

Hormone Replacement Therapy in the Geriatric Patient: Current State of the Evidence and Questions for the Future. Estrogen, Progesterone, Testosterone, and Thyroid Hormone Augmentation in Geriatric Clinical Practice: Part 1

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- Hormone replacement
- Estrogen
- Progesterone
- Testosterone
- Thyroid hormone
- Bioidentical hormones

Geriatric medicine historically has been the domain of sick, frail, old, and aging populations of patients. Therapies for aging patients focus primarily on prolonging life, often at very high emotional and financial cost with little focus on the quality of life the patient experiences. As the proportion of aging people continues to rise, reducing the burden of age-related conditions becomes increasingly important in geriatric care. In addition, as the life expectancy of the population increases, years of disability follow unless comprehensive prevention and treatment of age-related diseases and frailty are addressed.

With the transition of the baby boomers into the geriatric population, a significant movement away from the disease-centric model and toward prevention and wellness maintenance and enhancement is taking place. The goal of this article is to present an up-to-date review of the literature on hormone augmentation in the elderly to help primary care physicians better evaluate and utilize hormone replacement and optimization strategies to benefit their patients. The scientific literature suggests that hormone supplementation with estrogen, progesterone, testosterone, growth hormone, and

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thyroid hormone has the potential to improve quality of life and to prevent, or reverse, the many symptoms and conditions associated with aging, including fatigue, depression, weight gain, frailty, osteoporosis, loss of libido, and heart disease. Much hesitation surrounds the possible long-term side effects of hormone therapies, including the potential increased risk of cancers. When attempting to find the ideal balance for the individual patient, physicians should be concerned not only with improving their patients' life spans, but also their health spans—the duration of time a person experiences a high-quality, vigorous, and enjoyable life. Toward that end, this article hopes to help clarify the often confusing area of anti-aging medicine. We believe, if properly examined, the literature in this area can provide much help and support to the aging patient.

ESTROGEN AND PROGESTERONE

By the year 2025, there will be 1.1 billion women older than the age of 50 in the world.¹ The magnitude and significance of this number must be addressed from the perspective of the primary care practitioner who is now faced with an exploding number of aging women seeking to maintain, and even improve, their health. In these authors' opinions, women who are menopausal and postmenopausal should no longer accept a pat on the back and an antidepressant as a best therapy for postmenopausal symptoms often caused by aging and its attendant loss of hormones. We as physicians need to expand our knowledge and expertise to be able to provide aging women with safe and effective approaches to aging—to provide them with sound information to help them make the best decisions for their individual situation.

The Women's Health Initiative

The widely accepted "gold standard" information on estrogen and progestogens in menopausal women stems overwhelmingly from the Women's Health Initiative (WHI).² This large-scale (>16,000 women) placebo-controlled study that started in 1991 evaluated the long-term effects of conjugated equine estrogens alone or in conjunction with medroxyprogesterone acetate (MPA) versus placebo. The study aimed to prove that Premarin (brand name for conjugated equine estrogens) and Provera (brand name for medroxyprogesterone acetate) would protect aging women from heart disease (the number one killer of menopausal and postmenopausal women), osteoporosis, and Alzheimer's disease.

The study was planned for 8.5 years but was abruptly halted 3 years before its projected termination in July of 2002 owing to a significant increase in statistical relative risk of breast cancer (1.4), myocardial infarctions, and cerebrovascular accident in the group taking active hormones.² The abrupt termination of the study was a very public affair, resulting in discontinuation of hormone replacement therapy (HRT) in millions of women by physicians who became fearful of using any type of hormone therapy. Due consideration was given to potential harm to the patient, possible legal ramifications, and general lack of educational support for continuation of hormone therapies in general.

The results of the study have been reviewed and reevaluated over more than 10 years. A major criticism has been that the women in the study were, on average, more than 10 years post-menopause, averaging 63 years of age at the initiation of therapy, which is usually considered old for women to start on hormone replacement, and had preexisting conditions that negatively affected outcome.³ As recently as October 2010, further analysis of the WHI study determined that long-term (11 years) use of

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