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The case for hormone-replacement therapy

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SHOULD WOMEN have to endure the discomfort of hot flashes long associated with menopause? Should they expect to break bones because of osteoporosis or have to become prematurely wrinkled? Should they accept a decreased sexual drive, an insidious and frequent companion of menopause? Should they become yet another generation to endure these problems when treatment is available?

Menopause occurs when there is a drastic reduction in the amount of estrogen produced in the female body. The word simply means cessation of menstruation.

But menopause connotes wrinkled women, the bloom of youth forever gone, the fullness of womanhood past. For many this is the awful reality of menopause. But should it be accepted as the norm?

MANY PHYSICIANS resoundingly respond "no" to that question.

Among them is Dr. Jerry Nosanchuk, director of the Michigan Osteoporosis Institute in Livonia.

Nosanchuk and a growing number of other physicians across the country recognize menopause as an estrogen-deficient condition and advocate hormone-replacement therapy to halt the progress of some conditions and to reverse others. Patients who have benefited from this therapy agree.

Recent information about the use of hormones to diminish the chance of postmenopausal heart attack and osteoporosis has influenced Nosanchuk and others toward prescribing this therapy.

The reduced incidence of cancer — once a major concern related to treatment with estrogen alone — under the current therapeutic approach is also encouraging.

HORMONAL TREATMENT of postmenopausal conditions has long been controversial. There is substantial evidence, that the use of estrogen combined with progesterone may be the treatment of choice for women who suffer the debilitating effects of estrogen deficiency.

Nosanchuk enthusiastically endorses the hormone-replacement therapy because he has had some dramatic experiences with it.

"Osteoporosis, which is the 12th leading cause of death in the U.S.," said Nosanchuk, "is only one of a set of symptoms that indicate estrogen deficiency." He believes that the disease can be prevented if women receive the proper treatment, which often includes supplementary estrogen and progesterone. "When indicated, hormonal treatment should be started soon after the onset of menopause."

NOSANCHUK CITED the stories of three women who are receiving the hormone-replacement therapy for various conditions. Their circumstances are different, but the results are the same, and each of these women attributes her new-found well-being to estrogen-progesterone treatment.

The most dramatic is that of Judy Tyler. For her, hormone-replacement therapy "has changed my life."

Tyler is 38 years old, but she had a hysterectomy 11 years ago because cancer cells were discovered in her cervix when she had her annual Pap smear. Her surgeon left one ovary in place to prevent the possible extreme reaction of the body to "surgical menopause," but a year later that ovary was removed because a cyst developed.

Tyler said, "I became a different person after surgery. I was nervous all the time. I'd wake up at night sweating. I shook inside all the time. I would yell at my husband and daughter constantly. I was just a different person."

SHE DIDN'T LIKE the person she had become, and she asked her gynecologist for estrogen to help her deal with the aftermath of her surgical menopause, but he seemed unwilling to prescribe the hormone.

Tyler said that he "didn't want to give me estrogen unless he had to. He said I should just try to cope."

But she was unable to cope. Her marriage ended. She went to three psychiatrists, none of whom suggested treatment with hormones. Finally, Tyler returned to her family physician, Nosanchuk.

"Dr. Nosanchuk asked what I was taking to correct the problems I was having. When I told him 'nothing,' he was surprised." He did a lot of tests, Tyler said, "and then he put me on hormone-replacement therapy and turned my life around."

Like many women to whom hormone-replacement therapy is suggested, Tyler was scared at first. But she was also desperate. "I had even thought of suicide. I was in such a state." Nosanchuk discussed the results of the most current research and Tyler became convinced that the "good things about hormone-replacement therapy outweighed the bad things."

SHE STARTED TAKING hormones 2½ years ago, and she won't stop under any circumstances. "Even if I developed cancer, I'd keep taking hormones. I feel so much better now that I couldn't go back."

Another story is that of Dorothy Richards, a woman who had to exclude dairy products from her diet because she suffered from allergies when she was in her early 30s.

When she was 40 years old, she had a hysterectomy, and for the following 18 months, Richards took estrogen. But at that time the incidence of cancer was dramatically linked to estrogen therapy, and fear caused Richards to stop taking the hormone.

"MY MOTHER DIED of breast cancer when she was 57," she said, and she did not want to share that fate. "I felt fairly well and decided the drug was not necessary. I didn't have hot flashes or any other symptoms, so I quit taking it."

