

# Clinicians' FORUM

From time to time, the editors of *Menopause Management* field interesting clinical questions and dilemmas. In this forum, our Editorial Advisory Board members, experts in a range of fields related to midlife women's health, tell readers how they handle these situations.

The viewpoints expressed in "Clinicians' Forum" are those of the contributors, and not necessarily those of *Menopause Management* or The North American Menopause Society (NAMS).

**Question:** In your opinion, what were the highlights of the recent North American Menopause Society (NAMS) Annual Meeting (October 11–14) in Nashville?

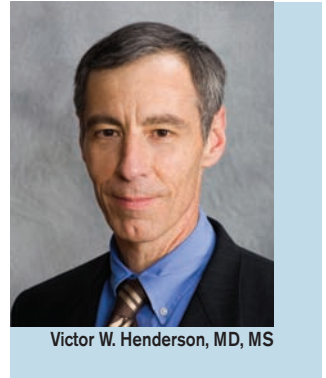
## Answers:

There appears to be an important relation between stress and memory. Stress is something that each of us experiences on a recurring basis. Certainly, many of our patients complain about daily stresses that they encounter as they negotiate the complex demands of busy lives. We empathize (when we have the time to listen) and try to offer helpful suggestions. After all, as healthcare providers we know all about stress from our own personal experiences.

Or do we? Stress is one of those things that everybody understands in a loose sense, but few of us can define precisely. For this reason, one of highlights of the 17th Annual Meeting in Nashville — at least for me — was the plenary presentation by Oliver Wolf, professor of psychology at the University of Bielefeld in Germany.

In the laboratory, a stressful event is one that activates the hypothalamus-pituitary-adrenal axis, leading to increased cortisol secretion from the adrenal cortex. This hormone is essential for responding to a changing environment, and levels are generally higher in women than in men. Some studies have suggested that cortisol elevation in human aging is associated with poorer memory performance, and perhaps atrophy of the hippocampus.<sup>1</sup> A controversial piece of literature even links cortisol to Alzheimer's disease.<sup>2</sup>

As Dr. Wolf explained, animal studies and human research have demonstrated that stress is a two-edged sword. Under many conditions, moderate stress tends to enhance the consolidation of new memories. However, stress can also impair the retrieval of previously learned information. Learning of emotionally charged material is more influenced by stress than is learning of neutral material. In general, administration of cortisol will have the same effect as behavioral stress.



Victor W. Henderson, MD, MS

## Participants

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In one interesting experiment, Kuhlmann and Wolf investigated the influence of arousal on the deleterious effects of cortisol on recollection.<sup>3</sup> Their findings support the idea that the test situation makes a difference. In their study, young women first learned a list of words. Before memory testing, these subjects were allowed to wait in a quiet, non-stressful setting. In previous experiments, subjects had been required to wait in a noisier, more disruptive environment. One hour prior to testing, the women were randomly given oral cortisol or placebo. When memory was tested, recall performance was impaired in women given cortisol compared with placebo, but only among those who had been subjected to the disruptive setting. Findings suggest that the state of arousal can modify effects of stress on memory retrieval.

— *Victor W. Henderson, MD, MS*

#### References

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Having attended all 17 of the NAMS Annual Meetings, and having enjoyed them all, I feel qualified to say that this was the best meeting yet. The content was timely and cutting-edge. The audio-visual system was perfect, and every detail was attended to. Therefore, it was possible to concentrate fully on the presentations.

In my opinion, the highlights of the meeting were:

- The history of menopause, presented by Wulf Utian (and done with about 5 minutes' advance notice!).
- George Gorodeski's new theories of apoptosis, presented in his talk, "Atrophy of the Vaginal Epithelium: The Science of Estrogen."
- The practical and clinically useful sessions on obesity by Louis Aronne, MD, and Cathy Nonas. It's time that we faced the fact that we don't really know why women gain weight after menopause, but we have to do the best we can to fight it. The humor with which the material was presented was appreciated as well.
- Thomas Clarkson's very appropriate first Wulf H. Utian Endowed Lectureship, "Estrogen Effects on Arteries Vary with Stage of Reproductive Life and Extent of Subclinical Atherosclerosis Prevention." Dr. Clarkson's presentation made so much sense and explained complicated issues in a simple format.
- Victor Henderson's talk on the menopausal transition and cognitive function was so beautifully organized that it gave cognition a new dimension.
- The posters, which, on the whole, were of excellent quality and covered a wide array of topics.

As always, however, the highlight of the NAMS meeting is the congeniality, discourse and networking across disciplines, across languages and across geography.

