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## REPORT

**The Science Behind *The Sexy Years***

The New Book by Suzanne Somers

By Edward Rosick, DO, MPH, MS

*Tens of millions of women born during the post-World War II baby boom are now entering their forties and fifties, the time when a woman's body undergoes the significant hormonal changes called menopause. While it seems that menopause is often in the news owing to some new revelation about the adverse effects of estrogen and progestin drugs, many women still do not have a clear picture of what is happening to their bodies as they enter middle age. Knowledge of how the body works, even on a basic level, can empower women to make sensible, positive decisions about their own health care.*



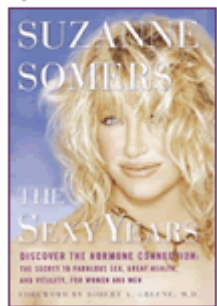
Actress and author Suzanne Somers has written a new book, *The Sexy Years: Discover the Hormone Connection*, on how to not only survive but also prosper from the changes of middle age that affect both women and men. *The Sexy Years* is about more than the potential benefits of bioidentical hormone therapy; it is the story of how one woman overcame a battered childhood, breast cancer, and self-doubt to become one of the most recognizable and popular female icons in America today.

**Overcoming Breast Cancer**

Breast cancer will strike more than 200,000 women this year in the US alone, while claiming over 40,000 lives. As with many other cancers, the incidence of breast cancer continues to increase.

## The Sexy Years

by Suzanne Somers

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Fortunately for Suzanne, her cancer was detected early by the judicious use of ultrasound. Because of prompt detection and early surgery, the chance of her cancer recurring was slim. To further improve the odds against recurrence, her doctors recommended the standard course of postoperative radiation, chemotherapy, and a drug called tamoxifen that blocks estrogen receptor sites. After doing some research, however, Suzanne decided against chemotherapy and tamoxifen:

“The only problem I found . . . was that this drug [tamoxifen] would probably make me depressed . . . plus there was a 40% increased risk of heart attack, stroke, and pulmonary embolism. All this for only a 10% greater chance that the cancer would not reoccur? Didn't sound like very good odds to me.”

Suzanne's doctors wanted her to forgo the bioidentical hormones—estrogen, progesterone, and DHEA—that she was taking to alleviate her menopausal symptoms. While most oncologists dictate that women diagnosed with breast cancer must give up exogenous hormones, Suzanne decided to continue using them. Why? Because she had no desire to again experience the debilitating physical, emotional, and psychological symptoms of menopause.

**Menopause: No Laughing Matter**

In *The Sexy Years*, Suzanne uses scientific explanations and some insightful humor to describe the myriad changes a woman experiences as her levels of estrogen and progesterone fluctuate and plummet. As these all-important hormone levels change, a woman can experience what Suzanne dubs the “Seven Dwarfs of Menopause: Itchy, Bitchy, Sweaty, Sleepy, Bloated, Forgetful, and All-Dried Up.”

While Suzanne's description of the “Seven Dwarfs” may be a bit too whimsical for those of a more scientific bent, these adjectives describe quite accurately the distressing symptoms experienced by women during menopause. Estrogen is produced in a woman's ovaries, body fat, and adrenal glands. Natural estrogen has been shown to promote bone strength, protect heart and brain functioning, and maintain a woman's sex drive. During perimenopause and menopause, fluctuating and decreasing estrogen levels can cause hot flashes, night sweats, mood swings, headaches, and vaginal dryness. Decreasing levels of another hormone, progesterone, can cause irritability, headaches, and anxiety.

**Perils of Synthetic Hormone Replacement**

It is not difficult to conclude that if menopausal symptoms are caused by a lack of estrogen and progesterone, then a woman

could avoid these symptoms by replacing those hormones. Until recently, a significant percentage of women with menopausal symptoms were given the drugs Premarin®, a compound consisting of several different estrogens extracted from horse urine, and Provera®, a synthetically manufactured progesterone-like chemical. It was common practice for women to walk into a doctor's office with menopausal complaints and walk out with the same prescription for Premarin® and Provera®.

