00:00:00:00 - 00:00:23:14
Dr. Barbieri
Hormones are very, very powerful molecules. They change, especially the sex hormones. They change throughout the menstrual cycle. They definitely change during very different hormonal transitions. And it's just really fascinating to learn about them, how they function and how do they literally affect our everyday health.

00:00:23:16 - 00:00:44:13
Dr. Stone
Hi, I'm Joanne Stone. I'm the chair of the department of ObGyn here at the Icahn School of Medicine at Mount Sinai. Welcome to our very first episode of HERology, which is a conversation podcast talking all everything about women's health. So I want to introduce, our co-host today. Doctor Anna Barbieri.

00:00:44:14 - 00:01:01:05
Dr. Barbieri
I'm Anna Barbieri. I am a board certified ob gyn physician and integrative medicine physician. And, I love hormones. Hormones is what I truly love in medicine. I actually love all of medicine. I love women's health specifically. So, I'll be sharing some of.

00:01:01:05 - 00:01:01:25
Dr. Stone
This.

00:01:01:27 - 00:01:03:13
Dr. Barbieri
With you and the audience.

00:01:03:16 - 00:01:05:05
Dr. Stone
And Doctor Leslie Shaw.

00:01:05:08 - 00:01:28:00
Dr. Shaw
Thanks, Joanna. And it's really an honor for me to be here with you all today. I, I couldn't think of two other people that I'd rather be here with. And I direct the Blavatnik Institute, which is a research institute. We focus on women's health across the lifespan. And so we actually and I don't think we love hormones, but we track them and we track the stages of, of a woman's life.

00:01:28:00 - 00:01:30:07
Dr. Shaw
And we think that's really important.

00:01:30:09 - 00:01:53:14
Dr. Stone
Well, it's it's so great and it's wonderful to have somebody that's such amazing research scientist that's going to help us delve into understanding how hormones affect, like cardiac disease and life and such an amazing Julianne who knows everything there is about hormones and who,

by the way, and is my personal doctor, I have to say. So, I am a, high risk obstetrician.

00:01:53:14 - 00:02:04:06
Dr. Stone
So, hormones are involved with everything, you know, obviously pregnancy. But maybe we can just start off by just telling everybody what is a hormone. How would you define hormone?

00:02:04:08 - 00:02:21:01
Dr. Barbieri
Sure. So, actually, you know, thinking back to medical school, so interesting because we kind of learned about hormones, but I really don't remember spending much time learning about women's hormones specifically. So let's start just going back to the basics and talking about what a hormone is.

00:02:21:02 - 00:02:24:17
Dr. Stone
Did we learn anything about women's health and medical school?

00:02:24:19 - 00:02:45:22
Dr. Barbieri
That somebody you know what I do. That's an aside. I do a lot of midlife women's health and back then. And this has not changed. I just read the statistic literally last week. We still spent about one hour over four years of medical education on menopause. Okay, we have to change that. So one of these we'll be covering that here in probably more than one episode.

00:02:45:22 - 00:03:14:01
Dr. Barbieri
So we'll everybody will get more than what medical students get typically, but I digress. Let's go back to what a hormone is. So basically a hormone is a substance or a molecule that's made in one part of the body, but it can affect a lot of different body systems. And humans have many, many hormones. I mean melatonin, cortisol, insulin, of course, our hormones and women's health.

00:03:14:04 - 00:03:37:05
Dr. Barbieri
A lot of people tend to think of hormones as our sex hormones. So, for example, the main sex hormones in women are estrogen and progesterone. But we also have testosterone. Some people don't realize that women have about one tenth of testosterone that men have, but testosterone is an essential hormone. And there is a few other, sex hormones kind of under this umbrella, also of androgens.

00:03:37:05 - 00:04:02:01
Dr. Barbieri
But hormones are very, very powerful molecules. They change, especially the sex hormones. They change throughout the menstrual cycle. They definitely change during very different hormonal transitions that many women go through puberty, pregnancy, menopause and so on. And it's just

really fascinating to learn about them, how they function and how they literally affect our everyday health.

