

Bioidentical Hormones and Hormone Testing For Women: Frequently Asked Questions (FAQs)

What are bioidentical hormones?

The term “bioidentical” describes hormones that have the same molecular structure as hormones found in the human body. These include the hormones estradiol, estriol, progesterone, testosterone, and DHEA. Drug companies and compounding pharmacies formulate these kinds of hormones from natural sources including soy and yam extracts. They make pills, patches and creams.

Are bioidentical hormones safer than the synthetic versions?

No studies have proven that one form of hormone is safer than another. The Women’s Health Initiative Study looked at the synthetic hormones Premarin and Provera, and found a number of important risks associated with them. Those risks included:

- A small increase in blood clots and stroke in the women who started hormones in the first 10 years of menopause (50 – 60 years of age)
- An increased risk of breast cancer with hormones taken for more than 5 years
- Women who started hormones at an older age had more heart attacks, strokes and dementia.

It is tempting to say that the other forms of estrogen and progesterone, including the bioidentical hormones, are safer, but there is no evidence to support this claim.

Will hormone level testing help me and my physician or nurse practitioner decide which hormones I should take and in what dose?

Unfortunately, no. Your blood and saliva hormone levels change on an hourly basis, making these results nearly worthless. Repeat testing is not helpful. In fact, none of the tests are very accurate, and there is no information about whether there is a safe or ideal level. In addition, after menopause your hormone levels are uniformly low. The only women who should take hormones are those with symptoms that are seriously affecting their quality of life, and who feel the benefits outweigh the risks. We will usually start you at a low dose of hormones and increase to the point where the symptoms become tolerable. What is most important is how you feel, not the level of hormones you take.

If I am considering starting hormone therapy, should I get a “baseline” test of my hormones?

We do not recommend baseline testing of estradiol, progesterone and testosterone. The hormone levels have very little to do with how you are feeling or which hormones you take. Since the results are not reliable and do not necessarily match up with your symptoms, the results do not change what we prescribe.

If I decide to take hormones, are there available products that have been scientifically studied and approved for use in women?

All pharmacy prescriptions of estradiol and progesterone come from the same plant-based ingredients and are from the same source in Germany. Pharmaceutical companies manufacture estradiol in the form of pills, creams, patches, gels and sprays. Progesterone is available in a pill form as well as in a vaginal cream. Closely monitored for purity and consistency, these products are available in a variety of doses. They are also Food and Drug Administration (FDA) approved for use in improving menopausal hot flashes and related symptoms. The estradiol products currently available in Kaiser Permanente pharmacies include estradiol pills and patches in a variety of doses. We also have an estradiol ring prescribed to treat vaginal dryness related to low estrogen levels. In addition, we have a micronized progesterone tablet available by prescription.

What do compounding pharmacies have to offer?

Compounding pharmacies fill a niche for hormones that are unavailable in a pre-packaged form in this country. Testosterone cream or gel, absorbed through the skin, is an example of a medication that is not currently available in the U.S. When it comes to estradiol, estrone, and progesterone, compounding pharmacies use the same plant extracts from yam and soy as in the FDA approved products and mix them with creams and gels. Thus, they can further individualize the amount of hormones per dose and can vary the type of base. This is the only difference between the compounded medications and those available from the pharmaceutical companies.

What is the downside of compounded hormones?

The FDA does not regulate compounding pharmacies. In addition, the compounding pharmacies do not have government approval. Therefore, we have serious concerns about the consistency from batch to batch and pharmacy to pharmacy. There is no monitoring of purity, possible contamination, or accuracy of the prescriptions. In addition, because these products are experimental, Kaiser Permanente members pay full price for these prescriptions, even if our doctors and nurse practitioners prescribe them.

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If I am taking estradiol, do I need to take progesterone as well?

If you have a uterus and are no longer having regular periods, we recommend that you take some type of progesterone along with any kind of estrogen that you take in patch or pill form. A low dose of vaginal estrogen cream, used to help with dryness of the vagina, does not need progesterone to balance it (this is the only exception for the progesterone requirement). Use of estrogen alone can lead to an overgrowth of the uterine lining that can become cancerous. Progesterone in cream and gel forms does not protect the uterine lining. In order to prevent uterine cancer, a woman needs to take a progesterone tablet along with her estrogen.

What is estriol?

Estriol is a weak estrogen not available in any pre-made product in the U.S. When taken by mouth or in a cream its effects last a very short time. A slow release patch might be effective, but it is not available in the U.S. Studies have not found estriol to be safer than using small amounts of estradiol, or to have any other specific benefits.

Is testosterone safe and effective?

Because there is very little research regarding testosterone, an in-depth discussion of the possible side effects and risks is required. It can be useful for women with low libido, but often requires that a woman also be taking estrogen (and progesterone if she has not had a hysterectomy and is beyond menopause). Concerns include the risk of breast cancer and possible negative effects on the heart, blood vessels, and liver. In addition, increased facial hair and acne are common complaints. High amounts of testosterone can cause the hairline to recede, the voice to deepen and the clitoris to get significantly larger. We may recommend a testosterone test before a woman begins testosterone therapy and to monitor levels while she is being treated.

Is DHEA safe?

The latest study on DHEA did not show that it improved well being or libido in women. There is very little scientific evidence available, and we have serious concerns about the safety of DHEA. At this point, we do not know what, if any dose is appropriate for use.

Summary

Please remember that many menopausal women are at a very vulnerable point in their lives. We are eager to find solutions to difficult symptoms affecting our daily lives. Some business opportunists want to benefit financially from this vulnerable time. Others are well meaning, but misinformed. Many things contribute to mood changes, irregularities in sleep patterns, decreases in libido and other conditions. Self-care through changes in diet, exercise, stress levels and other factors can make all the difference. Be sure that you are working with a well-informed, experienced doctor or nurse practitioner rather than relying on the advice of TV stars and business people. Also, beware of expensive products and testing which have no scientific backing. If after reading this information, you have further questions:

- Consider attending one of our Menopause Classes. Contact your local Health Education Center or department to sign up for a class.
- Read more by going to www.kp.org and searching under women's health and in the Health Encyclopedia.
- Go to www.menopause.org, the site of the North American Menopause Society, which is a very comprehensive resource.
- Contact or make an appointment with your physician or nurse practitioner.