

# MEDIA KIT

## *The Estrogen Errors: Why Progesterone is Better for Women's Health*

*"Estrogen Errors* is, quite simply, the truth! Jerilynn Prior has done women a huge service by uncovering the real truth about estrogen and the hidden secrets of progesterone! A must read for anyone concerned about women's health."

Christiane Northrup MD

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## New Book Reveals Truth About Women's Hormones

Vancouver, Canada— **Dr. Christiane Northrup** calls it a “a must read for everyone concerned with women’s health.” The book is *The Estrogen Errors: Why Progesterone is Better for Women’s Health*. Northrup commends it for “uncovering the real truths about estrogen and the hidden secrets of progesterone.”

*Estrogen Errors* - written by **Dr. Jerilynn C. Prior**, pioneering endocrinologist and professor of Medicine at the University of British Columbia, and **Susan Baxter, PhD**, a medical writer and social scientist - is a book aimed at empowering women to get to know their hormones and their bodies better.

For women wondering why they are waking with night sweats when they are too young for menopause or who are trying to sort through the conflicting advice on hormone therapy when study after study points to increased risks increase of breast cancer, strokes and blood clots - this book sets the record straight.

Challenging the notion that medicine is scientific and objective, *Estrogen Errors* exposes how medical attitudes towards menopause, estrogen and hormone therapy are entwined in long-standing cultural stereotypes about women - and the profit motives of drug companies.

In straightforward language it explains the intricate interplay between estrogen and progesterone throughout a women's cycle and life. Debunking the myth that menopause is an “estrogen deficiency disease” requiring hormone “replacement” therapy, Dr Prior states, “the symptoms that women may experience during perimenopause are the result of an *imbalance* between estrogen and progesterone with estrogen levels high and fluctuating and progesterone levels declining. Progesterone is effective therapy for hot flushes/night sweats.”

In addition, the authors examine the vital role hormones play in other “aging” diseases associated with menopause including cardiovascular disease, osteoporosis and breast cancer and the way that testing and technologies like mammograms may be harming women’s health.

According to Baxter “entrenched medical and cultural beliefs that promote the use of estrogen contradict clinical evidence, endanger women’s health and obstruct the use of more effective safer treatments. There is a clear link between current medical guidelines for hormone therapy and pharmaceutical companies.”

This, she says, is “a symptom of a wider issue where we have blind faith in medical experts who tell us to have mammograms, have our lipids and glucose levels checked, check our blood pressure—all of which have no positive impact on health.”

This book gives the reader the information they need to talk to their doctor and evaluate “expert” advice and includes a practical how-to-guide at the end of the book entitled, “Understanding/Surviving and Thriving in Perimenopause.”

And perhaps most importantly the book invites women to look at menopause as a natural and desirable time in their life. At time, according to Dr Prior, when nature “gives women a break from the demands of a monthly menstrual cycle and fluctuating hormones enabling her to become creative and generative whole new ways.”

**Susan Baxter, PhD**, is a medical writer and social scientist with more than 20 years experience writing about medical controversies. Her previous books include *Immune Power* and *Evaluation in the Health Care Sector*. She is a peer reviewer for articles on clinical decision-making and policy for the *Canadian Medical Association Journal*. She has written extensively for physicians (*Family Practice, Medical Post*) as well as the lay public (*Psychology Today, Health Watch, etc.*) She is based in Vancouver, Canada and her website is: <http://susanbaxter.ca>

**Dr. Jerilynn C. Prior, MD** is a Professor of Medicine, Endocrinology at the University of British Columbia (Vancouver, Canada). She is the founder and Scientific Director of the Centre for Menstrual Cycle and Ovulation Research (CeMCOR) and has published 100 peer-reviewed scientific articles in medical journals including *The New England Journal of Medicine* and *the Lancet*. Prior is invited as a Visiting Lecturer at institutions across Canada and the US (including the New York Academy of Sciences and Harvard School of Public Health) as well as internationally. She is author of the award-winning book (Correction June 25, 2009: an award finalist book), *Estrogen’s Storm Season—Stories of Perimenopause* (CeMCOR, 2005, Vancouver, Canada). The CEMCOR website is: <http://www.cemcor.ubc.ca/>

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*The Estrogen Errors: Why Progesterone is Better for Women's Health*