— *Lila E. Nachtigall, MD*



Lila E. Nachtigall, MD

One of the most controversial portions of the 2006 NAMS Annual Scientific Meeting was the postgraduate course, "Hormone Testing and Bioidentical Hormones," moderated by James A. Simon, MD. With the intense amount of media coverage of Suzanne Somers' new bestseller, "Ageless...", the need for factual information has become even more important. Somers' new book promotes the work of "independent researcher" T. S. Wiley (who has a degree in anthropology). According to Wiley, menopausal women have as much estrogen as women normally have in their 20s,

and he recommends hormone therapy (HT) with compounded bioidentical hormones as the best way to treat menopausal symptoms.

During the NAMS educational course, speakers commented on compounding practices, the regulatory issues surrounding com-

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– JoAnn V. Pinkerton, MD

pounding drugs, the arguments in favor of and against “bioidentical hormones” versus nonbioidentical hormones, and the difficulties in validation of hormone testing for peri- and postmenopausal women. The course also included discussion of how bioidentical HT might be used in clinical practice. We learned, for example, that the estrogens in both FDA-approved HT and compounded HT actually all start from the same soy and yam plants and are chemically changed in the same labs. The information I learned from the postgraduate course, combined with the NAMS Web page statement on bioidentical HT<sup>1</sup> is summarized below.

### **Bioidentical Hormones, Compounded Hormones and Salivary Testing**

The term “bioidentical hormones” includes hormones chemically identical to the hormones produced by women, including 17-beta estradiol, estrone, estriol, progesterone and testosterone. Using this definition, “bioidentical HT” refers to any medication that provides these hormones as the “active ingredient.” As Dr. Lila E. Nachtigall said in her presentation, “All prescription drugs, including ‘bioidentical’ products, are regulated by the Food and Drug Administration (FDA) and have been tested for purity, potency, stability, efficacy and safety; however, compounded products do not have to meet the same

standards.” Commercially produced, chemically exact duplicates are available in FDA-approved, well-tested, prescription drugs. Examples include 17-beta estradiol (Estrace and generic oral tablets, Estrace vaginal cream, all the estrogen skin patches, and topical gels and lotions). There is one progesterone product (Prometrium oral capsules). Products must meet certain standards of scientific testing and quality production to be FDA-approved. Based on the data reviewed in the literature and in the postgraduate course, there is no current evidence that “bioidentical hormones” are safer or more effective than FDA-approved HT options.

Historically, custom-compounded hormones were used to provide individualized doses or mixtures of products and dosage forms not otherwise available commercially to meet a woman’s particular individualized need, or when a woman was unable to tolerate FDA-approved products. Today, caution is recommended in the use of compounded products<sup>2</sup> because regulatory oversight is lacking with regard to quality, purity and batch-to-batch consistency of ingredients. In addition, scientific evidence from clinical trials is lacking regarding the efficacy and safety of these products. In particular, and contrary to popular belief, there is no evidence that the addition of estriol to compounded hormone preparations makes them “safe.”

Another common request is to utilize salivary testing to identify a woman’s unique and “individualized” HT requirements. However, according to NAMS speaker Dr. Robert T. Chatterton, Jr., salivary testing to determine if a woman has the “right amount” of hormones “has not been proven accurate or reliable.”<sup>3</sup> Blood and urine testing of hormone levels is well known to have inaccuracies based on day-to-day and diurnal variations. Dr. Chatterton stated that salivary assays may be useful in determining differences between groups of



JoAnn V. Pinkerton, MD

women, but not for individual women because of the variability in hormone concentration levels. We don't know what the best or safest levels of estrogen, progesterone or testosterone should be in postmenopausal women, or how those levels relate to symptom management for those women. Salivary testing has not been shown in proper scientific studies to allow "individualization" of treatment or to reflect what is actually happening in the target tissues. NAMS experts have been very clear that, to date, neither salivary testing nor blood testing is recommended for routine management of HT in menopausal women.

### Summary

By the end of the postgraduate course, I understood that the FDA was not in a position to regulate compounded HT nor restrict the majority of unethical or unrealistic advertising and promotional claims made by compounding pharmacies.<sup>4</sup> After two clinicians, Dr. Marcie Richardson and Dr. John J. Vogel, discussed clinical challenges in working with women who request bioidentical hormones, I strengthened my strong belief that it is up to NAMS and to us as clinicians to sort through the known scientific information and provide our patients with education about what is known and not known about bioidentical and compounded hormones. Most important, our job is to be sure that our patients are informed about potential benefits and risks from using these products.

