

The MidLife Health Guide for Women



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The MidLife Health Guide for Women

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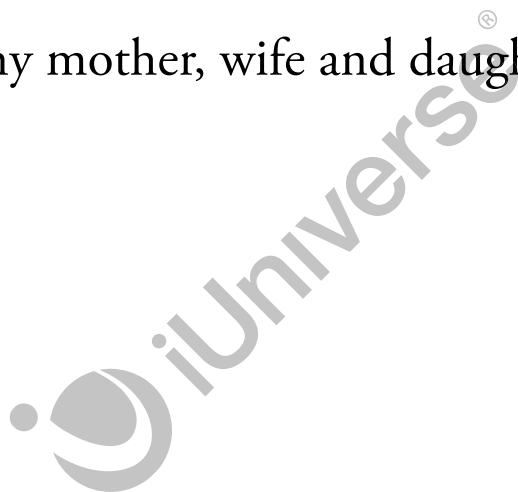
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Dedicated to
my mother, wife and daughter



*If you want to fool Mother Nature, you
must learn to play her game and win.*

—Chris G. Rao, MD



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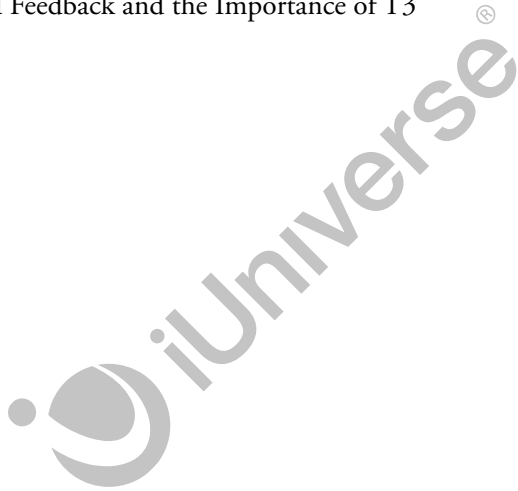
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Preface

As promised, the woman's companion to the *Midlife Health Guide for Men* has finally arrived! From the onset, I must apologize for not being a gentleman and letting the ladies go first, but truthfully, there were a total of only three men's health books available three years ago. I had to write one for them first. Add to that the fact that men don't generally live as long on Earth as women do and are sicker today than they ever were. (No rude comments, please.) Maybe a better way of looking at this is by helping your man stay healthier, I was helping *you* out in the long run too. It was virtually *one* book for *both* sexes. Now that the women's version is finished, I must shout, "Touché!" It winds up this book will also help men by helping their woman feel healthier, younger, and more sensual.

As I was doing my usual lunchtime jog on the treadmill at the YMCA, I happen to glance at the TV monitor and saw Dr. Oz miming along about female sexual disorders. After first sighing about his Oprah-induced popularity, I slowly began to feel some gratitude. After all, he's a made-for-TV doc that can't have any time to actually *see* patients. As a surgeon, he certainly doesn't have an internal medicine background and probably had a ghost writer pen all his Oprah Club books. Curiously though, why was I beginning to feel a deep sense of accomplishment?

Reflecting on the past few decades, *I've* been the renegade MD promoting preventative, holistic, and complementary medicine. I'm the lone drummer beating a different beat for people to follow along to a healthier destination. Just finishing my medical residency in 1995, I found going down that road less travelled was quite a challenge. It toughened me up, though and gave me the conviction that I was onto something. Oh, the naysayers were all around. My medical colleagues, all making a mint off of healing the sick, would routinely poke fun. "Oh, he's into all that herbal, natural quackery." I often felt defrocked from the halls of traditional medicine. Yet, in these same halls and doctor's lounges are exactly where I would try to change their attitudes by pinning up articles and often having quite heated discussions. I would show the peer-reviewed research touting this novel approach of integrating both medical and *nonmedical* approaches. Geez ... I've taught fellow doctors for

decades now about sexual dysfunction and androgen replacement in women. I'm far from being a Dr. Johnny-come-lately.