*A new book by Jerilynn Prior, MD and Susan Baxter, PhD*

**Inside this book:**

- The authors of *Estrogen Errors* question the anti-aging rhetoric surrounding the “treatment” of menopause and debunk the myth of estrogen as the fountain of youth - or that more drugs or tests or mammograms can keep you healthy.
- The book is a rallying call for women to learn to look at their bodies at midlife and at the medical system in a whole different way. It challenges the current medical orthodoxy that views menopause and aging as an “estrogen deficiency disease” and reveals how women’s health is being put at risk because of a pervasive misconception about the role of estrogen as the quintessential “female” hormone.
- Dr. Prior’s groundbreaking research in women’s health shows the vital role of the *other* female hormone—progesterone—in balancing the effects of estrogen and maintaining bone, heart and breast health. Health - according to Dr. Prior - is not about replacing what is *missing* but about *balancing* these two essential hormones.
- Perimenopause (the five or more years leading up to menopause) is a time that may involve wild hormonal fluctuations with sky-high levels of estrogen and large imbalances between estrogen and progesterone with too-low progesterone levels.
- Challenging the notion that medicine is scientific and objective, the book exposes how medical attitudes towards menopause, estrogen and hormone therapy are entwined in long-standing cultural stereotypes about women - and the profit motives of drug companies. At a time when estrogen levels are already too high in the body the – why are doctors prescribing more estrogen for women?
- The book calls for a reframing of menopause as a normal and desirable time in a woman’s life: a time when the body, in its wisdom, gives women a break from the demands of a monthly menstrual cycle and fluctuating hormones. By conserving energy that would have previously gone into producing reproductive hormones - the body enables women, in mid life, to tap into a source of energy that can lead to being creative and generative whole new ways
- Women themselves are more and more dissatisfied with the status quo and are beginning shift how they look at midlife. The authors of *Estrogen Errors* believe that this is bound to result in a consumer-led transformation in health care—informed by the collective wisdom of the now 2.5 million between 45 and 54 in Canada

## THE ESTROGEN ERRORS FACT SHEET

### Hormones & Hormone "Replacement" Therapy (HRT or HT)

**Perimenopause:** the period of time before and for a year after the final menstrual period during which ovarian hormonal patterns, experiences and sociocultural roles change. The average age at which irregular cycles develop is approximately age 47. Perimenopause probably begins several years before that in women with regular cycles whose ovaries are making higher amounts of estrogen and tending to make lower amounts of progesterone. Like menopause, this is a normal part of a woman's life cycle.

**Menopause:** defined when a year has passed since the final menstrual period. The average age of menopause in western countries is approximately 51. Low levels of both estrogen and progesterone are normal after menopause.

**"Hormone replacement therapy" (HRT) or Hormone Therapy (HT) Therapy:** terms used for estrogen or estrogen plus progesterone/progestin therapy for perimenopausal and menopausal women. These hormones are available in oral formulations, injections, vaginal creams and transdermal (patch, gel, cream) forms.

**Estrogen:** the name for a family of hormones including estradiol, estrone and estriol, an important group of hormones essential for normal women's maturation and the healthy functioning of reproductive and other tissues. During the reproductive years in women estrogens are primarily made in the ovaries. High levels are associated with nausea, breast tenderness, insulin resistance and fluid retention.

**Conjugated equine estrogens:** a pill form of estrogen created from the urine of pregnant horses with the brand name Premarin that contains a mixture of unique horse estrogens and predominantly estrone, a common type of estrogen.

**Progesterone:** an important ovarian hormone produced by the ovaries following ovulation during the menstrual cycle. Progesterone rises 1400 percent over a week from the midcycle to its peak during the luteal phase. It acts on specific receptors in every tissue in the body in which estrogen acts. Its primary job is to cause differentiation (maturation) and to stop the proliferation (growth) caused by estrogen.

**Progestin:** a group of synthetic drugs created to resemble progesterone. The most common form in North America is medroxyprogesterone.

**Bioidentical hormone therapy** refers to the treatment of symptoms of perimenopause or menopause using hormones that are molecularly identical to the natural hormones found in the human body.

Bioidentical forms of estrogen include estrone, estradiol and estriol and are available from a compounding pharmacy. Manufactured estradiol products are also available and include Estraderm, Estradot and Climara (skin patches), Estrogel (topical gel), and Estring (low dose in a vaginal ring). Bioidentical progesterone may be compounded by a specialty pharmacy. It is also available as the manufactured products Prometrium (oral capsule).

## THE ESTROGEN ERRORS FACT SHEET

### 20<sup>th</sup> Century History of Estrogen and Hormone “Replacement” Therapy

Menopause has been characterized as an estrogen deficiency disease for nearly a century—hence the term Hormone “Replacement” Therapy.

Estrogen has been peddled as the quintessential feminine hormone and the “fountain” of youth.

In 1929, the book *The Female Sex Hormone* identified estrogen as the female sex hormone.

In 1966, the book *Feminine Forever*, written by gynaecologist Robert Wilson, resulted in marketing the idea that menopause is an estrogen deficiency disease that can be cured by prescribing estrogen supplements.

In his book, the result of a collaboration with pharmaceutical companies manufacturing hormone for menopause, Wilson claimed that elimination of menopause was “perhaps the most important technical advance by which women may equip themselves for an enduringly feminine role in modern life.”

