



## Women's Hormone Center of Northern Virginia, PC.

Donna G. Hurlock, M.D.

Gynecologist, NAMS Certified Menopause Practitioner

### **Letter to the Washington Post requesting that their writers be more careful and accurate.**

Donna Hurlock, MD  
Certified Menopause Clinician  
205 S. Whiting Street, Suite 303  
Alexandria, VA 22304  
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Editor, Health Section  
Washington Post  
1150 15th Street NW  
Washington, DC20071

Dear Sirs,

The article in the Health Section on Sept 20, 2005 about Hormone Replacement Therapy contains a number of inaccuracies that should be addressed. If Ms. Boodman had actually done her homework before writing this article it perhaps would not be so misleading. She starts by claiming "For decades, despite little evidence of their safety and effectiveness, post-menopausal hormones have been used to stave off the ravages that accompany age." If she had actually searched the hormone literature, she would have found about 1,000 articles that have been published over the years that show that HRT, the way it is normally prescribed, is both safe and effective. If she had read Barrett-Connor's recent article in Menopause she would have learned that women who take HRT the longest end up with the healthiest blood vessels. If she had bothered to interview some actual leaders in the field of menopausal medicine, including DC's own Jim Simon, MD who was the past president of the North American Menopause Society, she would have learned such things as the fact that in the famous first half of the WHI study, the death rate in the hormone group was actually lower than that in the placebo group. Somehow that little detail was brushed under the rug when the supposed "results" were presented to the public. She would also have learned that the WHI study actually did not even allow freshly menopausal women with moderate symptoms to participate, (that little detail was hidden in a relatively obscure journal published in 1998) and that the group that was studied started with significant risk factors for vascular disease that would make prevention of heart disease very difficult (50% were smokers, most were fat, 40% already hypertensive, 8% already diabetic, some age 79 at the onset, etc.)

Then if she had actually read the second half of the study that she's discussing (published in JAMA in April, 2004, mysteriously not covered in the press), she would have found that the women in that half of the study who were under 60 years of age at the onset of the study ended up with 44% less heart disease and 27% less death than those who were on placebo. She would also have noticed a 23% overall REDUCTION in breast cancer incidence in the hormone group that was almost significant. (The study was mysteriously halted 1 year early, which effectively prevented this difference, which was getting larger every year, from reaching significance.)

If she had bothered to search the dementia literature she would have found a dozen or so good studies that show that women who start taking HRT at the onset of menopause have massive reductions in rates of dementia later in life. Of course this effect was not seen in the WHI because they purposefully included only women over age 65 in their dementia study. Timing is important and for some unknown reason the WHI group simply ignored that fact, or perhaps used it to their sponsors' advantage.

Further, if she had found the 2001 article by Bush et al that summarized the past 25 years of literature on estrogen and breast cancer, she would find very little support to the notion that estrogen is a carcinogen. Bush also did a study looking at which articles about estrogen were actually covered in the media and found massive bias to publish only anti-estrogen articles. Ms. Boodman's current article, of course would fit nicely into that group.

Finally, if the author had searched the financial status of the ringleaders of the WHI, she would have found that many of them are recipients of grant money from large drug companies that actually profit when women's bodies wither, as they indeed do when estrogen is lost. (Bone loss at a rate of 2-3% per year, 20% loss of skin thickness in the first 5 years, etc.) So guess what boys, choosing not to treat menopause is actually good for Wall Street.

So I hope that the next article that Ms Boodman writes about this topic is a little better researched. Of course it would also help if my fellow physicians who have blindly accepted all this anti-estrogen hype would actually read those WHI findings instead of believing the "conclusions" that are being fed to us by the leaders of the WHI and the FDA. If it were testosterone, not estrogen that gets universally lost at age 50, do you think there would be this much "controversy" about whether or not it should be replaced? Think about it.

Donna Hurlock, MD