BHRT

Bioidentical Hormone Replacement Therapy

Hormone Replacement Therapy (HRT) has long been a controversial subject. As part of the Women's Health Initiative in July 2002, a clinical trial of oestrogen and progestogen showed an increased risk of intraductal breast cancer after a five year period for those taking the progestogen, along with other risks and benefits. It has also long been known that the use of oestrogens increases the risk of endometrial carcinoma as well as vascular effects such as thrombosis. These studies have been performed on women taking oestrogen and progestogen rather than bio identical HRT. Most medically prescribed HRT has been altered by the addition of a chemical group to the drug in order to allow oral absorption as well as for patenting purposes. Current medical opinion recommends that HRT should only be prescribed for significant menopausal symptoms and for as short a time period as possible (preferably less than 5 years).

There is a growing use of bioidentical hormones which are made by compounding pharmacists. These drugs are formulated to be identical in molecular structure to the hormone, which is normally present in the body (hence *bioidentical* HRT). They are not well absorbed orally and have to be taken either in the form of a cream or a troche (lozenge). This compounded HRT can be tailor-made for the patient according to a symptom profile as well as hormonal testing. The latter can be performed by salivary hormone assay (which can be unreliable) as well as blood profile.

Some women, particularly in the perimenopause, can develop symptoms of oestrogen dominance. It is thought that these women have a relative progesterone deficiency compared with oestrogen. Both of these hormones are produced by the ovaries and adrenal glands. Symptoms and signs of this condition include heavy or irregular periods, fatigue, breast swelling and tenderness, loss of libido, weight gain, uterine fibroids, bloating, aches and pains, headaches and migraines, craving for sweets including chocolate, irritability and lack of self-esteem. Night sweats and hot flushes may also occur as is in oestrogen deficiency.

Progesterone is produced by the corpus luteum within the ovary and increases in the latter half of the menstrual cycle. It is also produced in significantly larger quantities during pregnancy by the placenta (up to twenty times the normal blood levels). Deficiency of progesterone is implicated in the menopause, premenstrual syndrome and other female conditions. Progesterone helps to drive the menstrual cycle, build new bone tissue and counters the tendency of oestrogen to induce excess growth in the endometrial lining of the uterus. It is also a precursor for other hormones including oestrogen and testosterone.

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Progesterone can be very effective in the treatment of oestrogen dominance and the symptoms of menopause.

The use of BHRT has been popularised by various physicians, including John Lee, Jonathan Wright, Lesley Kenton and Suzanne Somers. Various books have been written by these authors, with much empirical/anecdotal evidence of benefits from BHRT. It however must be understood that there is little in the way of randomised controlled studies with BHRT and the risks versus benefits. Many medical societies and colleges have released statements that there is unlikely to be any expected difference in the benefits or risks of hormone replacement therapies using bioidentical molecules compared to those using non-bioidentical molecules, and also that compounded hormone products may have additional risks related to compounding. While there is no evidence to support this view, BHRT should be taken with the same precautions as normal HRT. This should include routine breast screening, pap smears and endometrial biopsy should there be any abnormal vaginal bleeding.

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Patient Consent

I have read and understood the information given to me regarding BHRT (bioidentical hormone replacement therapy) and I hereby give consent for the prescribing of it understanding the above precautions.

Name:	
Signed:	
Date:	

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