

Hormone Replacement:

Miracle or Curse?

For the first time in history, women
may share the promise of tomorrow as
biological equals of men. . . .

Thanks to hormone therapy, they may
look forward to prolonged well-being
and extended youth.

—Robert A. Wilson, M.D.
Feminine Forever, 1966

By Sigrid Bathen

Photography by Roy Wilcox

IT STARTED WITH the usual annoying symptoms: irregular or missed periods, night sweats, insomnia—and blinding hot flashes that came out of nowhere. One woman described them, aptly, as feeling like “someone set off a blowtorch in your face.”

It's too soon, I'm only 44!

At first, I chalked it up to the stresses of graduate school and work, which then consisted of a heavy schedule of magazine writing and college teaching. Then one day in the journalism department computer lab at California State University, Sacramento, a long, narrow, windowless classroom suddenly became airless.

“Uh, is anybody warm in here?” I inquired hopefully. No, they were all fine, their young faces almost swirling in my line of vision from the podium at the helm of the submarine-like room.

That was the same year—1990—that I switched to bifocals, about the same time that, like so many boomers, I decided the aging process was becoming something other than an abstract notion. Not only was I having hot flashes, but, in order to see at some angles, I now had to cock my head with the look-down-your-nose visage of *old ladies* doing needlepoint.

I'm not ready for this, I thought, no way.

Then I remembered my maternal grandmother, who entered menopause (perimenopause is the preferred medical term for early and pre-menopausal symptoms) at 39. She died two years ago at 91, her bones brittle, one hip artificial, her back humped with the awful effects of osteoporosis. A tiny, delicate woman of fair skin and Irish ancestry, she would today be a prime candidate for the hormone pills that are now dispensed to women, some say ominously, like candy. The ones I've taken nearly every day for the past five years—and, not a happy thought, may take for the rest of my life.

“I'm sure it would have helped my mother,” says my mother, who will be 75 this month and weathered menopause in the old way too, but opted for hormones 12 years ago, at 62. “I know she wasn't happy, and I think the hormones might have made her disposition a little better. One doctor tried to give her hormones once when she was much older, and she started menstruating. She was furious with him and never went back. She was scared to death of pills and wouldn't even take vitamins.”

The pills are easy enough to take. There are two common forms: combined continuous, which means the woman takes estrogen and progesterone every day and doesn't menstruate; and combined cyclic, in which she takes estrogen for the first 25 days of the month, progestin on days 16–25, then nothing, during which time she menstruates. “Each woman is different,” says Dr. Toni Harris, chief of the Division of Gynecology in the Department of Obstetrics and Gynecology at the UCD Medical Center. “Often dosages of progestin have to be adjusted.”

The long-term effects of hormone replacement therapy (HRT) are among the most bothersome issues facing women entering menopause today, as well as

those, like my mother, who were among the earlier—to a troubling extent experimental—subjects. More knowledgeable than our mothers, more apt to ask questions of our health care providers and to demand answers, we are bedeviled by what we feel and what we read, not always reassured by our doctors, wondering why we can't just get through this without all these pills and whether we are putting some kind of medicinal time bomb in our mouths each day.

We even worry about the “political correctness” of taking a pill—Premarin, the oral conjugated estrogen that is one of the most widely prescribed medications on the market today, is made from the urine of pregnant mares (hence the name). “Now I hear that I'm politically incorrect,” says one woman. “With all of us on Premarin, they have to keep all these mares pregnant all the time, and is that really fair?”

THIS MUCH IS known with relative certainty: Women on a combined regimen of estrogen and progestin are believed to suffer less osteoporosis, less heart disease, and fewer symptoms of menopause (hot flashes, night sweats, mood swings). Estrogen alone is known to provide more protection against heart disease than estrogen and progestin combined but has also been linked to increased risk of endometrial cancer (a cancer affecting the lining of the uterus), and progestin is known to provide more protection against the risk of uterine cancer. Combining estrogen with progestin, however, is believed to lower the protection against heart disease provided by estrogen alone. The risk of breast cancer is perhaps the biggest fear among women receiving hormones, and the conclusions there are imprecise and less reassuring.

Various studies have shown an increased risk of breast cancer for women receiving HRT, and women with a family history of breast cancer may be advised not to take it. But no comprehensive, long-term data are available. Some physicians say earlier studies were not sufficiently comprehensive, and all are looking to the ongoing National Women's Health Initiative (WHI)—the largest-ever study of women's health issues, including heart disease, breast cancer, dietary patterns, osteoporosis and the effects of HRT—to provide some answers.

The \$628-million, 15-year WHI, conducted at 40 clinical sites around the country—including the University of California, Davis Medical Center—will study more than 160,000 women aged 50 to 79. Women past menopause who plan to live in the same area for at least three years are currently being recruited to participate in the study and, if interested, should call 1-800-54-WOMEN for details. Women in their 60s and 70s are especially needed for the study.

Dolores Davis, 68, of Sacramento, signed up for the study at UCD precisely because she saw the need for more information on HRT, particularly for African-American women. Women generally have been ignored in much clinical research, but minority women have been invisible. “I was very curious



Wanting more information on HRT, Dolores Davis signed up for the study at UCD.



Jan Williams suspects that she's getting estrogen in the blind study. "I feel mellow-er," she says.

and wanted to participate," says Davis, a retired elementary school teacher and the mother of three adult daughters.