00:04:02:03 - 00:04:18:03
Dr. Stone
It's amazing. And it's true. I mean, hormones are released into the bloodstream, right? And can be targeted to different, organ systems. So I guess we think of it just targeting our ovaries or our uterus, but it targets other things, right? I mean, the brain, the heart.

00:04:18:06 - 00:04:41:25
Dr. Shaw
Yeah. I mean, in in the fat depots, as we all probably know. And why pressure and, anything you can think of, you know, I think particularly the menopausal transition throughout a woman's life, it's very noticeable how the loss of endogenous estrogen can impact, weight gain. It can impact insulin resistance, or perhaps the onset of diabetes.

00:04:41:27 - 00:05:06:04
Dr. Shaw
It can impact blood pressure and increase the incidence of hypertension. We go on and on and on. Estrogen in the brain, the loss of endogenous estrogen can cause cognitive issues. I mean, it's it's really pervasive. And so it's really shocking that the ten years of, of a woman's life that she spends, you know, getting into menopause is covered in an hour.

00:05:06:08 - 00:05:15:20
Dr. Shaw
I certainly find that hard to believe that you can cover what happened to me during those ten years in an hour and is that's incredible.

00:05:15:20 - 00:05:38:15
Dr. Barbieri
While it's, you know, I think when I graduated medical school, I knew more about how to, you know, describe the clotting cascade, which is how our blood clots with all those different, you know, factors that have all those Roman numerals. Then what happened to half the population? As long as we made it into that age? It's it's pretty wild to think that it's.

00:05:38:18 - 00:05:57:29
Dr. Stone
It's totally wild. And what's wild also is it goes beyond, I think, just our education. I mean, growing up, I remember my mother like lying in bed. I don't know, she must have been having hot sweats just like that. And and my father was just like, oh, she's okay. She's just like going through something like, like nobody talked about it.

00:05:57:29 - 00:06:04:28
Dr. Stone
Like the the menopause word just didn't exist. I mean, you know, I don't know if that was your experience, but certainly.

00:06:05:04 - 00:06:19:25
Dr. Barbieri

I thought my mother was just crazy. But I was 26. She was 50. And, you know, now that I have two daughters who are, you know, in their late teens or early 20s, I, I would not be surprised if they thought the same thing of me. So I don't know how much has changed.

00:06:19:26 - 00:06:48:25
Dr. Stone
Yeah. Yeah, I think it has. The conversation though has changed. Right? I mean, we you know, we talk a lot about, now I think there's a lot of people talking about menopause. Finally, it's becoming sort of like the hot topic to talk about. But I think, you know, which is great, but I think people need to understand quite a bit more and understand some of the myths about, hormone replacement therapy and what we can actually do to treat to treat it.

00:06:49:02 - 00:06:53:16
Dr. Stone
I know we're supposed to be talking about hormones, but I feel like that this is an important topic, right?

00:06:53:19 - 00:07:17:24
Dr. Shaw
Yeah I agree. Yeah. You know, I think that I think a lot of what is pushing us now within the, clinical community, the medical community is our patients who want to know why do I have brain fog? Why? You know, why am I getting this, thing around my waist? You know, that's it's getting bigger and bigger every year when I feel like I'm eating the same things.

00:07:17:24 - 00:07:42:19
Dr. Shaw
I mean, they they are demanding answers. And we as as Anna said, we don't have a clinical community that is really that knowledgeable. And so it's really important. And I think menopausal hormone therapy is a great example how the clinical community is living. 30 years ago. You know, it's really it's not kept up with the science. It's not kept up with the evidence.

00:07:42:19 - 00:07:59:06
Dr. Shaw
And that's why it's so important to seek out high quality physicians like both of you and really get the real answers to, how menopausal hormone therapy has its very, very positive, impacts on a woman's health.

00:07:59:08 - 00:08:23:16
Dr. Stone
Yeah. Well, here at HERology, we're going to be breaking down a lot of the myths, talking about a lot of the conditions mean menopause is one of them, but covering so many different topics. But I want to go back to something that before we started this podcast, and I had mentioned that she had a patient, Leslie, you mentioned you talked to somebody who was 50 and said they didn't want to take hormones because it would give them cancer.

