

# LETTER to the Editor

## To the Editor:

Dr. Utian's recent editorial ("Feminine Forever, Round 2: The Bioidentical Cult," *Menopause Management* 2007; 16:6-10) is another example of The North American Menopause Society (NAMS) attempting to control members through fear and intimidation with no regard to science. I have attached to this letter over 30 articles [*Editor's note: articles are not published here*] that discuss saliva testing of steroid hormones. Most of the articles conclude that saliva testing is a more clinically relevant measurement of tissue level of hormone than serum testing. There are over 50 more articles that I did not include.

Because serum testing measures the bound and unbound hormone, the levels are not clinically significant. This is explained in the second chapter of the book by Drs. Leon Speroff and Marc Fritz, *Clinical Gynecologic Endocrinology and Infertility*, 7th Edition.

For NAMS to say that there are no studies to validate salivary testing is an inexcusable lie and an attempt to mislead doctors and the public. Do you really think that all physicians will blindly follow what NAMS states in its opinions? NAMS and the American College of Obstetricians and Gynecologists claim to promote evidence-based medicine by presenting committee opinion reports (which, by definition, are the lowest form of evidence), which are referenced only by other opinion reports from other expert committees (which, by definition, are the lowest form of evidence.)

I know you will never publish this letter because you would not want the truth to stand in

the way of your effort to maintain the status quo at all costs.

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## Dr. Utian's response:

A true regard for science and a constant challenge of the status quo is exactly what NAMS represents. Our only interest is the health and well-being of women through and beyond menopause.

Your defense of the use of "salivary hormone levels" in postmenopausal hormone therapy completely misses the point. My editorial clearly stated: "The purpose of this editorial is to caution those of you who are not *questioning the results* of 'saliva' and other useless hormone tests brought to you by patients, and then go on to 'compound' the error by rubber-stamping a prescription for a concoction about which you know little but has been recommended by a distant 'compounding pharmacy' or for which you have obtained a so-called license or franchise from a nonmedical source to prescribe one of these protocols."

Thus, whether or not the tests are an accurate measurement is completely irrelevant. NAMS's latest position statement is quite clear in recommending starting at the lowest effective dose where there is a definite indication for therapy. Under these circumstances, there is no need to monitor hormone levels, irrespective of how they may be measured. Symptoms respond, or they do not respond, in which case the dose is increased.

The point of my editorial was, therefore, not to question whether an accurate level can be measured; it was to question the reason for doing an unnecessary test and to emphasize the fact that it does not influence the clinical decision. There is enough wasting of precious healthcare dollars already—let's not compound the problem by doing irrelevant tests and prescribing untested hormonal elixirs simply for personal gain!

*Wulf H Utian, MD*  
Editor-in-Chief