Oh, there were others besides me, but they were rare. Like an occult club, almost brethren, we had to travel far and search out each other in non-mainstream medical venues. Yet the more I learned, the more this new paradigm fascinated and intrigued me. I knew this was a better path to fulfill my passion of preventing and treating disease in a safer, more effective manner. In retrospect, these few fellow believers helped me along the way, but my mentors back at LSU Medical School and Florida Hospital in Orlando were the most encouraging. They taught that the human mind is like a parachute; it has to be *open* to work. They harped on us to *listen* to the patient—ultimately our best teachers. Ah ha ... listen to the patient! Doing this makes common sense, but is shamefully ignored. Yet, these truisms were the driving force behind all of this. Patients suffering with arthritis would declare glucosamine safely helped their joints when nothing else worked. (They somehow felt more comfortable confiding this to me than to their orthopedist.) Others would ask if taking fish oil or flax seed is safe; they stopped taking their prescriptions because of side effects and found these natural remedies lowered their cholesterol just as well. The more I listened, the more I scavenged for the scarce research about the safety and efficacy of these alternative methods. And, the more I read, the more I became hooked, even to the point of hosting my own local radio show, *In the Know with Dr. Rao!*

In 1992, when the preliminary results on the Women's Health Initiative, WHI, were announced, I was caught off guard, as were most of the medical and lay persons. How could hormonal replacement be considered so good for women for so long a time, but now had become taboo virtually overnight?! After all, I was a well-known proponent of hormonal replacements in women as being part of an integrative approach to helping them feel young and staying healthy. Many fellow HRT disciples scattered. Deep inside I still felt HRT; when done properly, helps prevent premature aging. The artificial hormones used in the WHI were already infamous for worsening inflammation and other problems. I only promoted and prescribed what eventually became popularized as *biologically-identical hormonal replacements*—long before it was trendy, and even before Suzanne Somers began raving about it. Feeling like Frank Sinatra in a way, I stuck it out through all the lean and in-between years following WHI and did it my way. Today, positive attitudes toward HRT have rebounded some, despite a fog of confusing interpretation, albeit with valid precautions. HRT still isn't for everyone. Confused? You won't be after reading this book; it discusses all the facts and options. There's indeed

no one way to treat every woman out there. Each one desires and deserves a tailored approach in order to reach her optimal health goals, safely.

Let me be clear, this is NOT another book on menopause, or merely one facet of Earth's most brilliant jewel we call woman. She's infinitely more than the sum of all her parts. She's uniquely complicated. Likewise, the book is comprehensive in order to touch upon most of the nuances that the midlife woman will face. Accordingly, reading it may be somewhat tedious at times; after all, it is written by a man. But, you will discover many cutting-edge, yet proven methods of safely preventing or treating most age-related diseases. Though disclosing many secrets of living a long, happy life, the book will also stir up new questions inside of you. Isn't that the way a book imitates life? Compared to the men's book written in *manspeak* and more black and white, the women's version is geared more toward the patient, more discriminating of the sexes so she can take her time, cuddle up with a cup of tea, and enjoy herself. It's really about relationships and the stories behind our *middle-aged gals*, or Maggie's Eventually, the reader will embark on a healthier destination on her own terms in her own sweet time. Oh, but what an entrance she'll make!