In 2002, however, a government-funded study of hormone drug replacement therapy (part of the Women's Health Initiative study) revealed that long-term use of Prempro™ (a combination of Premarin® and Provera®) increased the risk of breast cancer, heart attack, stroke, and blood clots. Because of this study, many mainstream doctors have stopped recommending these types of hormones to women with menopausal symptoms.

As Suzanne relates in *The Sexy Years*, Prempro™ was still in vogue when she was searching for a natural means of relief from her menopausal symptoms. She describes what was, until all too recently, a common occurrence in doctors' offices around the nation:

"I went on to yet another doctor, who came highly recommended. He asked, 'Why do you want to take natural hormones?' I said, 'Because I want to take the hormones I've lost in the aging process, not simply take away the symptoms.' At that, he patted me on the head and said, 'The drug companies know best, dear.'"

### Discovering Bioidentical Hormone Replacement

Fortunately, Suzanne finally did find a physician who was well versed in integrative medicine and natural ways to deal with menopause. Dr. Diana Schwarzbein, a physician in Santa Barbara, CA, set Suzanne on a regimen of bioidentical hormone replacement therapy, with remarkable results:

"The good news was that I started to feel relief immediately. I began to sleep better, the hot flashes subsided, and slowly my sex drive returned. My thinking also got better, and the horrible itch on my legs went away."

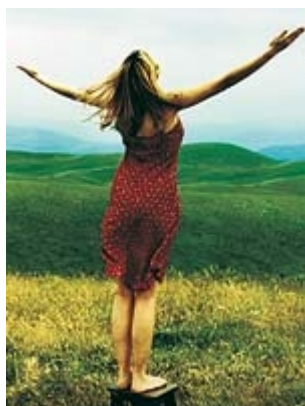
Suzanne's experience with bioidentical hormones is not unique, yet the vast majority of mainstream physicians knows nothing about them. Why? Because most doctors have very little training in endocrinology, and because drug companies can make much more money by manufacturing and promoting their patented hormone drugs. As Suzanne details in her book, the tragedy is that while hormone drugs such as Provera® and Premarin® can eliminate some of the distressing symptoms of menopause, they do nothing to address the body's loss of natural hormones:

"The lost hormones are gone for good. The life-sustaining nutrients supplied by your hormones are absent, and silently you begin to shut down metabolically. Aging and all that comes with it—aches, pains, weight loss or gain, disease, memory loss, and loss of mobility, agility, and libido—begin to set in."

### Switching to Bioidentical Hormones

With the huge success of *The Sexy Years*, many women will undoubtedly be asking their physicians about bioidentical hormone replacement therapy or researching the subject themselves. What they will find is that many mainstream physicians believe that there is no difference between bioidentical hormone replacement and synthetic hormone replacement. The question is, is there a real difference?

I believe that there is a difference. While those in mainstream medicine sometimes argue that Premarin® is a natural hormone because it is made from estrogens excreted in horse urine, is there anything "natural" about women taking horse estrogens? Provera®, which is supposed to replace progesterone, is in fact not even synthetic progesterone; rather, it is a progestin, a manufactured chemical that is unlike the chemical structure of natural progesterone.



Bioidentical hormones are specifically made to have a chemical structure that is identical to that of natural hormones produced by the human body. They are generally made from plant oils (such as diosgenin in Mexican yams) and directly match the structure and function of human hormones. With these facts in hand, it is ludicrous to say that bioidentical hormone replacement therapy and synthetic hormone replacement therapy are the same.

It is true that bioidentical hormone replacement therapy has not been subjected to the rigorous, double-blind, placebo-controlled studies that have been done using synthetic hormone replacement therapy. The studies that have been conducted, however, show the promise of using bioidentical hormone replacement to treat menopausal symptoms.<sup>1</sup> A study that compared bioidentical hormone replacement with conventional hormone replacement showed that bioidentical therapy gave women the same symptomatic relief as conventional hormone replacement therapy. In a 1996 Japanese study that examined the use of bioidentical hormone replacement, specifically estriol, for

osteoporosis, women who used estriol had significantly less bone loss. Natural progesterone has been shown to help alleviate hot flashes in women and have fewer side effects than Provera®.

