

Prof. Meningaud's Anti-Aging Program

Scientifically proven techniques to increase your
Immunity, Energy, Longevity, and Appearance

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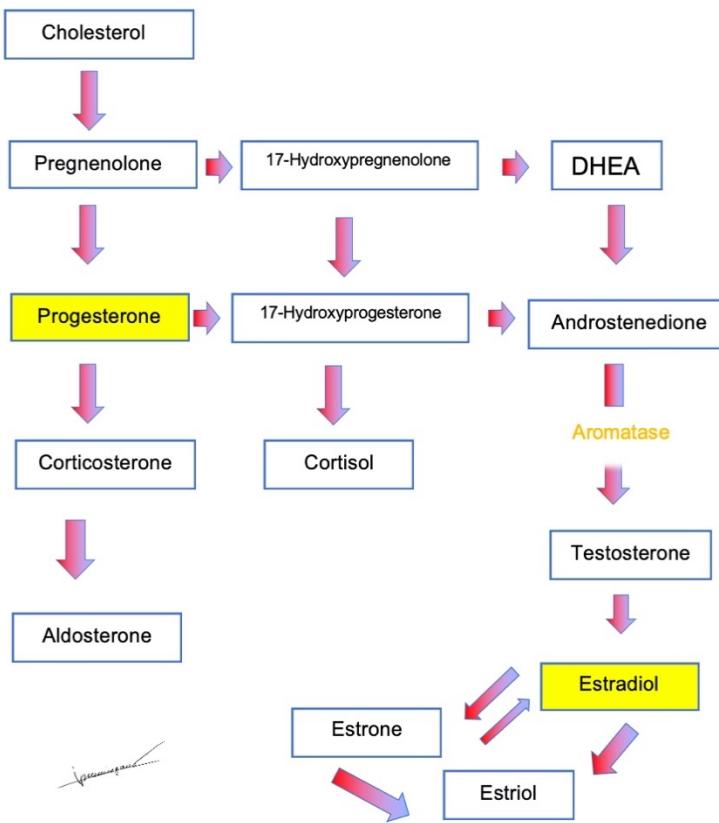
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3.9.3 Hormone Replacement Therapy (HRT) for women

In the years following menopause, progesterone and estrogen deficiency can lead to:

- Dryness of the skin and all of the mucous membranes (vaginal, ocular, oral).
- Bald spots, thinning and more brittle hair, sometimes following similarities with male-pattern hair loss at the crown and temples.
- Rapid weight gain linked to a decrease in basal metabolic rate.
- Minor psychological disorders: depression, anxiety, emotional disorders, fatigue, insomnia and decreased libido due to estrogen deficiency.
- Hot flashes, especially at night with sweating frequently associated.
- Accelerated loss of bone density, ultimately leading to osteoporosis.
- A change in the microbiota leading to a change in intestinal transit with increased constipation.
- An increased cardiovascular risk.
- Numerous changes in skin. In the course of my surgical consultations, I have noticed a 25% decrease in the thickness of the facial skin in the five years following menopause. There is an acceleration in the appearance of fine lines and wrinkles, especially around the upper lip. It is also observed that the deficiency in progesterone and estrogen is associated with difficulties in scarring, also relevant in plastic surgery practice. Estrogens, in particular, are known to have significant antioxidant activity to counteract oxidative stress and inflammation in chronic wounds, which facilitates the healing and microcirculation of the skin.



Flowchart: Steroid Hormones and HRT

The Women's Health Initiative (WHI) study. Until the 2000s, Hormone Replacement Therapy (HRT) was widely prescribed in the Western world, particularly to prevent osteoporosis and to treat its most disabling symptoms. However, in 2002, an important study was published which cast doubt on the risks of this treatment⁵⁶⁷. It highlights the lack of HRT benefit in

⁵⁶⁷ Rossouw JE et al. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results From the Women's Health Initiative randomized controlled trial. JAMA. 2002;288(3):321-333.

terms of cardiovascular disease and an increased risk of breast cancer, venous thrombosis, pulmonary embolism and stroke, outweighing the benefit of a lower rate of hip fractures. Several criticisms have been made of this study, of which I'll summarize the three main ones. 1/ First of all, the hormones given to the patients were not bio-identical. That is, the estrogens were of animal origin (mare) and the progesterone was synthetic (medroxyprogesterone acetate), which is different from natural progesterone. This treatment is different from the classical treatment administered today with bio-identical hormones: estradiol and progesterone. Estrogens of equine origin correspond to a mixture that contains estrone, an estrogen that appears to be associated with increased health risks when synthesized in the fat of postmenopausal women. 2/ Next, the average age was 63, with an extreme at 79. This is a bit late to start hormone substitution treatment, as many of the consequences of menopause are already largely settled. 3/ Finally, the treatment was given orally, requiring higher doses to counteract metabolism by the liver. At present, estrogens are given more readily by the cutaneous route, through creams applied to the skin. The North American Menopause Society (NAMS) stated in 2017 that many factors may play a role in the association with breast cancer, including the various types of estrogens and progestins, their formulations, doses, prescription periods, the time following menopause when treatment is started, and patient history of cancer and cardiovascular disease, excess weight, physical activity, smoking and alcohol.