Starting sometime when a woman is in her thirties, midlife may extend well into her late fifties. As we baby-boomers live longer, this glorious era may even become longer. Think of all the changes you'll go through! (Better take good care of this book, so it'll last.) In the introduction, you'll read about our three Maggie's and what's up, or down, in their lives. When taken all together, they express the entire spectrum of issues that many midlife women will have to face. In her thirties, Maggie 1 has all the passion of starting a new life, yet is experiencing some slowing down symptoms of middle age. With a husband and young children, she's trying desperately to keep it all together. With exercising and dieting not working to regain her previous cheerleader-like shape, she feels tired all day, stressed out, no sleep, and has other common midlife issues as IBS and female sexual dysfunction. Is she suffering from *andropause*? Maggie 2 is in her early forties and just starting to go through menopause—the purgatory of *perimenopause*. On the verge of going on medications for hypertension, diabetes and cholesterol, she knows she needs to get her act going ... now! Not quite ready for the hormonal replacements she desperately desires, she and her supporting husband embark on a difficult journey battling family concerns and addictions. *Menopausal* for a quite a few years, Maggie 3 loved how she felt while taking hormones, but got off them and never went back thanks to the increased rates of dementia and heart disease observed in WHI. Losing her earlier gains and now almost a

diabetic, she wants all the benefits of hormones without taking them directly. What a job is carved out for Dr. Rao. Can they do it, together? Follow all three of these women as they discuss and get solutions for common midlife dilemmas.

As a Board-Certified Family Physician and Fellow, Dr. Chris Rao has been providing personalized medical care on the Treasure Coast of Florida since 1995. With his focus on prevention and wellness, he enjoys building a health care partnership with his patients, helping them to live full and healthy lives at every age. While Dr. Rao addresses a wide range of medical issues within his practice, he is especially interested in prevention and alternative medicine. A widely respected medical expert, he has taught at seminars for physicians around the world, including the National Procedures Institute in Orlando and the Association of Age Management Medicine at Red Rocks in Las Vegas. An avid researcher, Dr. Rao has conducted studies in areas such as hormone replacement therapy, osteoporosis, breast cancer and more. He has also served as a medical expert on television and has hosted a weekly radio show for years. Prior to opening his Treasure Coast practice, Dr. Rao served twice as President of the Martin County Medical Society and was a Clinical Professor for LSU and Tulane Medical Centers. While completing his residency at Florida Hospital in Orlando, he was named Resident of the Year and worked with nearby Disney World in planning the Disney Institute and Celebration Health. Dr. Rao was elected Family Physician and Teacher of the Year by the Louisiana Academy of Family Physicians while still in medical school. He's affectionately known as the *Cajun doc* who plays drums. Having numerous interests outside of medicine—including music, writing and art, he mostly enjoys trying to be a better husband to his wife and father to his two children.

Acknowledgments

Thanks to my patients and fellow age-management doctors that have helped throughout my career.



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I.

Introducing Our Middle Aged Gals, Here are Maggies 1, 2 and 3.

As reflected in the preface, middle age makes up the majority of a woman's life. Undoubtedly, there are many changes and different concerns that will arise. With those, come many questions. The book is set up accordingly: Since a woman is more in tune with conversation, relationships and stories, I present three women call *Maggies*—all in different stages of middle age.¹ You're essentially sitting down with them discussing all of their concerns and health goals. It's more like sharing all your life's stories over a cup of coffee. Each chapter has a topic and offers core, factual information that is then subdivided into historical points, pros and cons of various options, and so forth. The intent is for you to identify with our Maggies and follow along their path of discovering ways to feel more alive and youthful. For your convenience, resources and references are given within the text so you can personalize your reading experience. At the end of every topic, each Maggie with her unique set of problems relates how she's progressed along with any other concerns or comments. We then agree on their best individual approach to obtain optimal health. As you follow their stories throughout the book, you'll get pumped up and start your own path. All of you will benefit.

“Welcome ladies and thanks for volunteering. I'm grateful you came to openly discuss your health concerns and goals in order to help our readers. I asked you three here because you represent the spectrum of mid-life our readers can identify with—early, middle and late middle age. After a brief introduction, we'll identify the common, underlying causes for your concerns and discuss how they are connected. Armed with this knowledge, we'll review the scientific data and your options. After weighing the pros and cons, we'll

1 Why “Maggie”, you ask? In the *MidLife Health Guide for Men*, Middle Aged Guy was named *Mag*. In line with that, Middle Aged Gal is called *Maggie*. **Disclaimer:** the Maggies' photos in this book are not of actual patients; they don't have the histories or suffer from the listed concerns. They modeled for the photos, only. The stories told *are* a combination of real past patients' factual concerns and recoveries.

mutually design a comprehensive plan that's unique to you and your situation. After all, no two women are alike.