Since the 1960’s, estrogen has been considered the gold standard for treating symptoms associated with menopause.

In the 1990’s, the American Heart Association, the American College of Physicians, and the American College of Obstetricians and Gynaecologists concluded that the beneficial effects of HT were sufficiently well established that it could be recommended to women as a means of warding off heart disease and osteoporosis.

In 2001, in the *Journal of the American Medical Association (JAMA)*;285:1508-1509) researchers stated: “In women, estrogen and the lack of it are linked to many disorders of aging.”

By 2002, six million American women were on the hormone combination, either for relief of menopausal symptoms or to prevent heart disease and osteoporosis.

August 5 2009: New York Times states that, “Newly unveiled court documents show that ghostwriters paid by a pharmaceutical company (Wyeth) played a major role in producing 26 scientific papers backing the use of hormone replacement therapy in women, suggesting that the level of hidden industry influence on medical literature is broader than previously known.”

According to the Kaiser Family Foundation, a non-profit research group, 46 million prescriptions worth \$1 billion were written for Premarin in 2000, making it the second-most-prescribed drug in the U.S.

This year the largest demographic from the “baby boomer” generation turns 50. In Canada, there are now 2.5 million women between 45 and 54. (National Post)

## THE ESTROGEN ERRORS FACT SHEET

### Risks of Hormone Therapy

In 1991, the Women's Health Initiative (WHI) was launched to test ET and HT. The study followed 16,600 women between the age of 50 and 79: half randomized to placebo and half to standard HT

The U.S. National Institutes of Health (NIH) stopped the study in July, 2002--three years early-- because of health risks to women using HT.

The study found that the overall risks of HT outweighed the benefits. The researchers determined that long-term use of HT significantly increased risk of:

- Breast cancer (+24%)
- Heart disease
- Heart attack (+29%)
- Stroke (+41%)
- Blood clots (200%)
- Urinary incontinence and gall bladder surgery.
- Prevention of hip and other fractures and colon cancer

HT also increases the breast density of many women, making breast abnormalities harder to detect in mammograms.

The NIH stopped the second Women's Health Initiative ET study in February, 2004; that study included women who had had hysterectomies and took only estrogen. This study showed increased risk of:

- Stroke (similar to HT results)
- Blood clots (similar)
- Urinary incontinence
- Prevention of hip and other fractures.

**The Million Women Study** was a national observational study of women's health in the UK, involving more than one million UK women aged 50 and over, between 1996 and 2001.

Follow-up of over 1 million women confirmed findings from other studies that women currently using HT are more likely to develop breast cancer than those who are not using HT. Results of the study also show a small increase in risk of ovarian cancer in women taking ET.

**Subsequent studies show:**

**Increased risk of breast cancer**

April 2007, the *New England Journal of Medicine* added to the evidence that HT raises the risk of breast cancer with a study showing rates of the disease falling nine percent from

2001 to 2004. According to lead author Dr. Peter Ravdin, rates of breast cancer levelled off in 2004 after falling in 2003, the year after millions of women stopped taking hormones due to the 2002 study.

February 2009, the *New England Journal of Medicine*: Breast Cancer Decreases after use of HT. This study shows that breast cancer rates decrease once HT has been stopped.

### **Increased risk of ovarian cancer**

July 2009, a study released in the [Journal of the American Medical Association](#) showed that women taking postmenopausal hormone therapy have a higher risk of developing ovarian cancer. The research, also showed that the risk remains higher up to two years after these women stop hormone therapy.

In Canada, ovarian cancer has an 80 per cent mortality rate.  
About 1,700 women die annually.

### **Increased risk of lung cancer**

May 2009, in *Clinical Oncology*, a study released found that HT in postmenopausal women increases the risk for death from non-small-cell lung cancer (NSCLC).



## THE ESTROGEN ERRORS FACT SHEET

### Current Guidelines for Hormone Therapy

North American Menopause Society 2008 position statement states:

- ET with or without the use of progestin is the most effective treatment for menopause related vasomotor symptoms (hot flashes & night sweats) and their potential consequence
- The primary menopause related indications for progestin use is to negate risk of endometrial cancer from ET
- Some women using EPT may experience undesirable side effects from the *progestin* component.
- Recent data support the initiation of HT around the time of menopause.
- Both EPT and ET should definitely be considered when menopause symptoms interfere with a woman's quality of life. *Nothing works as well as hormone therapy* to relieve moderate to severe hot flashes, night sweats, and the ensuing sleep disturbances. For these symptoms, prescription systemic HT in the form of pills, skin patches, topical preparations, or a vaginal ring is recommended.

Regarding their position on bioidentical compounded hormones:

"Amidst the confusion surrounding the use of custom-compounded bioidentical hormone therapy for treatment of menopause-related symptoms such as hot flashes, The North American Menopause Society (NAMS) confirms its support of the US Food and Drug Administration (FDA) and other scientific organizations that have warned women about the potential harm from these products."