Recent studies. A study published in 2012 comparing synthetic estradiol (bio-identical) and a progestin against a placebo in recently postmenopausal women (less than 2 years) and a follow-up for 10 years, showed a decrease in the risk of mortality, especially cardiovascular, and no increase in the risk

of cancer, stroke or embolism⁵⁶⁸. A meta-analysis published in 2019 concluded that HRT was associated with a decreased risk of lung cancer⁵⁶⁹. Another, also in 2019, concluded a decreased incidence of colon cancer.⁵⁷⁰ A study published in 2018 is quite intriguing, since it involves patients with genetic risk factors and it concluded that there was no increased risk of breast cancer⁵⁷¹. These were patients with the BRCA1 or BRCA2 mutation who had undergone HRT after breast cancer risk-reduction surgery. This meta-analysis is important because it concludes that there is no risk from HRT, whereas the patients had a higher risk of breast cancer independently. Of course, the conclusions must be qualified by considering that they had undergone risk reduction surgery. A meta-analysis published in 2015, based only on Korean women, also failed to show an association between HRT and increased breast cancer risk⁵⁷². This study is interesting because it includes homogenous national data to which the international scientific community does not have easy access.

Contraindications for HRT. In the absence of further studies, it seems prudent to avoid HRT in cases of a personal or family history of breast cancer. In the case of metabolic syndrome, it must be corrected beforehand, especially weight and insulin

⁵⁶⁸ Schierbeck LL et al. Effect of hormone replacement therapy on cardiovascular events in recently postmenopausal women: randomised trial. BMJ. 2012;345:e6409.

⁵⁶⁹ Jin C et al. Hormone replacement therapy and lung cancer risk in women: a meta-analysis of cohort studies: Hormone replacement therapy and lung cancer risk. Medicine (Baltimore). 2019;98(51):e17532.

⁵⁷⁰ Jang YC et al. Association of hormone replacement therapy with mortality in colorectal cancer survivor: a systematic review and meta-analysis. BMC Cancer. 2019;19(1):1199.

⁵⁷¹ Marchetti C et al. Hormone replacement therapy after prophylactic risk-reducing salpingo-oophorectomy and breast cancer risk in BRCA1 and BRCA2 mutation carriers: A meta-analysis. Crit Rev Oncol Hematol. 2018;132:111-115.

⁵⁷² Bae JM et al. Hormone Replacement Therapy and Risk of Breast Cancer in Korean Women: A Quantitative Systematic Review. J Prev Med Public Health. 2015;48(5):225-230.

resistance. Smoking should be considered a contraindication, as well as an unbalanced cardiovascular disease. Estrogens can have a paradoxical effect on buildup inside artery walls: while preventing new atheromatous plaques, they can displace existing ones, with a risk of heart attacks. For this reason, extreme caution should be recommended when initiating HRT beyond 5 years after menopause. Finally, there is endometriosis, which can be aggravated by HRT.

The safest way. Treatments should be begun within two years of menopause. Bioidentical hormones should be used for estradiol and progesterone, with topical skin creams in small doses (one pump) for estrogens, and with a 5-day interruption per month. In fact, it is important to be as close as possible to what nature does and to work toward the hormone levels of a 40-year-old woman (not a 20-year-old woman), not to mention aberrant levels that some may be tempted to aim for. Regular gynecological follow-up is absolutely essential and the prescription must be regularly re-evaluated based not only on the patient's clinical examination, but also on the evolution of the scientific literature on the subject. Estrogens should be taken in the morning because they are energizing, while progesterone should be taken in the evening, as it is slightly sedative (some authors consider it to be a sort of "feminine valium"). A suggestion from an aesthetic doctor: after spreading the cream on the body, finish by wiping your fingers on your upper lip, which has the effect of reducing the incidence of small wrinkles on the lip contour. However, the entire dose should never be applied to the face, as the absorption is much too high at this level. Progesterone must be given orally, otherwise skin enzymes rapidly convert it into DHEA and either estrogen or testosterone (see the flow chart above). Finally, certain dietary and lifestyle rules are fundamental, as detailed in the chapter "The Seven Deadly Sins", such as weight control, smoking and alcohol. In addition,

we know that physical exercise "burns" estrogen, so while it is highly recommended, it should not be excessive.

The future. Scientific output on the subject seems to be accelerating and we will probably soon have more detailed answers to help individualize HRT. In this field, genetic profiling is an interesting tool. For example, it is known that there are genetic polymorphisms that will influence aromatase activity (such as CYP19) and have a negative effect on estrogen levels and, therefore, the risk of breast cancer. There are others such as COMPT that will have an effect on estrogen detoxification. These cannot all be listed here, but it is already possible to identify fairly advanced risk profiles.

Points to remember

- HRT has very positive effects on the health of menopausal women under certain conditions: respecting any contraindications, using small doses of bio-identical hormones, interruption of treatment for 5 days a month, following dietary and lifestyle rules and, above all, regular and strict follow-up by a gynecologist.

This book is intended for those who are seeking to regain control of their bodies by taking a comprehensive approach that addresses health and longevity as well as rejuvenation and beauty enhancement. Too often these areas are treated separately, even though they influence one another. Taking them into account together creates an overall effect that is greater than the sum of the expected effects in each area. This is called synergy, and my goal is to help you achieve it for yourself. This book offers a complete program that is designed to make a difference in the quality of one's health and well-being, in just a few weeks. It provides scientifically proven advice to increase your life expectancy, immunity and energy, and takes stock of the most effective techniques in addressing one's appearance. All recommendations are based on clinical studies and are offered in a progression from the simplest and most proven advice to the most sophisticated and safest techniques. This book provides an exhaustive review of the healthiest anti-aging approaches to diet, food supplements, hormones, anti-aging medications, sports, meditation, lifestyle, medical techniques, and surgical operations.

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