“Maggies, I’m grateful to you for disclosing your personal health concerns. You three represent the gambit of midlife and its challenges:

Maggie 1 is *not* menopausal, only *early* middle aged in her thirties, but has valid health issues, IBS, and feels tired.

Maggie 2 is perimenopausal in her early forties, yet has health problems as cholesterol, hypertension, and is confused about her options. She has metabolic syndrome including diabetes, osteopenia, asthma, weight gain, anxiety, smokes and drinks too much alcohol.

Maggie 3 is post-menopausal, proactive, yet feels as if she’s losing earlier gains. Off HRT three years, she doesn’t want to go back on hormones because of all the negative press. Feeling achy, she has signs of metabolic disorders too.

Let’s have you three Maggies tell us your stories in your own words. A brief assessment follows and then we’ll start our journey. Each subsequent chapter in the book addresses a certain aspect of women’s health—diet, exercise, hormones and so on. At each chapter’s end, we will review your progress and mutually design a tailored approach to a healthier you. Midlife is the time get your health in top gear! Are you ready, ladies?!”

A. Maggie 1



“Okay, I’m 32-years-old, married with two young children. I feel blessed for that. But, working part-time from home, I find it very hard to balance all my daily duties. I hardly have any time for myself and I know I’m always putting myself last. Despite being quite physically active and eating right while I was in high school and college, I’ve finally realized I’ve been putting my health last for the past few years and feeling the effects of that. Please help me.

I listed my concerns so I wouldn’t forget:

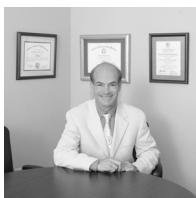
Maggie 1

1. Feeling tired during the day with lack of energy and drive. Overall, I’m just not feeling as great as I once did.
2. Being anxious, yet feeling down much more often than before. I’m yelling more at my husband and children. Afterwards, I feel worse. Some of my friends say this is just a phase of getting older and the stress of staying home. Others say I’m in a rut and should seek help. Even my regular doctor tried prescribing me a few antidepressants, but these only made me feel worse or weirder.
3. Craving for junk food and eating more fast food. I know I shouldn’t; this makes me feel even guiltier. I hide this from my husband; he’s a health nut. I want to set a good example for my kids, too.
4. Gaining weight, especially in the hips and thighs. Losing the definition I had before, I now have flabby arms, thinner face, and

thinner calves. My biggest fear is coming true— in many ways, I *am* starting to become my mother!

5. Feeling less intimate with my husband, I could care less about sex. I'm not sure if that's a reflection of how I feel about me or him ... or us, or just life in general. Regardless, I'm quite fearful about this. We used to have a very wild, crazy sex life and it was a *big* part of our relationship. Man, the way he used to grin so wide when looking at me as I strutted into the bedroom wearing my latest lingerie! He used to brag all the time to his jealous buddies.
6. Not sleeping well. I have a hard time *getting* to sleep with all of my worries and wake up often during the night. Tossing and turning all night, I may take an hour or so to get back to sleep. I wake up feeling quite tired.
7. Feeling a lot more bloated, and constipated than before. I may go three days without a bowel movement. Then, it's just small pellets; occasionally I have loose bowels.
8. Not getting the results of dieting and exercising the way I used to. Before, I could drop the weight easily. Off and on for the past few years, I've eaten less, tried many crash diets and magic pills, and exercised my butt off, yet can't lose *and keep* the pounds off. This has discouraged me from any exercise or diet regimen. Must I simply give up and accept my fatter fate as my diabetic mom suggests? I'm certain my hormones are off, but my doctor says my thyroid is fine and I'm not even close to menopause. I'm feeling more hopeless and helpless than ever.

