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From the Pharmacist:

The human body relies on hormones to promote hundreds of health sustaining functions. Yet, for all the good hormones can do, haphazard use can have negative consequences. The following WSJ reprint sheds light on some of the issues. For these reasons, patients and physicians alike are increasingly questioning traditional replacement methods and exploring the use of customized hormone therapy, designed to fit each patient. These are the type of hormone therapies provided at Health Dimensions. Questions? Just call one of our knowledgeable pharmacists today!

S. Popyle RPh, President

NEW VIEWS OF HORMONE THERAPY IN MENOPAUSE

By Melinda Beck - The Wall Street Journal

The 25 million American women turning 50 in the next decade face a vexing decision: Hormone replacement therapy? Or not.

There's still no simple answer. For years, estrogen was seen as a fountain of youth that would keep women healthy and sexy long after menopause.

Then in 2002, the Women's Health Initiative (WHI), the big health study, found hormone-replacement therapy could raise the risk of heart disease, stroke and breast cancer. And millions of women put their pills on the shelf.

Now, after examining the data in more detail, some experts are reaching a more nuanced view of the risks and benefits and concluding that hormone therapy may still be a good option for healthy women in their 50s, depending on their symptoms, family history and worst fears.

"Every patient is like a Rubik's cube, and you have to find the right solution for her," says Maude Guerin, an obstetrician and gynecologist from East Lansing, Mich., one of 1,500 practitioners at a meeting of the North American Menopause Society (NAMS) in Washington D.C. last week. "Hormones are not

"Every patient is like a Rubik's cube, and you have to find the right solution for her,"



a panacea or a weapon of mass destruction," she says.

There are also more treatment options today, with different hormone formulas and combinations in patches, gels, rings, creams, sprays and suppositories, allowing doctors to fine-tune dosages.

The WHI was halted in 2002, three years early, after researchers noticed a surprisingly high rate of stroke and heart disease among subjects taking estrogen and progesterin—the opposite of what they expected.

More information on reverse

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Recent analysis shows most of those ill effects were in women in their 60s and 70s, who made up the bulk of the study and were on average 12 years past menopause when they began taking hormones. But among women aged 50 to 59, those who took hormones had less heart disease and were less likely to die for any reason than those getting a placebo.

The very latest research suggests that while estrogen makes atherosclerosis worse in women who already have it, it can actually help stave off atherosclerosis, inflammation and other precursors of cardiovascular disease in younger, healthier women. Another big concern is the increased risk of breast cancer, although the absolute numbers were small. Women in the WHI who took combined estrogen and progestin had 38 cases of breast cancer per 10,000 per year, compared with 30 per 10,000 in the placebo group. Among women who took estrogen alone, however, there were 10 fewer breast cancers per 10,000 women, according to an analysis published in April in the Journal of the American Medical Association.

Some experts surmise the extra risk was due to the type of progesterone used in the trial, a synthetic form called medroxyprogesterone acetate (MPA). Women taking estrogen who haven't had a hysterectomy do need some form of progesterone to reduce the risk of uterine cancer. But other studies suggest using natural progesterone in lower doses or for fewer days may minimize the breast-cancer risk. Some studies also suggest that a form of estrogen called estradiol, delivered in transdermal patches or gels, may avoid some cardiovascular issues that oral forms have. Two new clinical trials, called KEEPs and ELITE, which are testing transdermal estradiol and natural progesterone gel in women in their 50s, are expected to begin reporting data next year.

Considering all the current data, Wulf Utian, founder and former president of NAMS, says, "It's actually quite safe to take hormones for five to 10 years after menopause. If you minimize a woman's exposure to progesterone, you minimize her slight risk of breast cancer. Meanwhile, the estrogen will have a beneficial effect on her brain, her skin, her bones and her heart."

Some of those benefits could help millions of women. Estrogen and progestin cut hip fractures by 34% in

the WHI. Half of all U.S. women over age 50 will break at least one bone as a result of osteoporosis. "Breaking a hip will kill you a lot faster than breast cancer," says Patricia Sulak, professor of obstetrics and gynecology at Texas A & M College of Medicine. "Most women with breast cancer die of old age." Women who took estrogen and progestin in the WHI also had a 34% lower risk of colon cancer and a 21% lower risk of developing diabetes than those who got placebos.

Estrogen therapy is also highly effective against hot flashes, which 80% of menopausal women experience, sometimes for years, according to a Gallup survey. They can be severe enough to disrupt sleep, which in turn affects energy, mood and cognitive function.

"If you have a patient who hasn't slept in three nights due to hot flashes and she's the neurosurgeon operating on your son in the morning, would you tell her not to take hormones?" asks Martha Stassinis, a doctor of pharmacy with VA Northern California Health Care System, in Oakland, Calif.

"Women have been living in **FEAR** of hormones far too long."

Fluctuating hormone levels before and during menopause can affect memory, cognition and vulnerability to depression, particularly in women who have had depression in the past, according to a growing body of research.

Even a little estrogen can help stave off pain that many postmenopausal women experience during sex and even during pelvic exams because of vaginal thinning, shrinking and dryness. Creams and other local products are an option for women who can't or won't take estrogen in pill or patch form because of risk factors.

The entire article can be found here:

www.wsj.com

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