### Canadian guidelines

The Society of Obstetricians and Gynaecologists of Canada (SOGC) commissioned an updated review of research on menopause and osteoporosis guidelines that appeared in the January 2009 issue of the group's journal, which states:

- Short-term hormone therapy for menopause is safe
- HRT remains the most effective treatment for symptoms of menopause and should be used under the following three conditions:
  - If a woman is experiencing early menopause (before age 45).
  - If hot flashes interfere with sleep.
  - For the treatment of osteoporosis, especially in women with hot flashes.

In the March 2009 Canadian Medical Association Journal (CMAJ) Dr Barbara Mintzes, assistant professor at the University of British Columbia's Anesthesiology, Pharmacology and Therapeutics Department. Studies in Vancouver, British Columbia states,

*"Doctors and patients should also be mindful of the Society's (SOGC) potential conflict of interest, as it takes money from drug companies while recommending hormone therapy."* In addition there is *"evidence of a link between the advice provided in guidelines and sponsorship of the guidelines to financial links of individual guideline authors."*

## THE ESTROGEN ERRORS REVIEWS

"Jerilynn Prior can always be trusted to go beyond the surface to what is really happening in women's bodies. She is a true champion in women's health. This book will help you finally understand your body and hormones."

**Susan Love MD**, President of the Dr Susan Love Research Foundation and author of Dr Susan Love's Breast Book

"In this provocative book, Jerilynn Prior and Susan Baxter raise many key questions that women's health researchers and clinicians have failed to ask or investigate. They are especially effective in deconstructing prevailing myths about "too little estrogen" during the peri-menopause."

**Judy Norsigian**, Executive Director, Our Bodies Ourselves

"Estrogen Errors tells the story of efforts to set the record straight about how healthy ovulatory menstruation - with its ebb and flow of estrogen *and progesterone* - protects our hearts, breasts and bones and details with sound scientific evidence the implications of this knowledge for women's health. It is also a call to action for women to become body literate. We owe it to ourselves and our daughters to understand and appreciate our bodies if we want to make conscious, informed decisions about our health throughout our reproductive lives - from menarche through to menopause and beyond."

**Laura Wershler**, Executive Director, Sexual Health Access Alberta

"Estrogen Errors" is, quite simply, the truth! Jerilynn Prior has done women a huge service by uncovering the real truth about estrogen and the hidden secrets of progesterone! A must read for anyone concerned about women's health."

**Christiane Northrup MD**, author of *The Secret Pleasures of Menopause*, *The Wisdom of Menopause*, *Women's Bodies*, *Women's Wisdom*, and *Mother-Daughter Wisdom*.

## Jerilynn C. Prior Biography

JERILYNN C. PRIOR, MD is Professor of Medicine, Division of Endocrinology, at the University of British Columbia. She is Founder and Scientific Director of the Centre for Menstrual Cycle and Ovulation Research, and has authored research published in journals including The New England Journal of Medicine and the Journal of the American Medical Association. Prior is a Diplomate of the American Board of Internal Medicine, and a Fellow of the Royal College of Physicians and Surgeons, of Canada.

As a clinician and researcher, she has treated thousands of women. Prior has been Visiting Lecturer across Canada and the United States at schools including the New York Academy of Sciences, Harvard School of Public Health, and Albert Einstein Medical School. In 1985, Prior won a Nobel Peace Prize for her work with Physicians for the Prevention of Nuclear War.

Widely sought as a speaker for professional and lay audiences, she is the author of the award-winning book [\*Estrogen's Storm Season: Stories of Perimenopause\*](#), an informative book about perimenopause.

Dr. Prior has been singing with the Vancouver Bach Choir for 30 years, walks and kayaks for relaxation and health and loves to read. Her daughter is a high school English teacher in Vancouver and a singer. Her son also lives and works in the Vancouver area. In 2008 she became a proud grandmother.

## Susan Baxter Biography

SUSAN BAXTER is a medical writer and social scientist with more than 20 years experience writing on controversial medical topics. She teaches part-time at Simon Fraser University. Her articles have appeared in publications including Chatelaine, Family Practice, Medical Post, HealthWatch, Lifeline, and Easy Living

Baxter's eclectic areas of interest have taken her from humour to hemodialysis; chaos to cardiac disease; jokes to gender studies. She began writing after finishing her undergraduate degree at Simon Fraser University and a brief stint working at CBC-TV. After a short-lived career as a standup comic she moved to writing for television and then print, where she's stayed ever since.

In her spare time Baxter likes to read mystery novels, listen to jazz and ride slow trains. She lives in Vancouver with her husband, physician Robert Hewko and two opinionated cats.