—*JoAnn V. Pinkerton, MD*

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It is challenging to choose the highlights of the recent NAMS meeting in Nashville because so many of the lectures either gave

us insights into providing excellent women's health care, or presented evidence-based, cutting-edge theories about aspects of the menopause transition, or both. That being said, I would like to mention four talks that especially captured my attention.

Dr. Cathy Nonas' discussion on obesity was full of astute observations about managing the typical weight-gain challenges of the midlife woman. In particular, she underlined the data supporting the importance of exercise, and pointed out that small weight loss offers benefit. She suggested anticipatory guidance for women about the slowing metabolism associated with aging and the inevitable resultant positive caloric balance—something I have integrated into my practice since.



Marcie K. Richardson, MD

Dr. Thomas Clarkson's lecture in honor of Dr. Utian elegantly supported the notion that reproductive stage is a major determinant of the effect of estrogen. This credibly explains the contradiction between the Women's Health Initiative and the observational data on estrogen and cardiovascular disease. Dr. Clarkson brought monkey and human data to bear on a presentation of the pathophysiology of this hypothesis. He also discussed the studies in process to further elucidate the complex role of estrogen in the cardiovascular health of the human female.

John Nestler, MD, gave a thoughtful discussion of the use of oral contraceptives (OCs) in the perimenopausal woman. He pointed out the similarities between polycystic ovarian syndrome and perimenopause, and showed data about the effect of OCs on insulin-resistant individuals. He suggested that some women with increased cardiovascular risk not use OCs as they age, and that older women on OCs be tested for insulin resistance to identify those with more potential for adverse effects.

Dr. David Rubinow's review of the incredible range of reproductive steroid ef-

facts that might explain the variability of estrogen's effect on mood was fascinating. More important, it provided a plausible explanation for why many women navigate the menopause transition without mood issues while others decompensate. His suggestion that biologic context is key in determining the effects of changing estrogen levels explains this observation, which we menopause clinicians can corroborate.

I am also tempted to talk about the country band that provided the dancing enthusiasts among the attendees with a strenuous workout. And there were the incredible networking opportunities afforded by the venue—the chances to share insights and challenges with menopause experts from all over the country and world in front of the wide-ranging posters or in the exhibit space.

NAMS 2006 lived up to the high standard set by its predecessors. If you weren't there, get the CDs, read the abstracts and plan to come next year!

— *Marcie K. Richardson, MD*

Attending the NAMS Annual Meeting is always an educational experience. I look forward to hearing noteworthy academicians from other disciplines, and the 2006 meeting did not disappoint me. Indeed, the multidisciplinary presentations exceeded previous meetings in both quantity and quality.

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— *Leon Speroff, MD*

A good presentation should be informative, but it should also be enjoyable. The plenary session talks on obesity, presented by Louis Aronne, MD, and Cathy Nonas, were notable for holding my interest while provid-

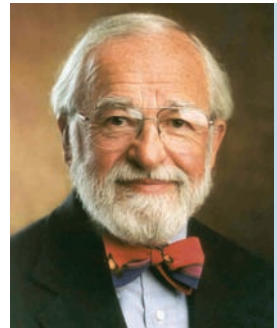
ing an abundance of new concepts and data. The problem of obesity is fast becoming our number-one preventive healthcare problem, a primary cause of premature disease and death. It is also distinguished by attracting more than its share of fad treatments and publications. Clinicians need to come to grips with this problem, with new ideas and approaches, as so ably presented in this plenary session.

I have often heard younger professionals decry the role of industry and deliberately refuse any interaction with pharmaceutical companies. In my view, the educational effort of all of our professional organizations would diminish if we were to reject the support provided by unrestricted grants from industry. With declining federal funds, it is increasingly important for industry to work with professional societies to promote education, science and good health care. Professional societies provide the best framework to allow industry to contribute to progress in a fashion untainted by marketing and sufficiently isolated from specific products. While motive cannot ever be totally separated from the forces of the competitive marketplace, it can operate at a respectable and understood distance. It is within a professional society that individual scientists and clinicians can devote their voluntary efforts to overall scientific, social, and even political issues.

The Satellite Symposia at the NAMS meetings are an excellent example of appropriate industry support and involvement. For me, one of the highlights of the most recent meeting was the industry-supported session, "Chemoprevention of Breast Cancer: Who, When, How?" The opportunity to hear accomplished and esteemed academicians from the world of breast cancer was priceless.

Thanks to NAMS for another great job. See you next year!

— *Leon Speroff, MD*



Leon Speroff, MD