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## NEWSLETTER

Spring 2006

AUCKLAND  
**Bonedensity**  
Managing Bone Health

### NATURAL HORMONE REPLACEMENT THERAPY

*In our own endocrinology clinical practice we are meeting the same issues surrounding this topic that some of you have questioned us about. We are very grateful to our endocrinology colleagues Stella Milsom and Megan Ogilvie for providing this evidence based summary for us*

The publication in 2002 of WHI (1) has significantly increased the number of women seeking alternative “hormonal” approaches for relief of symptoms associated with menopause, PMT and reduced libido. These compounds are usually sold as “health foods” and “over the counter products” and are not subject to the same scrutiny of safety and effectiveness as registered medications. Scientific proof is not required to substantiate claims made. This information sheet endeavors to provide some evidence based information about such compounds.

1. Rossouw JE, Anderson GL, Prentice RL et al. Risks and benefits of estrogen plus progestin in healthy postmenopausal women”. Principal results from the Women’s Health Initiative randomized controlled trial. JAMA2002;288(3);321-3.

#### “BIODENTICAL” HORMONES:

About a quarter of women going through menopause experience symptoms that are severe enough to prompt them to seek therapy. These products are promoted as being “gentle, kind hormone therapy”. They are made by a compounding pharmacist and generally contain a combination of estriol, oestradiol and/or estrone. Such compounds can be made up into pills, lozenges, patches or creams. There is no knowledge with regards to standardization of compounds within batches and there is a complete lack of safety data about such products, such as the risk of breast or endometrial carcinoma or venous thromboembolism. There is no data concerning bone protection (2).

2. Boothby LA, Doering PL, Kipersztok P. Bioidentical hormone therapy: a review. Menopause 2004;11(3):356-67.

#### PROGESTERONE CREAM/OIL:

Progesterone cream/oil is being marketed as being useful both for menopausal symptoms and for premenstrual syndrome (PMT). This cream is either used alone or in combination with “bioidentical” oestrogen replacement. Progesterone cream is not better than placebo for menopausal symptoms (3) and does not protect the endometrium if used with oral oestrogen (4). Whilst oral progesterone has been used to treat menopausal symptoms the WHI trial has raised concerns about breast cancer risks with progesterone and oestrogen combinations.

3. Nth Am Menopause Society. Treatment of menopause-associated vasomotor symptoms: position statement of the North American Menopause Society. Menopause 2004; 11(1):11-33.
4. Vashisht A, Wadsworth F, Carey A, et al. Bleeding profiles and effects on the endometrium for women using a novel combination of transdermal oestradiol and natural progesterone cream as part of a continuous combined hormone replacement regime. BJOG 2005;112 (10): 1402-6



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There is no evidence that progesterone deficiency is associated with PMT or that PMT is alleviated by progesterone cream or oil.

Salivary progesterone assays:

Often the state of “progesterone deficiency” is diagnosed from salivary progesterone assays. In fact, such assays show variable, non-reproducible results and do not appear to correlate with clinical outcomes (5).

5. Wren BG, McFarland K, Edwards L, et al. Effect of sequential transdermal progesterone cream on the endometrium, bleeding pattern, and plasma progesterone and salivary progesterone levels in postmenopausal woman. *Climacteric* 2000;3 (3):153-4.

**DHEA:**

DHEA is an abundant steroid precursor of testosterone and oestrogen, produced from the adrenal glands and has been promoted as an anti-aging, anti-cancer, anti-cardiovascular, libido enhancing and even as a bone protecting agent. DHEA may improve quality of life in women who have Addison’s Disease (6). There is no evidence of benefit in individuals with normal adrenal function.

6. Hunt PJ, Gurnell EM, Hupper FA et al. Improvement in mood and fatigue after dehydroepiandrosterone replacement in Addison’s disease in a randomized, double blind trial. *J Clin Endocrinol Metab* 2000;85 (12):4650-6.

Possible side effects include acne, hirsutes and breast neoplasia in women (7).

7. Kaaks R, Rinaldi S, Key TJ et al. Postmenopausal serum androgens, oestrogens and breast cancer risk: the European prospective investigation into cancer and nutrition. *Endocr Relat Cancer* 2005;12(4):1071-82.

**TESTOSTERONE CREAM:**

Testosterone cream is used to improve libido and energy levels through the perimenopause. One small study suggests modest improvement in these outcomes after twelve weeks of 10mg/day (8). There is no standardization or safety data for creams available in New Zealand.

8. Goldstat R, Briganti E, Tran K et al. Transdermal testosterone therapy improves well-being, mood, and sexual function in premenopausal women. *Menopause* 2003;10(5):390-8.