Over the next several years, Richards read articles that appeared with increasing frequency in newspapers and magazines warning about the development of postmenopausal osteoporosis. Her 70-year-old sister-in-law suffered from spinal deterioration, and Richards was concerned that she too would ultimately experience the debilitating effects of the disease.

When dairy products are removed from the diet, so is most calcium. Richards tried to supplement her diet with calcium products but found they also often provoked an allergic reaction.

During the spring and summer of 1984, she lost 30 pounds. "I didn't know if it was because my diet was so limited," she said, "or if there was some other problem, but I didn't feel well and I was concerned." Osteoporosis headed her list of concerns.

LAST MARCH, Richards' husband read an article in the Observer & Eccentric Newspapers about osteoporosis. Aware that his wife was not feeling well, that she was worried about her health, and that she probably was not getting enough calcium, he made an appointment for her to see Nosanchuk.

Nosanchuk performed several laboratory tests and discovered that Richards had a bone-mineral concentration. He intended to suggest hormone-replacement therapy to halt the deterioration of bone, but first he had to rule out the possibility of breast or endometrial cancer.

Richards underwent mammography and had a Pap smear. The test results indicated that she had no cancer, and Nosanchuk advised her to begin taking estrogen and progesterone in combination. He and Richards discussed the current research findings concerning postmenopausal conditions and hormone therapy, allaying her concerns about cancer.

TODAY, RICHARDS feels and looks better. She believes that hormone-replacement therapy is responsible. "Last summer I looked like death warmed over. I managed to go to work, but I couldn't do much else. Now I feel like I did when I was younger."

The third story concerns a woman named Dorothy Keedle.

Two years ago she underwent an osteotomy operation on her knee. As part of her postsurgical therapy, she was required to do exercises. While she doing ankle-lifts, she broke a bone in her toe. Keedle didn't think too much about it at the time, but later when she broke a rib just leaning on a table, she became concerned.

Keedle returned to the orthopedic surgeon who had done the procedure on her knee and told him that she needed some medication, "something more than just having broken bones set."

HE RECOMMENDED that she see Nosanchuk. Last August Keedle went to the Michigan Osteoporosis Institute for the first time.

She limped into the office because she had sustained still another (hairline) break in a leg bone. Nosanchuk immediately began to treat the osteoporosis with calcium. He also required Keedle to use crutches rather than risk further broken bones.

During the next several weeks, Nosanchuk put Keedle through a rigorous testing program. Her bone-mineral content was determined, she underwent mammography and a Pap smear, ultrasound of the uterus and an endometrial biopsy. All the findings pointed to her need for hormone-replacement therapy. Her bone-mineral count was greatly diminished.

IN JANUARY, Keedle began to take estrogen and progesterone, and "it's doing wonders. I haven't had a broken bone since I started seeing Dr. Nosanchuk and taking medication for osteoporosis." Her orthopedic surgeons are amazed at the progress she has made on hormone-replacement therapy.

Repeated testing of her bone density indicates that demineralization has ceased, and the most recent tests showed that there is an actual improvement in the calcium content of her bones.

"I was kind of leery of taking hormones," Keedle said, "because I had taken estrogen when I was 30 years old and I developed cysts in my breasts." But Nosanchuk explained that if she had no prior history of cancer, and if the mammographic examination he ordered was negative, she would have no problem taking hormones now for the osteoporosis.

Hormone-replacement therapy has "really been a miracle for me," said Keedle. Besides halting the bone breakage, she notices a difference in her skin, which had begun to look wrinkled and old. The hormones have helped to restore the smoothness of youth to her skin.

NOSANCHUK believes that "there is a need for more physicians to handle the menopause as an entity, to develop a multidisciplinary approach to menopause that considers all the needs of women during this phase of their lives."

It is not enough, according to Nosanchuk, to have physicians who treat only the gynecological problems associated with menopause or those who treat only the bone-related disease that affects so many postmenopausal women.

