

Weight Gain and HRT

Question:

I am an active baby boomer who tries to stay in good shape - I walk A lot, I go to aerobics twice a week, I inline skate in summer and curl twice week in the winter. I try to eat healthy but I am finding it nearly impossible to lose that excess fat around my waist. My question is does taking hormonal drugs, i.e. Premarin and Prometrium have any effect on trying to lose weight. I have tried several times to get completely off the drugs, and although I am only taking half the dosage that I originally took, I cannot bear the hot flashes and night sweats without the drugs. I personally believe that I would be better off the drugs but I don't know if it would then be any easier to drop the abdominal fat.

Thank you
C.A.

Dear C.,

Your letter has raised a number of very pertinent questions that every woman who is approaching menopause should be aware of.

First of all, we know that the negative conclusions reached by the Women's Health Initiative study¹ led to 50% of women being removed from or voluntarily stopping their hormone replacement therapy. The negative findings were suggestive of an increased risk of heart disease, strokes, breast cancer and dementia

However, in later reviews and critiques of the study, many researchers have reversed some of their earlier conclusions and suggest that women become informed as to the many helpful benefits of hormone replacement therapy, beyond just the symptomatic treatment of hot flushes and night sweats. In the Journal Fertility and Sterility Dec 2005, the authors critiqued the study design and proposed two major reasons as to why the original authors of the study reached the conclusions that they did.² They criticized the use of continuous combined estrogen/progestin or estrogen alone as a standard regime to an aging women population with little previous hormonal treatment, who because of their age, were naturally predisposed to cardiovascular and cerebrovascular disease. They also criticize the use of continuous synthetic progestin (Provera) which is known to have significant side effects and has been linked to increasing rates of breast cancer. There are now over 60 published studies indicating that estrogen can be safely given to women with a history of breast cancer. The hormone estrogen when prescribed alone (and not in combination with the synthetic progestin-Provera), has not been found to be harmful in any study to date. The hormone combination (Prempro) was to blame and more specifically, the Provera.

¹ JAMA. 2002;288(3) 321-333

² Fert Steril. 2005 Dec; 84 (6): 1589 -601

Because of premature termination of hormone replacement therapy, many women are being exposed to increased risks of osteoporosis and hip fractures, colon cancer and increased risks of heart disease, strokes and breast cancer. In the field of anti – aging medicine, we have been warning patients of the detrimental effects of the synthetic hormones and have strongly suggested that women use bio-identical hormones instead. Restoring ones hormones to youthful levels seems highly appropriate and is supported by the scientific literature. It is strongly encouraged that you begin to use hormones as soon as possible after menopause and that you check with your doctor that you have no personal or family history risk factors for hormone replacement therapy before beginning your regime.

With this in mind C., I would stronger suggest that you continue your hormone replacement therapy , but switch to bio- identical hormones and be sure to reach therapeutic levels. If your doctor prescribes hormones to merely relieve hot flushes and night sweats, and does not reach therapeutic levels with your hormones, you will not be protected against the deterioration of your bones, brain and your cardiovascular system. As well, your risk of colon cancer will increase.

With regards to the weight issue, it is well established that Provera (synthetic progesterone) can lead to significant weight gain. Sometimes physicians use synthetic progestin (Provera) in cancer patients with severe wasting to increase their appetite and reverse a condition known as cachexia.³ I suggest that you switch to bio- identical progesterone (Prometrium is a reasonable choice but I prefer sublingual slow release progesterone obtainable from a compounding pharmacy) and see if this makes any difference.

I suggest that you also check your levels of estradiol. If the level is too high, this can lead to weight gain (suggested level between 186-367 pmol/l). I also suggest that you get your blood level taken approximately six hours after your last estrogen dose so as to reflect the “steady state’ level in your blood stream.

In a study published by the Oregon Health and Science University, scientists observed a group of 46 women pre and post menopausal women and reached the conclusion that the drop in estrogen levels commonly associated with menopause is linked to an increase in the stress hormone cortisol. Cortisol is strongly linked to an increase in abdominal obesity. It was found that if the women received therapeutic levels of estrogen, cortisol went down and there was a reduction in visceral fat.

Also, as we age, we lose muscle mass with a corresponding decline in the metabolic rate. As a result, many perimenopausal and menopausal women who continue to eat the same amount of food that they did when they were younger, find that with decreasing energy expenditure, they gain weight that is difficulty to lose. See if the gym closest to you has a bio-impedance machine that can measure the percentage of muscle mass you have, and ask them to track it over time.

³ Sem Oncol 1991: 18:35-42

Most weight gain in perimenopause and menopause is usually secondary to an increase in appetite. It is well known that all hormones can increase appetite significantly. Another clue is if it is rapid weight gain, it is due to fluid retention and a brief use of a diuretic may be helpful. If your weight gain is gradual, it is likely due to increase in appetite.

Hormones, as we know have no caloric value. In fact, in a study in 1999⁴, the authors concluded that not only does hormone replacement therapy prevent weight gain, but favored weight loss by significantly increasing the break down of fat after 3 months of treatment. It also favorably influenced the insulin/blood sugar response, plasma cholesterol and energy expenditure.

In another study published in 2004⁵ the authors found that hormone replacement therapy in postmenopausal women (and testosterone replacement therapy in older men) appeared to reduce the degree of central obesity.

So, in summary C., I suggest that you:

- 1) Continue your hormone replacement therapy (but find a doctor who knows how to prescribe bioidentical hormones in therapeutic doses),**
- 2) Eat a low glycemic Paleolithic type diet with a decrease in the total daily dose of calories consumed.**
- 3) Increase the amount of hot, spicy, bitter foods that you consume, as it has been shown in studies of Ayurvedic medicine that these tastes increase ones metabolism. Concurrently, decrease your consumption of sweet, sour and salty foods as these tastes have been shown to increase weight gain.**
- 4) Exercise 5 days a week with an exercise regime that includes significant muscle strengthening with large muscle groups (i.e. legs) to increase your metabolic rate.**
- 5) Be sure to get a good nights sleep as this naturally increases your levels of growth hormone, which has also been linked to weight reduction.**

-Dr. Bruce Hoffman

⁴ Maturitas 1999 Aug 16; 32(3);147 -53

⁵ Obesity Review 2004 Nov; 5 (4);197 -216