After a hysterectomy at age 26, Davis was placed on

HRT. When she developed several benign breast lumps, her doctor took her off the hormone therapy. Now, she says, "I discussed it with my doctor, and he said, why not?" Davis also has angina, a heart condition. As part of the WHI "blind study," she does not know whether she is receiving hormones or a placebo, although she suspects she's receiving hormones.

Jan Williams, 52, signed up for the WHI study after two years of agonizing about whether to take hormones for her symptoms of menopause. "I read all the articles and books," she says. "I don't take pills. The most I ever take is an aspirin for a headache. So for me it was a major decision to decide to take a pill every day for the rest of my life."

She tried herbs. She tried Vitamin E. She had hot flashes. "I love summer, and I can go out when it's 103. To feel very hot all the time was very different for me. I just felt all dried up."

Williams, the mother of four daughters, had a hysterectomy at age 37. She thinks she's getting estrogen in the blind study—she says she feels "mellow-er," which is fine with her. "I sort of just left it up to fate. That's a good way to hide from those decisions."

Nearly 2,000 women are enrolled in the study at

UCD, which is aiming for 4,000 in the next two years. The clinical and observational study is coordinated by Dr. Mary Haan of the UCD School of Medicine's Department of Community and International Health. In addition to serving as co-principal investigator of the UCD study, she is chair of the National Design and Analysis Committee of the WHI.

"There is a tendency among providers, particularly on the West Coast, to feel that HRT is an unmitigated blessing," says Haan. "It does appear that it has cardiovascular benefits, but it is not clear exactly how much it reduces your risk. The best estimates are that [the risk] is 30 to 40 percent lower, but those are observational data, never clinical, never long-term."

The WHI study will evaluate the cardiovascular benefit and the cancer risk of women receiving HRT. It will also examine nutritional and dietary aspects of health care and whether women can obtain more, or at least some, benefit from non-drug therapy based on diet, nutrition and exercise—alternatives to HRT that Haan says are not always adequately explored before hormones are prescribed by physicians.

"A lot of women like to take a pill," says Haan, "and they don't have the information they need [to make] a lifestyle change. It's not that easy to change your diet. If women choose HRT, they have to be aware of the risks as well as the alternatives, and that is what we're trying to determine."

Personal Experiences

One thing is clear: women have widely differing reactions to hormone replacement therapy, and some avoid it entirely. All have serious, legitimate concerns about its long-term impact on their health. Here are accounts of a few women's experiences on and off HRT. All are identified only by first names and sometimes by pseudonyms.

Christine, 51—Nearly one year ago, Christine went to the doctor because of painful periods and heavy bleeding. She figured she was experiencing menopause. In a uterine biopsy—which is not routine for all women entering menopause—the doctor discovered that she had a marked pre-cancerous condition in her uterus, despite no family history. She had a complete hysterectomy and two weeks later, after the lab reports showed no cancer, started taking estrogen.

"I had two weeks in which my body had no hormones whatsoever, and that was enough to convince me that I didn't want to go through the rest of my life feeling like that," says Christine. "Long term, I don't know. It's hard to imagine taking this when I'm 80."

Katherine, 74—Some 10 years after weathering menopause with the usual complaints but no significant problems, the homemaker and retired bookkeeper, mother of three and grandmother, began to feel strange. "I just got to be very crabby. I was very short-tempered. I'd wake up at night really hot. I went to the doctor, who put me on hormones, and within a month or so, I was menstruating again. I wasn't so cranky, was more responsive sexually, which I was not at all before that. I'd been depressed, and that passed." A careful keeper of a daily journal, she found this notation when she saw the doctor, on May 31, 1983: "aprehensive and weepy."

More than 12 years later, she worries that, despite no family history of breast cancer, she is increasing her odds. She has had several benign breast cysts; her doc-

tor orders annual mammograms and, in the past two years, ultrasound examinations of her breasts. He has also reduced the hormone dosage somewhat. "After all, you don't feel like going on menstruating forever."

Ann, 48—On HRT for nearly two years, Ann is one of many women with a serious reaction to the progestin that is prescribed with estrogen to lessen the risk of uterine cancer. "I was irritable, crabby. The day I came into my office and kicked at a drawer, I knew something had to change. For me, getting on the Premarin was like returning to my old self. The difference was dramatic. But, boy, I couldn't handle that progestin."

After considerable research and consultation with specialists, she opted to try a natural, micronized, oil-based progestin rather than the synthetic progestin usually prescribed. "It's expensive, difficult to find and to get doctors to prescribe. It was like a magic pill for me." It is not covered by her health insurance.

Leigh, 58—After more than a decade of on-again, off-again hormone replacement, Leigh decided last summer to stop after experiencing severe swelling and water retention while on vacation in high-humidity Washington, D.C. "Before I left, my doctor had told me to take a double dose because I was still perspiring. It was awful. Unless something is proven, I'm planning to stay off of them. I'm exercising, taking lots of vitamins, minerals and herbs. I feel wonderful."

A college professor, she is well informed on the risks and benefits and believes hormones have been pushed by doctors without exploring alternatives and with inadequate research data on long-term results. "There has always been doubt in my mind. I think it's really scary to tell women, 'It's up to you, you have to make your own choice.' You don't know whether it's a recognition of your intelligence or a qualifier if something goes wrong."