‘Bioidentical’ hormones: Are they better?
Some doctors are prescribing ‘natural’ products to deal with menopause.

Dr. Judith Reichman discusses this controversial subject

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Q: I’m starting menopause. Are bioidentical hormones better or safer than commercial products?

A: The term “bioidentical” is almost as ingenious as the term “natural” when it comes to marketing a product; both terms appeal to consumers’ aversion to “artificial” ingredients, and they suggest that what you are getting can have no adverse effects. But I and many of the physicians and researchers who have looked at studies or tested what’s in these so-called “nature-made” products disagree.

When used by compounding pharmacies and authors touting their own books and products, the word “bioidentical” usually refers to formulations of various types of estrogens, progestins and androgens (male hormones) concocted within creams, gels, lotions, capsules, drops, tablets and even suppositories. (Compounding pharmacies are special drug stories that prepare and dispense formulations beyond those wholesaled by pharmaceutical companies.)

When it comes to estrogen, these formulations are often a combination of weak forms of estrogen (estrone or estriol) as well as estradiol, (the form of estrogen that is found in most commercial products and which, by the way, your ovaries produce). The mixers and makers of these products claim that their combination of the estrogens is either safer or more “natural” than pharmaceutical estrogens which are usually either plant-derived estradiol, or conjugated estrogen made from the urine of pregnant mares.

To date, no clinical studies published in reputable peer-review journals have shown this to be true. The claim that one form of estrogen, estriol, may reduce the risk of breast cancer, is speculative. The studies quoted in support of that theory are old and probably obsolete.

I know a lot of women have been told they can use a progesterone cream to normalize their hormones, alleviate symptoms of menopause and prevent osteoporosis. There are even claims that such creams can prevent breast cancer.

However, clinical trials in which progesterone creams were added to estrogen did not show any reduction in the women’s risk of bone loss. And an article in the respected medical journal The Lancet has concluded that the best-known progesterone cream, Progest, does not raise blood progesterone enough to protect a woman from the abnormal uterine-tissue growth (hyperplasia) or the pre-cancer that may occur as a result of estrogen-only therapy.
Yams and soy also produce compounds that are used by the pharmaceutical industry to manufacture progestins. Your skin, however, does not have the enzymes to perform the chemical process needed to extract this hormone out of its plant source. Rubbing on a yam or soy cream (often marketed in health-food stores) will not render you richer for its hormones; all you are doing is applying a fairly expensive moisturizer whose main effect is to enrich the manufacturer.

Doctors who prescribe bioidentical hormones often use salivary (spit) testing to “tailor” the amount of bioidentical hormones you supposedly need. But hormone levels vary tremendously by the hour, throughout the day and from woman to woman. Comprehensive studies have yet to show the correlation between these hormones and a woman’s clinical status or response to various preparations, and until there is scientific documentation of their validity, I would not recommend this type of testing. If I want to check to see how much of a hormone a woman is absorbing or the level of active hormone in her body, I draw the appropriate blood test.

A recent position statement issued by the North American Menopause Society stated quite clearly that whatever risks or benefits are thought to apply to pharmaceutically produced hormones should also apply to bioidentical hormones. There is no “free” hormone.

It’s important to understand that commercial pharmaceutical products are FDA-regulated and tested for their purity, potency and safety, whereas products made by compounding pharmacies are not subject to the same strict guidelines and may vary considerably in all these parameters. Indeed, they may even contain contaminants that both you and your doctor are unaware of.

**Dr. Reichman’s Bottom Line:**

Bioidentical does not mean safer or better. If your doctor feels comfortable in prescribing compounded products, is familiar with the manufacturing company, and knows that the type of product you are seeking is not available through an FDA-regulated source (products such as certain forms of testosterone, estrogen skin creams and DHEA), then this type of hormone may be a viable option for you. But please remember that a hormone is a hormone and it works on hormone receptors found in nearly every cell in your body. If you have menopausal symptoms and you decide that you would like to begin or continue hormone therapy, discuss the pros and cons of known and tested medications with your doctor. You may also want to consult another doctor for a second opinion. No matter what you take, your physician should closely monitor its positive and possible negative effects.

*Dr. Judith Reichman, the “Today” show's medical contributor on women's health, has practiced obstetrics and gynecology for more than 20 years. You will find many answers to your questions in her latest book, "Slow Your Clock Down: The Complete Guide to a Healthy, Younger You," which is now available in paperback. It is published by William Morrow, a division of HarperCollins.*