00:08:23:19 - 00:08:46:16

Dr. Stone
And I think this all stemmed from research study that was done many years ago and that, that really was not well done. Maybe you can speak a little bit to that and why there's such a difference now between giving hormone therapy safely, as opposed to what the, what people heard the wrong information they heard years ago.

00:08:46:17 - 00:09:09:14
Dr. Barbieri
Sure. You know, I think, Joanne, you're referencing the Women's Health Initiative that was published in 2022. And it was such a landmark study. And when it came out, I think many of us in the specifically in the women's health and ObGyn community, remember even where we were, because overnight it changed practice patterns. I was, still a resident.

00:09:09:14 - 00:09:38:21
Dr. Barbieri
I was not labor and delivery. It was 20, 2002. I'm sorry. Yeah, I was 2002. Yeah. It's a long time ago. I was a resident, a long time ago. So it was 2002. And I remember I was and it was such a such a shocking conclusion that literally changed things overnight. So just to describe the study, this is a very large randomized controlled trial, which is really the gold standard of medical evidence and how we decide whether a therapy is worth it, whether it works or not.

00:09:38:24 - 00:10:02:29
Dr. Barbieri
And what this trial aimed to do was actually test the theory that using hormone therapy and menopause reduced cardiovascular risk. So what happened is that many, many women were enrolled across many institutions, and a group of them was given both estrogen and a progestin in a certain form and a type of hormone therapy that's really not used very frequently anymore.

00:10:02:29 - 00:10:34:13
Dr. Barbieri
It was a combination oral, therapy of synthetic hormones. The estrogen was called prismarine, and there was a progestogen called MPX and another group of women who did not have a uterus, because of the previous hysterectomy, they just received the estrogenic part. And then the study was stopped prematurely because it was noted that the women in the group who received both had an higher than anticipated incidence of diagnosis of breast cancer.

00:10:34:15 - 00:11:03:23
Dr. Barbieri
And this was published actually, the the media published it before proper peer review was done. And all we needed was just an overnight headline that hormones caused breast cancer. And that led to essentially an overnight 80% reduction in hormone therapy prescriptions. And white said fear set in both among women. But also among physicians and practitioners, because I can't prescribe it in case just in case somebody gets breast cancer.

00:11:03:23 - 00:11:23:27
Dr. Barbieri
What if it really does that? What if it's not related but someone please blames me? Plus, hormones are difficult to talk about. It's a big topic in our current medical system. We could run a whole different series of, you know, podcast sessions on this. People get ten 15 minutes per visit. It's difficult to cover the nuances of hormone therapy.

00:11:24:00 - 00:11:50:27
Dr. Barbieri
So what that study did is really resulted in a 20 plus year consequence of both women being afraid of hormones and providers being afraid of hormones. Now, we do have more data that has come out, and I think the conversation is really changing around this topic, driven a lot by women and the public themselves. I look at it as this massive kind of grassroots organizing, which is great.

00:11:51:04 - 00:12:18:04
Dr. Barbieri
And I do think it's about time for the medical providers and the medical establishment to get behind it, because we do have better data now, we do know more about what hormones may be more optimal, when to start them. And certainly menopause hormone therapy is being used more and more frequently now, but we still need to do a lot more in terms of education and the provision of the right regimens, hormone therapy for menopause.

00:12:18:04 - 00:12:50:07
Dr. Barbieri
And by the way, a lot of people say HRT, HRT is being rebranded to HRT or MD. Certainly, you know, the proper terminology now is menopause hormone therapy to differentiate it from true hormone replacement therapy that we would use, for example, for somebody in premature menopause and restore their hormones completely to a premenopausal level. Think for, you know, for this podcast, if HRT slips out of our mouth, most of the time we mean really MHC or anyone else also hormone therapy.

00:12:50:09 - 00:13:14:01
Dr. Barbieri
You know, it's an intervention like any other one. So I do think it's so important to have a conversation with each patient about where they are in their perimenopausal or menopausal journey, what symptoms they have, what is their totality or their health look like, and what they can expect out of the use of menopause hormone therapy in their case.