I guess overall, I may feel *okay* ... just okay at best. My doctor says nothing is wrong; it's all in my head and I just need to accept getting a middle-aged spread—it's in the genes! I'm grateful for that and all I *do* have in life. Yet, for me, I *know* things are off. I used to feel *great*! I want to feel like myself again before it's too late. Help!!”



Dr. Rao responds, “Maggie 1, to summarize your situation, it appears you’re trying to exercise and diet more than ever, yet aren’t getting the results you easily achieved when younger. You feel emotionally and physically tired. Trying everything, and even consulting with multiple doctors, you’ve not been helped much. You now feel somewhat hopeless.

To paraphrase the movie *E.T.*, “You’re not alone.” You may be surprised to find out that many of your concerns are commonly found in middle-aged women. Many *do* have common causes and hence, can be improved. We need to identify these and come up with a lifelong plan that’s going to work and get you feeling better.

Your personal medical history reveals you have enjoyed good health so far. You quit smoking a few years ago, but you’ve recently began drinking more alcohol. Poor rest, lack of energy and the other points presented above are added to your concerns of IBS, allergies, and a childhood history of asthma. Lastly, you relay a positive family history for diabetes, hypertension, and coronary artery disease, too.

As we go through each chapter in this book, we will review your symptoms, findings and recommendations. That way, we can compare and contrast with our other Maggies and discuss the many options available to reach your personal health goals.”

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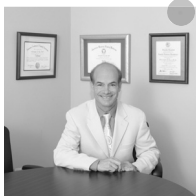
B. Maggie 2



“Well, I’m 44 years old and have been lucky enough to have a very healthy life. Marrying my childhood sweetheart, I have three fully grown children, two are in college. I’ve been active my whole life, playing golf, tennis, and going on many vacations. I’m currently semi-retired, helping my husband run his business. I’ve always believed in supplements, complementary medicine, and eating right. Currently, I’m on the Macrobiotic Diet. Recently, my gynecologist said I’m *perimenopausal*—just starting to go through menopause. Many of my friends are going through much the same thing. I noticed the ones on hormonal replacements are doing much better in many ways. My doctor, though, is against this for fear of increased risks for cardiovascular disease and breast cancer. Instead, she offered to put me on a blood pressure pill, cholesterol pill, sleeping pill, and an antidepressant to help with the hot flashes—these are very disturbing, especially during work. I’ve read many books on biologically identical hormonal replacements, but am still unsure because of all the conflicting news about them. All I know is that for the past four months, my world has become topsy-turvy. I’m an emotional mess at home, at work and at play. My concerns and health “wish list” includes:

Maggie 2

1. Maintaining my healthy lifestyle and to age gracefully, inside *and* out. Reluctantly, I had some plastic surgery done only a few years ago and am now looking like I need it again. I have wrinkles and folds around my lips and finding it tougher to maintain the shape I'm in.
2. Keeping up with my active husband and kids. More energy and strength would be nice. I now get short of breath while exercising.
3. Controlling hot flashes *without* medications. I'd prefer a natural approach. My Naturopath gave me a few things, but they didn't work well.
4. Improving sleep. I wake up soaking wet
5. Maintaining a satisfying sexual relationship with my husband. I've had more vaginal discomfort when having sex lately.
6. Preventing osteoporosis. I know hormones help that. My mother now uses a cane because of a broken hip.
7. Preventing breast cancer, heart attack ... and I definitely wouldn't want a stroke.
8. Stopping smoking. I've gone back after stopping for ten years! Blame it on the stress of menopause, hot flashes, and feeling as if I'm riding an emotional roller coaster. My husband has been quite patient with me, but wants me to quit, too."



