

# THE FUTURE OF HEALTH | NOW 2012

## Dr. Jack Monaco Safe Solutions for Menopause

*The following is taken from **The Future of Health Now** interview conducted by Ann Wixon with menopause and hormone expert, Dr. Jack Monaco.*

*We have compiled the best, most valuable and easily applicable content from this amazing interview so you can begin to implement positive changes today, as you strive to live a happier and healthier life now and in the future.*

### Who is Dr. Jack Monaco?



Selected as one of the best doctors in America in 2007, I am a Fellow of the American College of OB/GYNs, a diplomat of the American Board of OB/GYNs, and an oral board examiner for the American Academy of Anti-Aging Medicine.

I am board-certified in anti-aging, functional and regenerative medicine and am the founder of the Monaco Center for Health and Healing.

### Defining Menopause

- Menopause is a period of 12 months without having a menstrual period.
- Menopause is that time in a woman's life when her ovaries cease to function at the level that they did for reproduction.
- The woman is not ovulating or making eggs, but she's making small amounts of hormone. Conventional wisdom has always thought that once you're in menopause, your ovaries don't make any hormones. That's not true.
- Perimenopause is probably a more critical time in a woman's reproductive life than menopause. Perimenopause is the transition from having normal regular menstrual cycles with proper hormone balance into that state of menopause where now hormone levels are low, there's no reproductive capability, the ovaries are not ovulating, and patients often have a lot of symptoms.
- Perimenopause is important for a couple of reasons.

- Number one, hormonal decline begins in a woman usually in her mid-thirties, so by the time she gets to menopause, she's already had 15 to 20 years of hormonal decline.
- The second problem is during perimenopause we start to see hormonal fluctuations, an increase in the incidence of breast cancer.
- The problem is gynecologists aren't taught a lot about perimenopause and hormone balance, so there's really not a lot they can do except prescribe symptomatic treatments like sleeping pills, anti-anxiety pills, antidepressants, and birth control pills.

## Symptoms

- Perimenopause:
  - Weight gain, usually around the middle.
  - Periods may become a little bit heavier, maybe last a day longer.
  - Libido starts to decline.
  - Difficulty sleeping.
  - Anxiety.
  - Brain fog.
- Menopause:
  - Hot flashes.
  - Night sweats.
  - Vaginal dryness.
  - Mood swings.
  - Irritability.
  - Difficulty sleeping.
  - Depression.
  - Decreased libido.
  - Panic attacks.
  - Weird dreams.
  - Increased facial hair.
  - Vaginal itching.
  - Leaking of the urine.
  - Snoring.
  - Hair loss.
  - Flatulence.
  - Sleep disturbances.
  - Crawly feeling on your skin.
  - Memory loss.

## Hormone Testing

Gynecologists will measure hormone levels in the blood. We measure hormones in the saliva.

When you apply a hormone topically, you bypass the liver, which is what we're trying to do.

You give the smallest possible dose to achieve proper balance. That hormone is 100% absorbed and concentrated in the saliva, in other tissues in the body, and in the capillary blood.

When you measure hormone levels in the blood, you're measuring what's going on past the tissue. So it really doesn't tell you what's going on at the tissue level.

When you apply a hormone, you're not going to see it in the blood. Oral hormones are about 90% metabolized through the liver, which can have an effect on that hormone to change it into something completely different. They can be stronger, weaker, longer-acting, shorter-acting, have no activity, or completely different activity.

They measure those hormones in the blood. That doesn't really tell you what to do. Then the treatment would be a conventional birth control pill or these new combination things that they have which has a non-bioidentical estrogen and the synthetic progestin, and that will control the period.

Gynecologists are taught that the hormones primarily affect the uterus, and if you don't have a uterus, you don't need hormones. Estrogen has over 400 functions in the body and progesterone balances every one of those functions.

I do saliva testing. I tested it at a certain point in the cycle and then I can see what the relationship is of progesterone to estrogen. Then, I can restore balance by giving that woman progesterone.

That's critical because perimenopause is when you see the greatest increase in the reported cases of breast cancer. The reason for that are the spiking levels of estrogen that occur during perimenopause. That's why sometimes you have symptoms of too much estrogen and some days, you may have symptoms of too little estrogen and falling levels of progesterone. Progesterone protects, not only the endometrium, but the breast from cancer.

All of these symptoms work together, all these systems work together.

When I see a patient, I'm looking at their thyroid; I'm looking at their carbohydrate metabolism. I'm looking at their cholesterol and their cardiovascular risks. I'm looking at their adrenal glands.