00:13:14:07 - 00:13:28:09
Dr. Barbieri
And that covers risks, that covers benefits, that cover side effects. To me, it's no different than talking about any other medication or scheduling somebody for surgery. It has to be a nuanced, well discussed and individual decision.

00:13:28:16 - 00:13:46:17
Dr. Stone

So I want I want to really great point. I wanted to bring it back to something that you mentioned before. We talked a little about testosterone, right? That, you know, one, the things we didn't I don't think I learned that, you know, that we make testosterone, you know, or always make testosterone. And, of course, at much lower levels and men do.

00:13:46:18 - 00:14:13:06
Dr. Stone
So, testosterone is being used for some women who have, you know, libido issues, some sexual not not libido issues because they hate the husband or partner or whatever. But, you know, who truly have an issue with it. And it's being used, to, to help supplement that and improve their, sexual life. Really, sexual health. But it's not replacement, right?

00:14:13:06 - 00:14:19:13
Dr. Stone
It's not to replace it to physiologic levels. Is that correct?

00:14:19:16 - 00:14:43:01
Dr. Barbieri
Almost. You know, when we do replace testosterone. And just to be clear, maybe we'll go back and talk a little bit about what happens to testosterone, because the patterns of changing testosterone levels are a little bit different from the patterns of estrogen and progesterone. Testosterone basically peaks in our early 20s. And then it's kind of steadily goes down.

00:14:43:03 - 00:15:11:05
Dr. Barbieri
And while we know the range of testosterone for premenopausal women, it's actually very difficult to find in the literature what the normal level is for somebody who is 55. And we never measure it before. This is this is part of kind of my interest in advocacy. I actually think we should have an idea of what someone's hormonal picture looks like when they are completely premenopausal, when they are feeling well before they start the process.

00:15:11:05 - 00:15:33:20
Dr. Barbieri
So if it comes to, kind of targeting, especially with testosterone, an optimal level for that individual, we know where we're going. But typically testosterone is used and it's just consistent with all the guidelines for treatment of hyperactive, sexual desire disorder, which is low libido. And of course, you know, with all libido, this is such a big topic.

00:15:33:27 - 00:15:59:20
Dr. Barbieri
Testosterone is not going to fix a toxic relationship. Testosterone is not going to fix somebody's overworked schedule when that has to do with it. But it can definitely be used for that and can be used quite safely. So, we use it quite a bit. And, and I think, we should expand both

awareness and education of providers, how to use it safely and lobby for more research.

00:15:59:20 - 00:16:17:17
Dr. Barbieri
Right. Currently there is no FDA approved, testosterone for women. There is more than ten products that are available for men. So we actually used male products adjusted for female dosing. But this something hopefully, you know, we'll see some changes over the next few years.

00:16:17:18 - 00:16:34:29
Dr. Shaw
Do you prescribe, I mean, because there are some lifestyle things which will increase testosterone, I don't think substantially, actually. Another part of the research is I don't know, but, eating certain, foods will increase testosterone. Strength training will increase, exercise will increase. Do you do also.

00:16:35:01 - 00:16:58:16
Dr. Barbieri
Including, I think lifestyle in general is just massively important when it comes to hormonal health. And I don't think we can separate those two. Your lifestyle will impact your hormones. Your hormones will impact what you perceive your kind of general wellness to be. They go hand in hand. The same is true for testosterone. Some activities may improve testosterone somewhat.

00:16:58:18 - 00:17:12:02
Dr. Barbieri
Strength training, for example, adequate protein intake. There are certain botanicals that are touted as interest in testosterone increase years. I don't know if that's a word. Probably not.

00:17:12:02 - 00:17:12:15
Dr. Shaw
A new word.

00:17:12:15 - 00:17:13:18
Dr. Barbieri
But,

00:17:13:20 - 00:17:14:08
Dr. Stone
We'll take it.

00:17:14:13 - 00:17:39:06
Dr. Barbieri
Yes, you heard it here first. Yeah. They are not that great. And they can have a lot of interactions, both with medications that can have impact on your liver function tests. I tend to not recommend supplements for testosterone. Increase. But yes, strength training, and protein intake are going to be the two sort of big factors there.