Dr. Rao responds, "Okay, then. Reviewing your medical history, there's not much to add. You have many risks and signs of the metabolic syndrome and osteoporosis. Showing signs of starting menopause and having other hormonal imbalances, you also need to drastically improve your lifestyle by doing the proper diet and exercise. Many of the other concerns you listed—osteoporosis, asthma, and preventing a heart attack or stroke are best improved by cutting out the smoking and excessive drinking.

As will be revealed in the hormonal chapter, new research indicates starting hormonal replacement therapy, HRT, in a woman your age doesn't *worsen*,

but may *reduce* your risk for heart disease—the biggest killer of women.² Its number of victims is *ten times* that of breast cancer.³ Counter to what you may believe, breast cancer was *reduced* in younger subjects on estrogen studied in the Women’s Health Initiative Trial.⁴ Users of HRT have less rates of invasive breast cancer.⁵ HRT would also help reduce your risks for the metabolic syndrome.⁶ Having metabolic syndrome greatly increases your risks for heart attack, stroke, cancers, and dementia. Lastly, HRT would also help improve your bone density and body composition.⁷ For elderly women, a hip fracture has an overall worse prognosis than breast cancer.⁸ But there are risks as an increased risk of stroke and a deep venous blood clot, DVT⁹ in your legs. The benefits and risks of HRT will be discussed more in detail in the chapters covering hormonal replacements.”

-
- 2 Rossouw JE, et al, *JAMA*. 2007; 297(13):1565-77. Based on over 27,000 women in the WHI. Manson JE, WHI-CACS, *NEJM* 2007;356:2591-1602.
 - 3 CDC report, www.cdc.org, updated 11/23/2009, accessed 8/2009.
 - 4 Anderson GL, et al. (WHI Steering Committee). Effects of conjugated equine estrogen in postmenopausal women with hysterectomy: the WHI randomized control trial. *JAMA*. 2004;291:1701-1712.
 - 5 Borgquist S. et al, *Int J Cancer* 2007;120:2202-2207
 - 6 Diabetologia 2004;47:1175-87 and 2006; 49:459-68. *Ann. Intern. Med.* 2003;138:1-9.
 - 7 Torgerson DJ, et al. Hormone replacement therapy and prevention of nonvertebral fractures: a meta-analysis of randomized trials. *JAMA*. Jun 13 2001;285 (22):2891-7.
 - 8 Bulstra SK. AGS 2007 Annual Scientific Meeting: Abstract P28. May 2-6, 2007
 - 9 Deep venous thrombosis is NOT to be confused with a blockage in the arteries from a fibro-fatty, cholesterol plaque that can cause a stroke or heart attack. It’s in the venous side of the blood vessels. Nonetheless, these can become loose, embolize and then travel to the lung and cause a pulmonary embolism. Blocking the blood flow through the lung, these often cause sudden death.

C. Maggie 3:



“Well, first of all, where were you when I needed you ten years ago! Only kidding, darling, but now at 52 years old, I can empathize with what the earlier ladies said because I began encountering many of their concerns when younger ... and still have the same ones today, only more severe. I’ve either been to traditional doctors that didn’t give me a good answer or went to naturopaths that gave me a lot of things that really didn’t work. I felt uncomfortable and was scared. Yet, I’ve been working harder than ever when it comes to diet and exercise. I feel like giving up many times, but No Way!!”

“Can you expound on that, please?”

“Certainly. My gynecologist I’ve had for years says I went through menopause about three years ago. The hormones I had taken then helped; however, he took me off of these about a year ago because all of the health risks I read in the news. Since then, I’ve had unbearable night sweats ... heck, even *day* sweats. Over-the-counter items didn’t help much, either. Recently, I’ve been reading a lot more about the hormones. Many recent reports state they may be beneficial in *helping* prevent osteoporosis and dementia—two of my biggest concerns. I still very confused about all this and much prefer natural remedies.