I can't achieve proper balance of her hormones if these other systems are not working properly. The reason you want to achieve hormone balance is to reduce the incidence, the risk and severity of developing the diseases of aging, such as osteoporosis, diabetes, heart disease, cancer, stroke, and so on.

## **Hormonal Decline**

- If you are 54, at your mid-luteal phase, which is the 19 to 21 day of your cycle when your hormone levels should be at their peak, you are likely relatively progesterone deficient.
- Some women will stop having periods at age 45.

- The average age of menopause is 50 to 51, the range is about 45 to 55.
- Women who cycle naturally past the age of 55 have an increased risk of breast cancer.
- During perimenopause, you have spiking levels of estrogen and falling levels of progesterone. You're still making enough progesterone to have a period, but you're not making adequate amounts to balance the estrogen.
- The oldest woman that I've had cycle on her own stopped having periods at 64.
- I have several patients now that are 54, 55, 56 that are still cycling. I have those women on cyclic progesterone.
- I want to protect their breasts.
- I want to make sure that they're not going to have these horrendous periods, which you can have at this time.

## Menopause Myths

The conventional wisdom is that it's natural for our hormones to go down because we're getting older. It's actually the opposite. We're getting older because our hormones are declining.

A lot of times, doctors look at menopause as another state of life where you have low hormones and it's just the process of growing old. That's not true. There's a lot of vitality in people after menopause.

Menopause is simply the end of the reproductive time in a woman's life, and the only reason that a woman has a menstrual cycle is for reproduction. So, there's really no reason to cycle a woman after menopause as some protocols are suggesting.

Sexual function can be just as satisfying and just as wonderful in menopause as it is in the earlier years. But we do see a lot of changes that increase health risks, both men and women, as hormones go down. So hormone restoration in menopause is very important.

Another myth is that hormones cause cancer, so a lot of women who are menopausal are told, "Don't take hormones because they're going to cause cancer."

If hormones are not properly prescribed, then they can cause cancer, and that's the difference between giving conventional synthetic hormones and bioidentical hormones in proper hormone restoration.

Menopause does not mean the end of a woman's life, it's just another chapter in that life where she can enjoy the fruits of her labor of raising children and moving into another time in life where you can relax and enjoy.

More and more patients are going to their doctors and saying, "I don't want the conventional hormones because of concern about them, the studies that we're hearing about in the public are not favorable. I want to do something else."

The doctors are either saying one of three things:

- “They're bad for you,” that means they don't know about them;
- “I don't know anything about them, so do what you feel is comfortable for you;” or,
- “Hey, they're great, I applaud that, but I don't know how to do them that way.”

That last category is really the smallest category. So a lot of gynecologists are either putting their head in the sand and saying, “I don't know anything about them, don't do them” or “They're bad for you.” They're really not quoting the literature when they tell patients that they're bad.

## The Truth About Hormone Replacement Therapy

- The Women's Health Initiative was a study to look at what they thought was going to be the benefits of conventional hormone replacement using a bioidentical estrogen, but not human identical, and a synthetic progestin.
- A progestin is not progesterone.
- A progestin is what a drug company has done to the progesterone molecules so that they can obtain a patent for it.
- When I talk about progesterone, I'm talking about human identical progesterone, identical in structure and function to the progesterone that our bodies make.
- It's not about synthetic versus natural.
- The more important emphasis is on bioidentical versus non-bioidentical.
- The Women's Health Initiative (WHI) was stopped three years early because of an increase in the risk of breast cancer and the increase in the risk of heart attacks.
- They only saw that increase risk in heart attacks on the Progestin side.
- Women that have had hysterectomies are given estrogen alone in conventional medicine, not in functional medicine.
- In functional medicine, we give everybody progesterone because it's so important.
- The WHI was using the wrong hormone. They were using these non-bioidentical synthetic hormones and they were giving them orally.
- What they saw was an alarming increase in:
  - 41% increase in the rate of stroke;
  - 100% increase in the risk of blood clots;
  - 26% increase in the risk of breast cancers;
  - 22% increase risk of heart disease.
- On the positive side, they did see decreases in certain problems:
  - 37% decrease in colorectal cancer,
  - 33% decrease in hip fractures, and
  - 24% decrease in total fractures.
- While the study said these hormones are not safe, the official statement of the American College of OB/GYN said you can take these hormones for up to five years in the smallest possible dose. The problem is there's not one single bit of scientific data or research to support that claim.