00:17:39:06 - 00:17:59:16

Dr. Shaw
You know, it's interesting you mentioned advocacy, but I was trying to as you were chatting, I was I was trying to think of when that little blue pill, Viagra was, came to the market and, and how it's only now and it must be out 20, 25, 30 years. It's been a while, for for erectile dysfunction in men.

00:17:59:16 - 00:18:19:28
Dr. Shaw
But now we're just talking about some of these issues that are relevant to women. You know, it's it's okay for women to want to have a happy life. Right. And I think that's and being very, being very much the advocate for your, for your own happiness in your own health is really what we're asking women to do in this podcast, isn't it?

00:18:19:28 - 00:18:30:20
Dr. Shaw
I mean, we really want people just to to knock on the doors, find the right doctors, do the right things and become healthy and live a healthy life throughout their entire life.

00:18:30:23 - 00:18:55:29
Dr. Stone
That would be awesome and learn the truth, right? Learn the truth about women's health and not just, you know, what they're reading, what they're seeing on social media and things like that. I think that's so, so important. I mean, you know, I remember, when oxytocin, which is a hormone that, you know, as a, as an obstetrician and we think about oxytocin during labor, you know, giving, helping to give contractions and being involved with, breastfeeding, things like that.

00:18:56:02 - 00:19:15:21
Dr. Stone
But, it came out, I don't know, years ago. It was like the love hormone, and and the but the truth is it does it does have certain effects and, you know, it goes into the bloodstream, it goes into the brain and does have some effects on empathy, on bonding, whether it's your baby or another individual.

00:19:15:23 - 00:19:24:00
Dr. Stone
Has some stress reduction. So it's really fascinating to learn about some of these hormones and, and how else are being used.

00:19:24:02 - 00:19:56:23
Dr. Barbieri
You know, I, I actually don't think I even as a practicing ObGyn before I delved into the world of hormones, kind of in the second chapter of my own, medical practice and in my own career, we don't realize how wide ranging these effects are across the different stages. You know, just to realize that the women, for example, who may have premenstrual depression or premenstrual dysphoric disorder may be at higher risk for postpartum depression.

00:19:57:00 - 00:20:31:24
Dr. Barbieri
And that's going to be the same group that may be at higher risk for depression and anxiety related to the perimenopausal transition. We don't understand what it is about the brains and the minds of that group that makes them susceptible. You know, one of the newer drugs for postpartum depression is really an analog of the hormone progesterone. That is so fascinating and how quickly it works, because perhaps postpartum depression, at least in some cases, is related to this hormonal cliff that we fall off at delivery.

00:20:31:26 - 00:20:59:15
Dr. Barbieri
And it's it's just you know, it's it opens up the door to how much more work there is to be done in this field. It opens up the door to all these different possibilities. And it also opens up the door to Leslie, what you said and going on, you two, about the conversation, about how important it is to know this, to advocate for ourselves and what it is really to define the worth of a woman and her health.

00:20:59:17 - 00:21:02:11
Dr. Barbieri
And that is important across the lifespan.

00:21:02:13 - 00:21:26:19
Dr. Shaw
You know, it's interesting. I'm going to do a little Mount Sinai commercial, right. It what in the three of us have really, been leaders at Mount Sinai in organizing clinical care for women, targeted care pathways of care, which is unique across almost any health system that I can think of. And, you know, as a leading clinical researcher, I've been to a lot of these places and I know what they do.

00:21:26:21 - 00:21:49:18
Dr. Shaw
But it's interesting if you think about the group of folks that we have, as you were chatting, both of you, I was thinking about our psychiatrist colleagues who are studying estrogen in the brain that's so unique. Our our neurologists who are studying the impact, on women's health, on Alzheimer's disease. I mean, this and cardiovascular disease, which is my area.

