How Should You Navigate Conversations with Other Providers?

> Many women seeking hormone replacement therapy are surprised to encounter strong warnings or discouragement from other healthcare providers. Unfortunately, much of this concern is rooted in outdated or incomplete information, particularly surrounding the large hormone study published in 2002 known as the Women's Health Initiative (WHI).

WHERE THE CONTROVERSY BEGAN

Ironically, before 2002, hormone replacement therapy was widely accepted in medicine. In many circles, it was even considered inappropriate not to offer hormones to women after menopause because of the well-recognized benefits on quality of life, bone health, connective tissue, skin, sleep, mood, cognition, and overall function. This understanding developed from decades of observational data, population studies, laboratory science, physiologic evidence, and the visible differences seen in women before and after menopause.

The major problem was not the concept of hormone replacement itself — it was the type of hormones being used.

For many years, especially in North America, women were commonly prescribed synthetic, or non-bioidentical hormones, often given by mouth. Oral estrogen has long been associated with an increased risk of blood clots because it passes directly through the liver. In addition, the synthetic progesterone used in the WHI study (medroxyprogesterone acetate) has been associated with increased breast cancer risk and does not behave like a woman's natural progesterone.

The WHI study did not study the hormones naturally produced by the female body. It studied synthetic hormones that are chemically different from human estradiol and human progesterone, and the estrogen used was administered orally. As a result, many of the protective and regenerative effects expected from natural ovarian hormones were not achieved.

Unfortunately, after the study was published, hormone therapy became highly controversial. Many physicians were told to avoid prescribing hormones altogether, and women suffering from hot flashes and night sweats were often advised to use antidepressants instead. Most providers were never adequately educated on the critical distinctions between:

- Oral versus topical estrogen
- Synthetic versus bioidentical hormones
- Synthetic progestins versus real human progesterone

Because of this, many healthcare providers today still rely on outdated assumptions and incomplete interpretations of the data.

IMPORTANT POINTS PATIENTS SHOULD UNDERSTAND

Bioidentical hormones are hormones structurally identical to those naturally produced by a woman's body. Estradiol and progesterone are not “foreign” substances — they are natural human hormones that women produce in their healthiest and most vibrant years of life.

Women often begin to experience significant symptoms and degenerative changes when these hormones decline or become imbalanced after menopause. Current evidence strongly supports several important distinctions:

- Oral estrogen increases the risk of blood clots because of first-pass liver metabolism.
- Topical estrogen does not carry the same clotting risk seen with oral estrogen.
- There is no evidence showing that estradiol itself, by any route, causes breast cancer.
- In the WHI study itself, women who received estrogen alone actually had lower rates of breast cancer.
- Synthetic progesterone (progestins) has been associated with breast cancer risk.
- Human bioidentical progesterone behaves very differently and appears to have breast-protective properties.

WHEN SPEAKING WITH OTHER PROVIDERS

It is important to remain calm, respectful, and informed. Many providers are practicing based on what they were taught years ago and may not have had the opportunity to study the newer literature or the distinctions between synthetic and bioidentical hormones.

Patients may simply state:

> *"My hormone therapy is based on evidence-based medicine using bioidentical hormones that are structurally identical to those naturally produced by the human body. My estrogen is not taken orally, and my progesterone is bioidentical human progesterone rather than synthetic progestin."*

The goal is not confrontation, but clarity.

THE BOTTOM LINE

Women deserve accurate information and thoughtful discussions based on modern understanding of hormone physiology, route of administration, and the major differences between synthetic and bioidentical hormones.

When properly prescribed and monitored, bioidentical estradiol and progesterone are intended to restore physiologic balance — not to expose women to the risks associated with older synthetic oral hormone regimens.

Have questions about hormone therapy?

Speak with Dr. Selma Rashid and our team about whether hormone replacement therapy is appropriate for you.

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