
Focus on Health

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“THE SEXY YEARS” ALMOST ALL CORRECT

Suzanne Somers' book "The Sexy Years", is excellent, but I have some minor arguments. Some of her opinions are just that, not backed by scientific data. For example, checking a blood FSH (follicle stimulating hormone) level (Page 58) to gauge whether hormone replacement therapy needs to be started is not ideal. The FSH level rises to what is considered to be a "postmenopausal level" as a result of the cessation of production of a peptide named inhibin by the ovaries when ovulation ceases. This is a relatively late change in menopause, and symptoms such as depression, weight gain, sleep disruption, loss of libido, dry skin, etc., precede it by months and sometimes years. These symptoms may be prevented by starting HRT as the blood estradiol level measured on day 21 of the menstrual cycle (a few days earlier in women with short cycles, later in those with longer cycles) begins to decline and fluctuate rather than waiting for the FSH finally to rise.

Another opinion she offers is that cyclic progesterone administration is superior to or safer than continuous progesterone. That is as yet unproven. The Women's Health Initiative Study conclusion that continuous Premarin and Provera (or the combination of the two as "Prempro" increased breast cancer risk may apply only to those two drugs or relate to route of administration (oral versus nonoral). It cannot be extrapolated to other types or methods of HRT.

Testing hormone levels in saliva rather than blood (see Testing Hormone Levels on page 346) is neither accurate nor reproducible.

The biggest problem in monitoring blood hormone levels is finding a medical laboratory that does the testing correctly (most don't, using quick "kit" test that are markedly inaccurate on the high side, and measuring "total" rather than "free" biologically active levels of estrogen and testosterone.

STOP HEART ATTACKS

Most heart attacks do not occur because arteries are narrowed by plaque. Instead, a plaque bursts, a clot forms over the area, and blood flow is abruptly blocked. The dangerous plaque is therefore the soft, fragile one. Stents and bypass procedures won't protect against this. Plaque and heart attack risk can change very quickly – within a month- by something as simple as intense LDL cholesterol lowering to 60. Statin drugs, Niacin, antiplatelet drugs such as aspirin, anticoagulants such as Coumadin, blood pressure medication, and smoking cessation are the ways to prevent heart attacks, not the more aggressive and invasive surgical artery opening methods now frequently being employed.

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