00:21:49:23 - 00:22:19:02
Dr. Shaw
We do a ton of work on that. Metabolism, obesity, etc.. I don't know any other institution, certainly across New York City, that really has you both and has a bunch of other folks that are so passionate, about women's health. I just think we have such a great opportunity, really, to revolutionize women's health and create new standards that I think are just going to be fun for me to engage with both of you, because I think that's just my commercial.

00:22:19:03 - 00:22:19:14
Dr. Shaw

Yeah.

00:22:19:14 - 00:22:44:02
Dr. Stone
Sticking with it. No, I thank you for saying that and and for being part of this ride and being part of the change that we're going to we're going to be making. I mean, so I'll, you know, just say, you know, we're going to be opening up a center, the account, Rowan Center for Women's Health and Wellness, which is going to be entirely focused on this, on the clinical pathways that you mentioned, on how we prevent disease and not just go ahead and treat disease.

00:22:44:02 - 00:23:06:02
Dr. Stone
Right? I mean, it was striking to me, to hear we had a, symposium last year, and, Lisa Glass, who's the chair of orthopedics, gave a talk, and she started talking about how, you know, we lose bone health, strength, age 30. I didn't know that. I never learned that in medical school. I told my my 30 year old, like, you need to sit on my 29 year old.

00:23:06:08 - 00:23:22:06
Dr. Stone
You need to start exercising. Who does an exercise? You need to start exercising because now, because you're going to lose bone health, you know? And made me crazy. I started, like, taking creatine and working with a trainer. I mean, but these things you mentioned before, lifestyle, these things are so important. And we want to work on prevention.

00:23:22:08 - 00:23:25:00
Dr. Stone
And that's what the center will be will be about.

00:23:25:06 - 00:23:52:02
Dr. Barbieri
I think it's just super exciting to be in, you know, on a team that's proactive and not reactive and also a team that sees a bigger picture, you know, health and health care in general. And we see that particularly when women's health is so fragmented. I'll tell you, when I ran into perimenopause in my early 40s as a busy obstetrician, I actually had no idea what was happening to me.

00:23:52:04 - 00:24:17:19
Dr. Barbieri
I one day I forgot the number to my medical license, so I run to a neurologist thinking I had it. Of course I had a brain tumor that was my my, you know, primary thing on my differential, which I did not have. But that's where it ended. And he said to me, he actually gave me good advice, which I did not follow, and that is to do a little bit less in my day because I was under too much stress, and I probably would have felt better had I followed his advice.

00:24:17:22 - 00:24:47:15
Dr. Barbieri

But it was perimenopause related. And, you know, I, you know, a women's health doctor, an Gyn did not know, did not realize that myself seeked care from especially that wasn't really the primary sort of root cause specialist specialty for what happened to me. And that was it. And we see it all the time when men are going to the cardiologist, a psychiatrist, a neurologist, and often no one is connecting, those dots are sitting here about a village.

00:24:47:15 - 00:24:51:03
Dr. Barbieri
Just so much fun to be connecting the dots.

00:24:51:05 - 00:24:51:14
Dr. Shaw
Yes.

00:24:51:14 - 00:24:52:29
Dr. Stone
Awesome. Yeah, definitely.

00:24:52:29 - 00:25:11:24
Dr. Shaw
When I applied for this job a few years ago, I was at another New York place. We're not going to talk about that, but, I said my biggest pet peeve about health care are the silos that aren't connecting these dots, and how much inefficiency and care. And we you go through pregnancy and we leave it behind you.

00:25:11:26 - 00:25:33:01
Dr. Shaw
It's never mentioned again. And it might be mentioned by by some doc, but rarely is it ever mentioned if you have high blood pressure during pregnancy or you have, diabetes during pregnancy, it's never mentioned again. It's just left behind you. Whatever happens in your 40s is left behind as your enter your 50s. That's just flat out stupid.

00:25:33:03 - 00:25:56:21
Dr. Shaw
And it we are a being that evolves over time. Our health evolves over time. But I think from from what I see and across a woman's life is every stage of life is an opportunity to embark on a new way of life, one more centered around prevention. And even if it's small increments, all of those increments are going to be better.

