

Bioidentical Hormones

by *Marcelle Pick, OB/GYN NP*

Suzanne Somers has brought bioidentical hormones onto center stage. In her books, *Ageless* and *The Sexy Years*, and in media appearances to promote them, she describes how bioidentical hormones relieved her menopause symptoms. She also makes it clear that she intends to stay on them for the rest of her life.

As a result, we're now deluged with calls about bioidentical hormones. The basic question women ask is, "Are they for me?" Let's explore what we've learned about bioidentical hormone replacement therapy (BHRT) in over 15 years of use in our clinical practice, and help you answer that basic question for yourself.



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Just what are “bioidentical hormones”?

Bioidentical hormones are manufactured to have the same molecular structure as the hormones made by your own body. By contrast, synthetic hormones are intentionally different. Drug companies can't patent a bioidentical structure, so they invent synthetic hormones that are patentable (Premarin, Prempro and Provera being the most widely used examples).

Though bioidentical hormones have been around for years, most practitioners are unfamiliar with them. There are several branded versions now available for use in the kind of hormone replacement therapy (“HRT”) typical of synthetic hormones. This is generally a one-size-fits-all dosage regime.

In our practice, we have had the greatest success with an individualized approach. We begin with laboratory tests of hormone levels (a so-called “hormone panel”). We then prescribe a precise dosage of bioidentical estrogen, testosterone or DHEA that is made up at a compounding pharmacy. Each patient is then monitored carefully through regular follow-up hormone panels to ensure we get symptom relief at the lowest possible dosage. In the initial stages, we will do a hormone panel every three months. Once balance is restored, we'll do one panel a year at the time of the annual exam.

Are bioidentical hormones better than synthetic hormones?

We long ago concluded that the answer to this question is yes. But that doesn't mean bioidentical hormones are perfect.

The great appeal of bioidentical hormones is that they are natural, and our bodies can metabolize them as it was designed to do, minimizing side effects. Synthetic hormones are quite strong and often produce intolerable side effects. Moreover, the compounded bioidentical hormones can be matched individually to each woman's needs — something that's just impossible with mass-produced products.

Are bioidentical hormones safer than synthetics?

European medical studies suggest that yes, bioidentical hormones are safer than synthetic versions. This makes perfect sense. But we must be cautious here, because they have not been well-studied, especially for long-term use. And in any case, we never recommend that a woman think of a drug as completely safe.

(Let us note here that the WHI studies on the effectiveness and health risks of HRT were based on synthetic hormones. Read our article [on the risks of HRT](#), for our perspective on these studies.)

What does Women to Women recommend?

The great majority of women can rebalance their hormones without the use of drugs. We have found that about 85% can find relief through an approach that combines medical-grade nutritional supplements, over-the-counter bioidentical progesterone, and dietary and lifestyle changes. We recommend that every woman start with this combination approach as a foundation of health.

(For a guided version of this approach, see our [Personal Program](#). Our dietary guidelines are based on Dr. Diana Schwarzbein's work — the same endocrinologist who introduced Suzanne Somers to bioidentical hormones.)

Even with this foundation, a minority of women will need to add prescription-strength hormone supplements to get complete relief, at least through a transition period. We recommend they use bioidentical hormones, preferably in a compounded form personalized to their needs by an experienced practitioner. It's important that the hormones be used in addition to the combination approach outlined above.

(Note that Suzanne Somers is among this minority — she began with a healthy diet and lifestyle that supported her endocrine system, but still experienced intractable symptoms.)

We don't recommend that any hormones be used long-term unless essential for symptom relief, and then only with a complete risk assessment. We also don't support the idea that bioidentical hormone therapy should be used indefinitely as some kind of fountain of youth.

What about **bioidentical hormones for breast cancer patients**?

The pendulum has swung so far that today, very few doctors will prescribe any type of HRT — synthetic or bioidentical — for women who have had breast cancer or even a family history of breast cancer. In fact, many such women are given anti-estrogen drugs.

Dr. Dixie Mills, the breast specialist at Women to Women, feels that we just do not have enough data to rule out HRT in every case, and prefers to look at each woman's particular situation, history, pathology and blood work.

Dr. Mills has breast cancer patients who, like Suzanne Somers, use low-dose bioidentical hormones by choice. These women have researched the issues, discussed them with their doctor, and made a well-informed decision for themselves. (For more insight on this topic, see our article on [estrogen and breast cancer](#).)

Case study

Janet was a 54-year-old woman who came to us with severe menopausal symptoms. We changed her diet to increase her protein and vegetables and reduce carbohydrates, added a pharmaceutical-grade nutritional supplement, and did a complete blood hormone panel.

At her first follow-up visit six weeks later, Janet definitely felt better, but she still suffered too many hot flashes and sleepless nights. Our next step would have been to increase her soy intake, but Janet wanted immediate relief and chose to try bioidentical hormone replacement therapy.

After reviewing her hormone panel we placed Janet on a combination of bioidentical estradiol (one of the three forms of estrogen), testosterone, DHEA and progesterone, all in cream form. Six weeks later Janet came back for another follow-up. "I feel fabulous," she said, explaining she hadn't felt this good since her early 30's.

A year later Janet still feels great. She's carefully compliant with her diet and exercise regime, and takes her bioidentical hormones faithfully. Her latest hormone panel shows she's still in balance and there is no need to adjust her dosages.

Not every patient is as easy to help as Janet. Sometimes we have to adjust the formulas three to five times to get it right. But it's a very effective solution.