So how should a woman who is considering bioidentical hormone replacement therapy proceed? According to *The Sexy Years*, she should strictly adhere to four rules:

- Do not take a hormone that is not low or missing
- Take only bioidentical hormones
- Mimic normal physiology as much as possible
- Track the hormone levels and their effects.

By following these rules, women can help alleviate menopausal symptoms. Moreover, as Suzanne states, “balancing hormones [with bioidentical hormone replacement therapy] is our best bet to fight the diseases of aging.”

The first part of *The Sexy Years* concludes with advice on how to find a doctor who is well versed in bioidentical hormone replacement therapy, an interview with a 45-year-old woman who is just beginning bioidentical hormone replacement therapy, and in-depth interviews with Dr. Schwarzbein and Dr. Uzzi Reiss, both of whom are nationally recognized experts in bioidentical hormone replacement therapy.

## REPORT

### The Science Behind *The Sexy Years*

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#### Testosterone and *The Sexy Years*

True to its title, the second part of *The Sexy Years* focuses on sex, and more specifically, on the vitally important role that testosterone—the traditional “male” hormone—plays in maintaining sexual health in women. Although doctors have been aware that women produce testosterone, most mainstream physicians generally thought that testosterone was not important for women. It was assumed that only levels of the “female” hormones—progesterone and estrogen—had any significant impact on a woman’s health and well being. Yet as Suzanne details, a growing body of evidence indicates that testosterone is a very important hormone for women, especially for staying fit and lean, and for maintaining an active sex life.



While some mainstream physicians now believe that testosterone replacement in women who have had oophorectomies (surgical removal of one or both ovaries) can enhance their mood and well being, most still scoff at the idea that testosterone replacement has any use for women with their ovaries intact. Fortunately for women all over the world, physicians such as Drs. Laura Berman and Jennifer Berman, who are interviewed in the *The Sexy Years*, exemplify a new breed of researchers who recognize that the expression of sexuality is just as important for a woman as it is for a man.

Another preeminent researcher in women’s sexual health issues, Dr. Susan Davis, is examining the many ways in which testosterone supplementation can benefit women, whether or not they have had an oophorectomy. At the Jean Hailes Foundation, a not-for-profit organization in Australia devoted to women’s health care issues, Dr. Davis and her colleagues have been studying why and how testosterone is important for women’s overall health. In a detailed report on testosterone replacement therapy in both pre- and postmenopausal women, Dr. Davis demonstrated that in women who are postmenopausal or have had an oophorectomy, the judicious use of testosterone therapy elicited a direct improvement in sexual drive, arousal, and frequency of sexual fantasies.<sup>2</sup>

Groundbreaking research is showing that besides helping women to maintain an active sex life no matter what their age, testosterone may help guard women against breast cancer. A recent study examined the effects of testosterone and tamoxifen on breast cell stimulation.<sup>3</sup> The researchers showed that while breast cells exposed to estrogen showed cancer-like rapid growth, those same cells, when also exposed to testosterone, showed significantly less growth. An even more recent study also found that testosterone significantly inhibits breast cell growth, leading the authors to conclude “. . . androgens [testosterone] may protect against breast cancer. . .”<sup>4</sup>

#### Adding Testosterone to Counter Andropause

At casual glance, one might mistake *The Sexy Years* for a book for women only. In fact, Suzanne delves into the use of bioidentical hormones for male sexual enhancement and longevity. Over three chapters, she explains in clear detail the phenomenon of andropause—the male equivalent of meno-pause—and how testosterone supplementation can help men overcome the problems brought about by this change of life. The book contains a testimonial from Suzanne’s 67-year-old husband, Alan Hamel, about how supplemental testosterone has given him a new lease on life.

As explained in *The Sexy Years*, when men reach their forties, most start noticing some subtle (or perhaps not-so-subtle) physical and emotional changes taking place. The idea of a male equivalent to menopause is still considered a myth by many mainstream medical doctors. They claim that because men do not have a physical signpost (such as the cessation of menstruation seen in women), andropause does not exist.

