

## Bio-identical Hormones Found to be Superior and to Benefit Newly Menopausal Women

The results of the Kronos Early Estrogen Prevention Study (KEEPS) were released at the 23rd annual meeting of the North American Menopause Society (NAMS) in October 2012. The conclusion: **Bio-identical hormones (estradiol and micronized progesterone) - started soon after the start of menopause - improved depression, anxiety, and cognitive function in healthy women. But, perhaps most**



**importantly, bio-identical hormones did this without posing any cardiovascular disease risk, and were shown to be superior to synthetic conjugated equine estrogens (CEE).** CEE are made by pregnant mares and are not bio-identical to hormones naturally made by women. CEE are the form of hormones that were used in the Women's Health Initiative (WHI), a large government-sponsored study published in July 2002. The WHI found an increased risk of breast cancer associated with CEE, and incited fear in women and their physicians leading to a major decrease in prescribing of synthetic hormones such as CEE. At that time, many women and health care professionals began to seek information on options such as bio-identical hormones.

The KEEPS study was sponsored by the Kronos Longevity Research Institute and the National Institute on Aging of the National Institutes of Health, and was a 4-year, randomized, double-blind, placebo-controlled clinical trial involving healthy women aged 42 to 58 years. The women all received cyclical micronized progesterone, and were randomly assigned to receive one of the following:

- Oral conjugated equine estrogens in the form of Premarin® (CEE)
- Transdermal estradiol (a bio-identical hormone)
- Placebo

The KEEPS study was carried out at nine centers in the United States. Besides studying markers of cardiovascular disease and cognitive function, KEEPS also assessed

symptoms of menopausal hormone deficiency and sexual function. Among the cardiovascular findings, the researchers reported that synthetic oral CEE, but not transdermal estradiol, was associated with an increase in HDL cholesterol levels. However, CEE also increased triglyceride levels. "KEEPS provides evidence that combined hormone therapy in recently menopausal women shows no evidence for cardiovascular harm..." said Dr. S. Mitchell Harman. And, Dr. Sanjay Asthana said, "there is significant improvement in measures of symptoms of depression, anxiety, and tension," pointing out that women in the KEEPS study got a different form of estrogen (bio-identical estradiol) than women in the WHI study (synthetic CEE), and this factor may have made a difference in the KEEPS results. "One of the theories is that the form of progesterone used in WHI, medroxyprogesterone, is very different than the form that KEEPS used, which is micronized progesterone, the more natural form of progesterone. **We certainly did not see any adverse effects with this type of progesterone [i.e., micronized progesterone].**" Transdermal bio-identical estrogen appeared to provide an additional important benefit of improving insulin sensitivity.

JoAnn E. Manson, MD, MPH, DPH, professor of medicine at Harvard Medical School and chief of the Division of Preventive Medicine at Brigham and Women's Hospital, Boston, said "... for women who have menopausal symptoms and who are considering hormone replacement therapy to reduce their symptoms and improve their quality of life related to these symptoms, there were many favorable effects seen of taking hormone therapy for 4 years."

Margery Gass, MD, executive director of the North American Menopause Society, told Medscape Medical News, "This is a very well-designed study that [can] provide clinicians with the evidence to **tailor the hormone therapy even more for women so that they could get the most benefit and the least risk.** Tailoring it to their needs is going to be so important... I think a very intriguing new finding from this study is that both oral estrogen and transdermal estrogen, the so-called bio identical hormones, have their own set of positives and negatives, and that's very interesting." (However, the study failed to point out any negatives of bio-identical hormones.)

Ten years after WHI, all of the most recent Gallup surveys of women reveal that they fear that taking hormones will give them breast cancer, Dr. Wulf Utian said. "It's all based on this massive fear generated from WHI, so nothing has changed. If you go out and ask internists, FPs [family physicians], GPs [general physicians], are you prescribing hormones? Largely, they say no. Why? Breast cancer. But, if you ask OB/GYNs [obstetrician/gynecologists], they are much more likely to be prescribing hormones because they have followed the literature, they feel a little more comfortable with it. For women, it's a good news study. **For clinicians treating symptomatic women, it should be reassuring to them and enable them to say the latest study is not showing any increased risk for cardiovascular disease.**"

The KEEPS preliminary findings presented at NAMS are not yet peer-reviewed and will be submitted for publication in a medical journal, the researchers noted.

<http://www.medscape.com/viewarticle/772061>

©2012 Storey Marketing. All rights reserved.



**LAUDEN INTEGRATIVE  
PHARMACY**

1820-F 41st Ave. • Capitola, CA 95010

Phone 831-462-9880

Fax 831-462-9998

Ray M. Reyhani, R.Ph, Compounding Pharmacist.