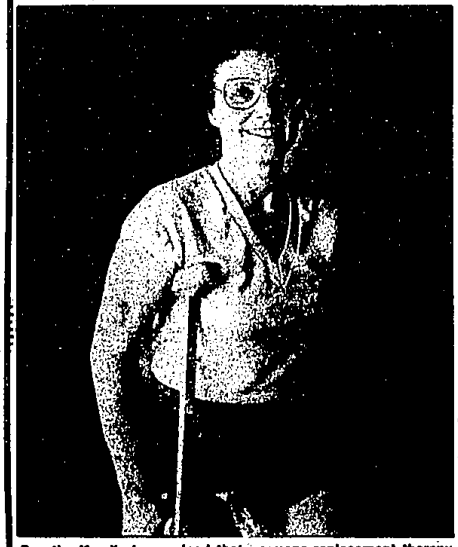
Neither is it enough for physicians to approach the problems of menopause with a wait-and-see attitude. Too many physicians believe that hormonal therapy should not be given unless a woman exhibits a need, and too often that need is realized only after she has broken her wrist or her marriage has ended in divorce because of her diminished interest in sex.

Nosanchuk insists that physicians not wait for these extremes before they perform the appropriate tests and prescribe hormones for women in need. "While physicians are waiting for this kind of evidence, the clock is ticking. A woman's bone mass may be decreasing and her marriage may suffer," he said.

BECAUSE THE changes associated with menopause often occur without symptoms, once menopause has begun many doctors believe that no woman should wait to experience problems before evaluation of her estrogen status is determined. They believe all women should undergo testing and have hormone-replacement therapy explained to them so that they may accept or reject such therapy for themselves armed with the most up-to-date information.

Hormonal treatment of postmenopausal conditions has long been controversial. There is substantial evidence, however, that the use of estrogen combined with progesterone may be the treatment of choice for women who suffer the debilitating effects of estrogen deficiency, including osteoporosis and a decreased sexual drive.

Her story may not be the stuff of high-tension drama, but Dorothy Richards is grateful for the hormone therapy suggested by Dr. Jerry Nosanchuk. "Last summer I looked like death warmed over," she said.



Dorothy Keedle is convinced that hormone-replacement therapy has saved her from the doom of osteoporosis. "It's doing wonders. I haven't had a broken bone since I started taking it," the Livonia resident said.

'Even if I developed cancer, I'd keep taking hormones. I feel so much better now that I couldn't go back.'
— Judy Tyler

Judy Tyler

Staff photos by Dan Dean

What are the risks involved?

WHAT ARE THE risks involved in hormone-replacement therapy? What about cancer? These, of course, are the concerns of both physicians and patients.

Several years ago, in his book "Feminine Forever," Robert A. Wilson advocated estrogen treatment for women who were suffering the common symptoms of menopause.

There was some enthusiasm from members of the medical profession, and physicians began to prescribe estrogens for patients who had hot flashes, irregular menstrual periods and diminished interest in sex.

Within a period of time, however, it became apparent that women who received estrogen therapy were at greater risk for the development of endometrial cancer, and the use of estrogen fell into disfavor among physicians and patients alike.

Reading the package insert that accompanies estrogen drugs may invoke in physicians who are not aware of the results of the most current research a hesitation to prescribe the hormone and an equal reluctance in patients to take it.

Because pharmaceutical companies are required by federal law to list all hazards associated with taking their drugs, the risks of cancer are enumerated in the information provided with estrogen. Cancer is possibly the most feared word in our language, even more foreboding than "death." Informative material, therefore, that is replete with warnings about cancer cannot help but generate a certain degree of fear in the reader, and a reluctance to prescribe or take the drug is easily understood.

THERE IS, HOWEVER, an important difference in the hormone-replacement therapy advocated by Dr. Jerry Nosanchuk and others.

In the past, when women received unopposed estrogen — that is, without progesterone to counteract the negative effects of estrogen — treatment resulted in a three- to eight-fold increase in the incidence of endometrial cancer (depending on the study cited).

Today, however, estrogen-replacement therapy must be accompanied by the administration of progesterone (the companion hormone that, with estrogen, regulates the menstrual cycle) and the risk of fatal endometrial cancer is substantially less than in untreated women.

The currently accepted medical textbook, "Clinical Gynecologic Endocrinology and Infertility," by Leon Speroff, indicates that recent research dictates the "mandatory addition of a progestational agent to an estrogen-replacement program."

When endometrial cancer does develop during hormone therapy, it is usually not fatal and there is a greater mortality among women who are not taking estrogens and who suffer from endometrial cancer.

Carol Popp