## What are Bioidentical Hormones?

- A bioidentical hormone is biologically identical in structure and function to what we make in our body.
- These hormones function by fitting into a receptor on the cell and activating that receptor to code for certain proteins. That's the genomic code.
- If you put something into that receptor that's not quite identical, it may have a different effect, your body may not be able to clear it as well.
- Bioidentical hormones are cleared out of the body in 72 to 96 hours. So if you're putting these hormone creams on and you stop them, four or five days later, you're back down to baseline.
- Synthetic hormones have a much stronger action. They don't fit into the receptor the same way, the enzyme systems can't clear them as quickly, so it may take two, three, four months for your body to clear these hormones.
- The second thing that's important about bioidentical hormones is using physiologic dosing.
- What that means is we know how much hormone a woman or a man makes on a given day, so why replace five, 10, 1500 times that dose?
- With bioidentical hormones, we're using very small doses to achieve the level that a woman had at age 35.
- Third, we don't just give people hormones to make symptoms go away. We have to look at the adrenal gland, the thyroid gland. We look at nutrition; we look at lifestyle, because all of these things affect how these hormones function.
- Using bioidentical hormones is a matter of achieving proper balance, using the proper dosing, using the right kind of hormone in combination with other things, and addressing other hormone issues.
- Once you do that, then the symptoms will go away.
- We don't treat the symptoms, we treat the underlying cause.

## Positive Effects of Bioidentical Hormones

- We see positive effects on cholesterol.
- Their lifestyle is improved.
- There is an improvement in cardiac function, cognitive function, less bone loss, healthier bones, and a healthier lifestyle.
- We're trying to get people not to take antidepressants because that's not the problem. They weren't born with a Prozac deficiency.
- They have a progesterone deficiency and progesterone is a natural antidepressant.
- We're trying to guide people back into a proper lifestyle.
- Stress reduction.
- I spend a lot of time talking to patients about nutrition, and we look at their carbohydrate metabolism, because that all affects hormones and overall health.

## Boosting Libido

There are a lot of things that have to be addressed when it comes to sexual function and libido. Guys are more difficult because it's not just testosterone. There are vascular issues, stress, weight, fatigue, and alcohol.

For women, there are a lot of other things that are involved. The vaginal dryness is significant. When sex ceases to become pleasurable and starts to become painful, that really takes away a lot of desire. It's also hormones, so we try to restore hormone balance and that usually helps with libido.

When a woman is going through menopause, she doesn't feel well. She doesn't feel attractive, she doesn't feel rested. Those are all things that have to be addressed.

If we can help with sleep, or we can help with mood with progesterone, and we can help achieve proper balance, it's amazing how that impacts on the sex life. We're not restoring the balance, all we're doing is making the hot flashes and night sweats go away.

## Treating Vaginal Dryness

- There are three estrogens that a woman makes. Estradiol is the strongest, estriol is the weakest, and estrone is an intermediate strength.
- Conventional wisdom is, "estradiol, that's the strongest one, we're going to replace that."
- Even the bioidentical hormones that are on formulary by the pharmaceutical companies are estradiol. We use estradiol on the vagina.
- However, there are specific receptors in the vagina for estriol, so estriol works beautifully for vaginal dryness.
- There was a study that was done in Europe looking at women who were going to have surgery for stress incontinence. Before they did them, they brought them into several groups. They gave them varying degrees of estriol. They started at 0.5 mg, 1 mg, and 2 mg. They found that as they increased the dose of estriol, the symptoms got better. The 2 mg patients, about 60% of them, did not require surgery.
- I use vaginal estriol.
- The nice thing about vaginal estriol there is this minimal absorption and even if you do absorb it, estriol has been shown to be protective to the breast.
- There are several studies that show it to be a safe and effective treatment for menopausal disorders of the vagina and the genital urinary tract.
- They used it in Europe in place of tamoxifen for breast cancer.
- The beauty of it is, it doesn't make other hormones.
- Estradiol will make the other hormones, estrone will make estriol, but estriol never goes anywhere, it always stays as estriol.
- I use that in decreasing doses over about a month or six weeks, and the patients have significant decrease in vaginal dryness and improvement in lubrication, which then enhances the sexual function.

## Spotting AFTER Menopause

- Some women experience spotting years after menopause.
- A lot of times, what happens is that may be one last hurrah of the ovary.
- A lot of it depends upon a woman's weight.
- The more abdominal fat we have, the more estrogen we make.
- We see that in our weight loss patients that are on bioidentical hormones. They lost 20 or 30 pounds of fat, and all of a sudden, they're releasing all of these estrogens into the system to excrete it and they started spotting.
- Regardless, going years without a period, and then having a bleed needs to be evaluated.
- You need to have an ultrasound to make sure that there's nothing going on in the uterus.
- Some doctors would do an endometrial biopsy, just to make sure that this is not a problem, such as a polyp, a fibroid, or even a cancer.