00:25:56:23 - 00:26:17:07
Dr. Shaw
I'm a huge fan of prevention. I've done a lot of preventive research. And, you know, there's this new way of thinking in prevention which seems so obvious and which is oftentimes the things in medicine that, you know, they come across and they hit you across the face, like, how come you didn't see that before? That seems so obvious.

00:26:17:09 - 00:26:50:19
Dr. Shaw

But it's that we need pathways of early detection. We need pathways to understand early signs of diabetes, early signs of high blood pressure, early signs of obesity. And we need to understand the genetics of these conditions. In, you know, I think we're going to be embarking on a lot of different, really novel research approaches to really unfold a really novel approach, to understanding how a genetic proclivity to obesity can actually change that woman's life.

00:26:50:22 - 00:27:10:29
Dr. Shaw
Across when she gains weight during pregnancy, when she gains weight during menopause, you know, we have a lot to learn. And I think we're really, you know, fingers crossed, knocking on wood, whatever superstition you have, that's because I'm Irish. You know, is we have a lot to learn. And, you know, hopefully we'll find a lot of answers because.

00:27:11:01 - 00:27:42:24
Dr. Stone
I want to go back to something. You mentioned progesterone. You mentioned, like, the drop in progesterone and postpartum depression. The gesture is a fascinating hormone. I mean, it has anti-inflammatory effects. It's important in pregnancy, right? An early pregnancy for implantation. A lot of our reproductive endocrinologist who treat patients who who have infertility and have IVF put them on progesterone early on, it's also used, you know, it's a little controversial, whether it helps with patients with prior miscarriage.

00:27:42:24 - 00:28:01:28
Dr. Stone
It seems that some data suggests if you've had several miscarriage, that might be helpful. We know I just saw a patient today actually, who I don't know, her last pregnancy, she had full term delivery, a scheduled C-section for a breech where the blood is down. And I just scanned her today, 20 weeks, and her cervix is short.

00:28:02:01 - 00:28:23:07
Dr. Stone
And I'm like, why? Like, what is going on here? And so the there is evidence to show that in a patient without a prior preterm delivery with a short cervix, that giving progesterone vaginally can help reduce the risk of delivering prematurely. So I just prescribe that. But you know, progesterone what what else do you think about progesterone.

00:28:23:07 - 00:28:46:14
Dr. Barbieri
How else. You know progesterone is a hormone. So by definition it's going to have this multitude of actions. And traditionally you know we we put an egg. And this was even the case when I trained ob gyn. And let's see, I think I have you to think for this term was considered a bikini medicine, meaning ob gyn was just about like, what happened to your heinie?

00:28:46:16 - 00:28:48:18

Dr. Barbieri
I, I don't know. Well, I.

00:28:48:21 - 00:28:49:21
Dr. Shaw
I'll take it. I should take.

00:28:49:21 - 00:29:10:19
Dr. Barbieri
Credit, that, you know, would you say it was really about your uterus and your ovaries, maybe your vagina, your father, and that's it. So. And because those parts were involved in pregnancy, then we did obstetrics and only those kind of the hard were had some sort of a condition like fibroids. We could remove the uterus, but oh could you I mean, it's such a wide field.

00:29:10:19 - 00:29:41:27
Dr. Barbieri
And because those anatomical structures make hormones, really the field of Ob-Gyn is is expansive and progesterone is a part of that. So as a hormone, progesterone of course is made by the ovary. It's typically made only after ovulation. So without ovulation we're not making progesterone. Progesterone is necessary to support the development of the very early pregnancy and support the maintenance of a pregnancy.

00:29:41:27 - 00:30:16:25
Dr. Barbieri
Actually, and then progesterone falls off a cliff at delivery. Progesterone also falls a few days before a menstrual period. And this is something that I would love everybody to learn from this. When we have a normal period, that is a bleed that happens in response to falling progesterone levels, and there's estrogen associated with that. But a normal period happens due to falling progesterone and even a period in a birth control pill happens because we stopped taking an active pill that has a progesterone like substance in that.