I’m an emotional wreck at times—sad and crying over nothing or getting angry at the drop of a hat—a real proverbial bitch at times. That’s *not* me! My doctor eventually offered me antidepressants. Once reading the side effects,

I absolutely refused. My husband's a doll, though. Oh, how I feel for him at times. Often, I don't know what he sees in me and I'm scared he's going to run away with some perky, young bimbo! I'm ashamed to admit that this behavior spills over onto the kids and grandkids at times. *Little Doodle Bug*, that's what we call our new grandson, will just sigh and say, "G'Ma's just going through a phase."

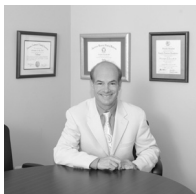
Work helped me stay balanced; I couldn't wait to go in there and get the staff energized. I was a real firecracker. Then, I gradually became bored, slacked off some and even got on many of the girls' cases, even alienating a few of them. Now, I'm retired and frankly bored. I've gained weight and lost the muscle definition in my arms I used to brag about. The gals in the gym used to call me *Madonna Arms*. But no more. Now, they're more like Momma' Kass arms! My health goals ... I would like the following:

Maggie 3

1. Improving my body composition, to get those arms back and lose this weight around my thighs and butt—ten pounds over one year. Also, my mother has osteoporosis *and* arthritis. Am I destined to become like her?
2. Increasing energy level. I want to feel like *me* again.
3. Improving sleep. I have a hard time getting to sleep, and wake up a few times during the night. I find it hard to get back to sleep because of worrying about silly things.
4. Having great sex. In my forties I felt as if I was in my sexual prime. Now, I have less desire to have sex, I guess you could say *libido*, mainly because of how I feel about myself, somewhat less attractive. Vaginal dryness and less lubrication make sex uncomfortable at times. Climaxes are less intense.
5. Improving mood. Also, I'm very concerned about getting dementia; an aunt of mine has this horrible disease. I'm forgetting things more often and finding it harder to multi-task and focus.
6. Avoid taking medications! My primary care doctor shocked me at my last visit. After warning that I have early diabetes, borderline high blood pressure and high cholesterol, she threatened to start me on a number of medications if I didn't improve by our next visit. I'm so leery of all the side effects and afraid these may make me feel even worse. As you know by now, I'm into *natural* remedies. Yet, some of these made me sick and didn't help much at all. Initially reluctant to go back on the hormones, I've recently

read these may actually *decrease* risks for diabetes and heart problems. I felt better on them. Maybe they're worth looking into again?

7. Feeling less achy. In the morning, I feel much stiffer in my back, shoulders, hips and feet. Because of this, I've had to cut back on my running and only do the elliptical machine or stationary bike."



Dr Rao responds, "Many of your concerns are also quite common for *postmenopausal* women, just more advanced than for perimenopausal Maggie 2. These include age-related diseases as the metabolic syndrome which includes hypertension, cholesterol, and diabetes. Additionally, many of the associated body composition changes have taken place: gaining fat mass with declining muscle and bone mass. This is termed *sarcopenic obesity* and leads to the *frailty syndrome*—something you want to avoid.

Some common signs of inflammation have increased like joint stiffness and pain. More concerning, subtle signs of inflammation have worsened as well. For example, inflamed linings and plaques in your blood vessels can lead to heart attack and stroke. Inflamed neurons in the brain can lead to dementia, Parkinson's, multiple sclerosis and more. Inflamed peripheral nerves can cause neuropathy. Inflammatory mediators also increase your risks of metabolic disorders as diabetes and obesity. Adding insult to injury, emotional and cognitive problems are more likely. Lastly, as inflammation increases, the immune system becomes less competent, thereby increasing your risk of serious infections, e.g., pneumonia.

In summary, we should try to identify and isolate the few underlying, or root causes of your complaints. Improving your body composition and lowering inflammation make a lot more sense than merely trying to treat each symptom with another pill or procedure. This approach is most likely to be the safest and most successful."