## Menopause and Your Skin

- Estrogen causes water retention, edema, and swelling.
- Same thing happens in the skin.
- Estrogen causes the skin to plump.
- When you pick up an anti-aging cream or a wrinkle cream, they usually have some kind of estrogen in them.
- That's another source of estrogen in our environment that's not being properly balanced with progesterone.
- Progesterone thickens the hair, so a lot of times, patients who are progesterone-deficient will start to notice that their hair is thinning.
- There are other things that can do that - thyroid, stress, nutritional deficiencies, mineral deficiencies, and so on.
- When you restore hormone balance, you start to see some of these changes reversed. Hair gets thicker and skin may look a bit better.

## Estrogen Sources

- Soy favors healthy estrogen metabolism, but we get so much soy in our diet that we're becoming estrogen-dominant.
- Plastic bottles contain xenoestrogens and phthalates, compounds that have estrogen-like effect in the body but are not safe.
- IV tubings and IV bags contain phthalates and xenoestrogens.
- Microwaving and storing in plastic.
- Never microwave in plastic and never cover anything with Saran Wrap to microwave.



## Hormone Replacement and Cancer

- There are two schools of thought.
- One school says if you have an estrogen-dependent cancer, then you can never take hormones, never take estrogen.
- The other school says that if properly balanced, small amounts of estriol with progesterone can be beneficial.
- Estriol doesn't convert into estradiol or estrone.
- Estrone is the one that's been linked primarily to the breast cancers, but because it's an estrogen-dependent tumor, the estrogen can stimulate it.
- In Europe, they use estriol in place of tamoxifen for patients with breast cancer.
- Melatonin is also being researched as a treatment to help kill breast cancer cells.
- Generally, I go very, very slowly with breast cancer patients, being very cautious with them, only because of the emotion attached to breast cancer and the conventional model is that they can't take estrogen.
- There is a way to do it safely, but it's a very special situation.

## Menopause and Weight

- The weight around the middle is generally related to cortisol. Cortisol is the stress hormone.
- Men and women gain weight around their middle once they get into middle age.
- That's where you start harboring estrogen and that's the difficult weight to get rid of.
- We look at their diet, we look at their carbohydrate metabolism, and we look at their adrenal function.
- We try to adjust and support and restore adrenal function.
- Getting rid of that middle is going to require lifestyle change, regular exercise, and proper nutrition.
- Reduce carbohydrate intake and get a better balanced diet.
- Hormone balancing is the key to aging gracefully and aging healthfully.
- We try to restore function and balance by using a combination of hormones, lifestyle change, nutrients, diet, and so on.

## Supplements for Menopause

- There's a lot of stuff that you can get over the counter that I discourage patients from doing on their own simply because you don't know what you're getting, and you're not really treating the underlying issue.
- When I recommend nutrients and supplements to my patients, I'm recommending high quality supplements that I know the body can easily absorb.
- You need to be sure that you're not taking too much of one thing by taking all these different supplements.

- It's a daunting task for a patient to walk into a health food store and try to figure out what to take.

## Choosing a Gynecologist

- Most physicians are good people. They're well trained, they're smart, they're doing what they believe in their heart is right for their patients.
- It's really up to us to do our homework and to research this.
- What I believe an excellent physician would be is somebody who says, “You know something? I'm hearing more and more about that, I really don't know about that, but if you are interested in doing it, seek out somebody that's properly trained,” rather than saying, “Don't do that.”
- Seek out a fellowship-trained, board-certified doctor in functional medicine.
- They're the best because they have learned all of these different nuances to hormone restoration.
- When I was an OB/GYN, I saw 30 to 40 patients a day. Today I see four or five a day.
- We spend an awful lot of time going through all of these different aspects of their history and their life because that's the only way that I'm going to give them the benefits of hormone restoration.

## Future of Menopause Treatment

- There's going to have to be a tremendous change in how menopause is treated by conventional medicine.
- There's a groundswell from patients, and they are seeking out these types of alternatives.
- Doctors have to go out and learn about this because their patients are going to demand it.
- We have tons of literature on the safety and efficacy of bioidentical hormones, if properly used.
- You have to know what you're doing.
- You're responsible for your health care.
- You need to seek out a doctor that you're comfortable with.
- You need to do the reading.
- Find a board-certified, fellowship-trained, anti-aging functional medicine doctor.
- Find one that specializes in bioidentical hormones.

## Resources

- Dr. Shira Miller interview

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