there is no end to menopause. The cells in the ovaries which produce sex hormones are not capable of regenerating. This means that once you lose ovarian function it does not return! Women tend to feel that they have gone through menopause when hot flashes stop and they tend to accept themselves, at around age 60 and above with less energy and vigor, decreased memory and concentration, decreased sex drive, problems with vaginal dryness and sleep disorders.

I believe that most women are accepting to feel this way because nothing has been done in the past to promote health and vigor in the post-menopausal woman through the use of natural hormones.

HOW LONG DO WOMEN HAVE TO BE ON HORMONE REPLACEMENT THERAPY?

Hormone replacement therapy is a very personal choice. It is definitely healthier to have your hormones since hormones are the chemicals in the body that carry signals from cell to cell. However, no one can tell you personally how long to be on hormone replacement therapy. I, personally, advise women to be on hormone replacement therapy until they die.

Quoting Dr. Schwarzbein, "In my opinion, there is no contra-indication for hormone replacement therapy at any time. Even women who have had prior breast cancer should have hormone replacement therapy. **It just needs to be done correctly!"**

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COMMON SYMPTOMS OF MENOPAUSE

PSYCHOLOGICAL SYMPTOMS

- Depression and / or anxiety
- Loss of concentration and memory
- Emotional lability
- Irritability
- Decreased libido/rarely increased libido

PHYSICAL SYMPTOMS

- Hot flashes/Night sweats

- Poor or change in sleep patterns
- Decreased vaginal secretions/lubrication
- Fatigue/Decrease in energy
- Thinning/loss of hair on head
- Loss of axillary or pubic hair
- Increased frequency of vaginal yeast infections manifested clinically by itching and burning
- Increased frequency of urinary tract infections manifested clinically by urgency, frequency, burning and incontinence.
- Headaches
- Palpitations/Irregular heart beats
- Dryer skin/Decreased elasticity/ thinning nails
- Joint/Muscle aches and pains
- Increased facial hair

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COMMON SIGNS OF MENOPAUSE

LABORATORY FINDINGS:
- High FSH level
- Low Estradiol level
- Low Progesterone level
- Variable Testosterone level
- High total cholesterol and LDL levels
- Low end of normal HDL levels
- Abnormal Pap smear

PHYSCIAL FINDINGS:
- Thin head of hair
- Thinning /atrophy of vaginal mucosa
- Increased facial hair/coarser in type
- Accelerated aging of skin/increased wrinkling
- Decreased elasticity, thinning of nails
- Weight gain around the middle

As you can see that the signs of menopause are very few versus the symptoms of menopause and that is why a lot of physicians, if they are not listening to your history carefully, will miss the fact that you are in the peri-menopausal time of your life. Doctors often do full physical examinations and rarely find anything abnormal.

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WHY SHOULD WOMEN TAKE HORMONE REPLACEMENT THERAPY?

Women should take hormone replacement therapy because without hormones post menopausal women age more rapidly. They also have a 2.7 times relative risk for developing osteoporosis and 3.5 times relative risk for developing heart disease. In contrast, women who take estrogens only have a 1.4 times relative risk for developing breast cancer (and this is with the synthetic drugs such as premarin and provera).

The other important reason to take hormone replacement therapy is for the relief of menopausal symptoms. In fact, the ways most estrogens have been prescribed up to date have been for a short time to help with hot flashes. If you look at the recommendations in the PDR of Premarin, you will always find the following statement:
"Attempts to discontinue medication should be made at 3-6 month intervals."
THIS IS BECAUSE OF THE TERRIBLE SIDE EFFECTS OF SYNTHETIC ESTROGENS.

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NORMAL HORMONES THROUGHOUT A WOMAN'S LIFE

Women make three different hormones. They make a group of hormones called estrogens. In that group are Estradiol, Estrone, and Estriol. Estradiol is the most predominant estrogen. Estrone is a close second. Estriol is only important during pregnancy when it is produced by the placenta. Adult women do not make estriol in the blood. It is the discard hormone of estradiol and estrone and it is only found in the urine of non-pregnant women. When women are pregnant estriol levels in the blood stream go up. Estrogens are made in the ovary or in the fat cells

Women also make Progesterone both in the adrenal glands and in the ovaries. In the ovaries Progesterone produces sex hormones. In the adrenal gland Progesterone is also responsible for being a very important pivotal hormone in the production of Cortisol, Aldosterone and the sex hormones. Women also make Testosterone. Testoserone is not a male hormone.

PREPUBERTAL: Hormone levels of estrogens, progesterone and testosterone are low

PUBERTY: The body starts producing a lot more estrogens, Progesterone and Testosterone.

PREGNANCY The placenta produces a lot of Progesterone and Estriol

PERI-MENOPAUSE The body starts slowly losing the ability to make peak levels of all hormones. Initially women become anovulatory and Progesterone levels decrease. (This is the cause of most pre-menstrual tension). At the same time estrogen levels are slowly declining due to aging of the ovaries. Testosterone levels tend to drop much more slowly.

MENOPAUSE: Estrogen levels are low to non-detectable. Progesterone levels are low to non-detectable. Testosterone levels are variable.

POST-MENOPAUSAL: All three hormones are low or non-detectable.

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