It must be noted, however, that while women do have this biological point of demarcation in their lives, other changes of menopause take place over a period of several years. In the case of andropause, the majority of physical, mental, and emotional changes are thought to take place over a period of 10-15 years. These changes—which include declines in libido, sexual functioning, muscle mass, and strength, an increase in prostate size leading to benign prostatic hypertrophy, and often fatigue and depression—begin around age 40 for most men.



As in women, testosterone production declines as a man ages. Most anti-aging physicians believe this decline in testosterone level to be a hallmark biochemical signpost of andropause.

Testosterone levels peak in men at approximately the age of 30; by the age of 40, 5% of men are thought have low testosterone levels, and by the age of 70, that figure rises to at least 40-50%.<sup>5</sup>

Fortunately for the tens of millions of male baby boomers who are entering andropause, multiple studies show the positive effects of supplemental testosterone in combating the symptoms of andropause.

As Suzanne's husband Alan relates in *The Sexy Years*, supplemental testosterone can help andropausal men regain their vitality and zest for life. In multiple studies, testosterone supplementation has been shown to improve libido and erectile capability.<sup>6-8</sup> In other studies, supplemental testosterone has been shown to alleviate other andropausal symptoms such as depression, loss of energy, and increased LDL, which are often markers of heart disease.<sup>9,10</sup> Testosterone supplementation can also help reverse the potentially devastating effects of muscle loss (sarcopenia) and osteoporosis often seen in older men. Supplemental testosterone has been shown to increase bone mass of the lumbar spine in elderly men.<sup>11</sup> And a study done in 1995 showed that when given to six men aged 64-69 who had low testosterone, supplemental testosterone caused a measurable increase in skeletal muscle protein synthesis along with an increase in muscular strength.<sup>12</sup>

### The Breast Cancer Dilemma

*The Sexy Years* presents valid arguments for using bioidentical hormone replacement therapy to combat menopausal and andropausal symptoms as well as aging itself. While the book offers compelling reasons for women—especially those suffering from significant menopausal symptoms—to use bioidentical hormones, some questions remain unanswered concerning hormone replacement therapy in relation to breast cancer.

Many much-publicized studies link synthetic hormone replacement therapy to an increased risk of developing breast cancer.<sup>13,14</sup> Researchers also know that estrogen has proliferative effects on breast cells. As a result, most physicians will not prescribe hormone replacement therapy to women who, like Suzanne, have been diagnosed with breast cancer, for fear that the exogenous estrogen would cause any cancer cells still remaining in the body to proliferate and metastasize. Researchers also point to the fact that women who have had breast cancer and take aromatase inhibitors, which reduce estrogen biosynthesis in the body, show a decreased risk of breast cancer recurrence.

As is the case in so many areas of medicine, the relationship between hormone replacement and breast cancer recurrence is not as clear as might seem at first glance. Those who advocate bioidentical hormone replacement—even for women like Suzanne who have had breast cancer—point to other studies that have found no statistically increased risk of cancer recurrence in women who had breast cancer and then took hormone replacement therapy.<sup>15</sup> Couple this with the dearth of studies at any level on the relationship between bioidentical hormone replacement therapy and breast cancer, and it is easy to see why this issue is likely to remain unresolved for some time to come.



### Timely Book, Timely Subject

*The Sexy Years* is a superbly written book by an intelligent, informed woman who has taken control of her health in order to live life to the fullest. It clearly describes how both women and men can use bioidentical hormone replacement therapy to combat the many signs and symptoms of aging. Suzanne's use of physician interviews gives the book an authoritative air to bolster its claims, and her discussions with women of different ages and backgrounds who are starting, going through, or have finished menopause gives the book an intimate touch.

In addition to its in-depth examination of bioidentical hormone replacement, the book details the importance of using supplements, including antioxidants, coenzyme Q10, and omega-3 fatty acids, to maintain optimal health. Suzanne also speaks to the vital importance of keeping a healthy psychological outlook on aging, which she encapsulates quite wonderfully in just a few sentences:

“As we approach middle age, we gain a whole new perspective on who we are in the world. We may not be the youngest, hottest babes in the room anymore, but what we have lost in this area we have gained in wisdom and confidence. . . once you figure this out, you'll start having more fun than ever

before.”

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