NEWSLETTER
January 2019

Dear ‘patient’

It has nearly been one year since my last newsletter which is not good enough. I do apologise because I should be in contact every six months to give you an update of what is happening in the HRT world.

Last week there were some articles in the newspapers suggesting that some HRT preparations are safer than others. In particular it was singled out that oral oestrogens being associated with a slight increase of heart attacks, and deep vein thrombosis. This risk has been known for many years whether it is HRT for the menopause or the birth control pill for younger women because oral oestrogens pass through the liver where they are metabolised with the releases of hepatic coagulation factors which elevated the risk of thrombosis. Transdermal hormones do not have this effect and do not have this risk. I am sure that none of my patients reading this newsletter will ever have been prescribed oral oestrogens by me or my colleagues and that you are all having transdermal oestrogens whether in the form of gels, implants or occasionally patches.

Twenty-five years ago I founded, together with Dr Alan Dixon, the National Osteoporosis Society which has done such good work. In February this year its status will be elevated to the Royal Osteoporosis Society and we must thank our patron the Duchess of Cornwall for being such a great supporter of this cause. However, things are not so straightforward because it has essentially been taken over by bone physicians who are nervous about hormone therapy even though they would regard themselves as endocrinologists! The NOS literature on

osteoporosis will stress the importance of bisphosphonates (without mentioning their awful side-effects) and Strontium which similar bad side-effects or parathormone an eighteen-month course at enormous expense. But down on the list there is a paragraph on HRT which is associated with the risk of breast cancer, strokes and heart attacks. Given this false information any woman would choose an alternative to HRT. Happily, those risks are untrue but are the product of the totally flawed 2004 Women's Health Initiative which used the wrong patients, the wrong age group, using the wrong hormones, the wrong dose administered in the wrong route. As I have mentioned in previous newsletters the authors of this NIH funded work costing one billion dollars and still counting have mostly disassociated themselves with the conclusions. Several are lecturing all over the world apologising for their part in this academic scandal and the damaging effect that it has had on millions of women. In this study they used oral not transdermal oestrogens, the patients were obese, hypertensive, diabetic, and the conclusions revealed at a press conference before many of the co-authors had even seen the finished paper and certainly many days before we were able to read it in scientific journals and analyses the data and conclusions.

The NOS has just had their three-day international conference with not one lecture on hormones. Nor was there a single company that makes hormones in the exhibition room. The program consisted of life-style choices, exercise, weight bearing exercises, prevention of falling and of course a discussion of every non-hormone medication available. This is so disappointing as the most effective and safest way to treat and prevent osteoporosis is to give many years of transdermal oestrogens which also will have a beneficial effect upon mood, on sleep, libido with a decrease in heart attacks, stroke probably Alzheimer's and yes, no increase in breast cancer. I have been fighting this fight for all of twenty-five years but there is still a long way to go before physicians who fear HRT recognise that this is the safest and most effective way of preventing

osteoporosis and treating low bone density. This is regardless of age. Young women with premature menopause or anorexia usually have low bone density and need this therapy. Women at the time of the menopause, if found to have low bone density, need this therapy and certainly women over the age of sixty-five, with demonstrable low bone density by bone density scans, need transdermal oestrogens for many, many years. We have dozens of patients in their eighties and the oldest is a spritely ninety-five-year-old who travels from foreign lands to see us for her six-monthly implant of oestradiol and testosterone.

Apart from the obvious value for menopausal symptoms and low bone density the place in the treatment of various "psychiatric" problems needs further study before more women are messed up with inappropriate antidepressant or anti-psychotic medication. The role of oestrogens, testosterone and progesterone in the causation of menopausal, postnatal and premenopausal depression are recognised by all - even psychiatrists but they have not taken the next logical step of treatment by hormones. This is the next huge challenge. Currently virtually all psychiatrists use antidepressants for these conditions, changing or adding different medication with rarely any benefit but they produce weight gain and loss of libido which only adds to the despair. The cyclical depression, anxiety and headaches of PMS or PMDD are often misdiagnosed as bipolar disorder with personality problems. These are almost invariably cured with transdermal oestrogen gels or implants but the psychiatric option is for antidepressants, lithium or worse ECT. It is one of the medical scandals of the age as psychiatrists will not consider treating depression in women with oestrogen, bone physicians and rheumatologists will not treat osteopenia and osteoporosis with oestrogens, neurologists do not treat cyclical menstrual migraine with oestrogens, sleep experts aware that hot flushes night sweats and panic attacks are treatable with oestrogens are effective for these symptoms fail to progress to solving the problem with HRT.

Perhaps we need the help of articulate "celebs" who can deliver this message to the neglected victims of this ignorance. I have Carol Vorderman's permission to briefly tell her story which she has told herself many times on TV and radio. After a happy life and successful career she fell apart with profound depression at the age of 55. By then it had been a problem for 6 months. Before that she was well with no hint of depression - now she had suicidal thoughts. She started transdermal estradiol and the depression vanished after 2 days and hasn't returned during the 3 years of oestrogen and testosterone therapy. She never wants to stop. Now she is determined to inform the public who can then approach their GPs with the story and evidence from my web site and suggest - no demand - that the doctor at least considers the use of transdermal oestrogen rather than the easy but usually ineffective prescription of antidepressants.

Over the last 30 years I have created a unique clinic which specialises in studying the value of hormone therapy particularly oestrogen, testosterone and progesterone. This relates of course to the menopause and the massive problem of osteoporotic fractures in all the women as well as the use of these hormones in the frequent problems of depression, anxiety, insomnia and loss of libido which is so common in women in this age group. This interest has been supported by a great deal of original research when I was at Kings College Hospital and Chelsea and Westminster hospital. Details of this research can be found on my website. This website contains information which can be printed off and given to your general practitioner and your psychiatrist (but they won't listen).

I have been fortunate to have the support in the clinic of two of my former research fellows: Michael Savvas who is now the senior consultant at Kings College Hospital and Neale Watson who is a senior gynaecologist at Hillingdon Hospital. They are experts and very well informed about the effects of hormones in the causation of the problems in women and equally

knowledgable about the best way of correcting these disorders. They have been a great help to me over the last three years in the practice and are becoming very popular with patients. I will probably reduce my work to two day's work a week but it is time for me to move on and spend more time writing and fighting shrinks. I will always be contactable and frequently in Wimpole St but please stick around with my two partners if I am not always available because you will find no better advice on hormone therapy anywhere in the country.

With best wishes
John STUDD, DSc, MD, FRCOG
Professor of Gynaecology