00:30:16:27 - 00:30:44:05
Dr. Barbieri
And then progesterone falls gradually across the perimenopausal transition, which can be actually takes forever, because it can be a decade. And progesterone tends to fall first ahead of estrogen falling. So I see many, many women who come to see us in that very early phase of perimenopause where most of their symptoms may be related to low progesterone, shorter cycle, heavier bleeding, insomnia.

00:30:44:05 - 00:31:15:15
Dr. Barbieri
I don't know if there's anybody other has woken up at 3 a.m. that very well may be actually falling. Progesterone, heightened anxiety in a sense of overwhelm. And I don't want to be too simplistic and just say it's only progesterone. But oftentimes it is. And it's actually one of the theories behind, premenstrual depression. We're not quite clear whether that is due to falling progesterone, whether that is due to sensitivity

to progesterone, whether that is due to falling estrogen, lots of things to work out.

00:31:15:15 - 00:31:39:01
Dr. Barbieri
And now the other fascinating thing is, is that although we all have these hormones, we're very individual when it comes to how they interplay and each person, what our sensitivity is, what our side effects may be when we start using them. Some patients have a tremendous sensitivity to progesterone, and within two days they know they cannot take it.

00:31:39:01 - 00:31:59:15
Dr. Barbieri
They are super depressed, their mood is off the wall, and some people love it, and they think it's sort of like a, you know, nightly glass of wine because it helps them sleep, it makes them relax. It's great. And and of course, progesterone is used in hormone therapy regimens. One of its main actions is to prevent complications of estrogen use on the uterus.

00:31:59:15 - 00:32:05:29
Dr. Barbieri
And it gets a little bit technical. So we can cover that another another time. But very important, part of hormone regiments and.

00:32:06:02 - 00:32:23:15
Dr. Stone
Yeah. Yeah, I mean, it's I think it's a, I think it's a hormone that we're going to see, you know, getting research much more and its use being more ubiquitous for a whole variety of different things. I mean, very interesting that that the and it's skipping my name now, the,

00:32:23:17 - 00:32:24:17
Dr. Barbieri
The McKenna.

00:32:24:19 - 00:32:48:18
Dr. Stone
Now the, the, postpartum depression, medication that's progesterone. I see. Very fascinating that, that it's, analog. So. Yeah. One of the, one of the funny things, you know, you mentioned promotion. And, I mean, I haven't even thought of that terminology. The term long time or so long, right? It's. But. Well, I say what they have to say this because it's so interesting.

00:32:48:18 - 00:32:49:12
Dr. Stone
Yeah.

00:32:49:15 - 00:33:02:02
Dr. Barbieri
And is the first estrogen that made it to market in 1942. So it's been on the market for almost 100 years and it's still available primarily. Yes. Yeah.

00:33:02:03 - 00:33:07:20
Dr. Stone
And then from that the name is because it came from isn't the urine of cows was not. How was.

00:33:07:21 - 00:33:11:26
Dr. Shaw
Horses. Horse. Yes. Equine conjugated equine estrogen for MRN.

00:33:11:26 - 00:33:14:27
Dr. Barbieri
So it's pregnant mares. Yes. That's how it was as a matter.

00:33:14:28 - 00:33:15:25
Dr. Stone
Yeah.

00:33:15:28 - 00:33:16:15
Dr. Shaw
Interesting.

00:33:16:15 - 00:33:18:24
Dr. Stone
Well I wouldn't know the difference between cows and horses. You can tell them. See me.

00:33:18:25 - 00:33:36:03
Dr. Shaw
Girl. Whatever. Well, I, you know, I grew up in the city, so I saw a cow for the first time when I was eight. Besides on TV, I saw it on TV, I think, but. Yeah, but, you know, I think that, what's really cool is, Anna loves hormones, right, too. She'd never going to forget that, right?

00:33:36:03 - 00:33:41:25
Dr. Shaw
I'm never. I'm going to introduce her when we go to seminars for the woman who loves hormones.

00:33:41:27 - 00:33:43:02
Dr. Barbieri
Hormones that.

00:33:43:04 - 00:34:13:07
Dr. Shaw
No, but what? I always am reminded when both of you speak. I mean, hormones have such a all encompassing impact on many, many, organ systems, right? Many, many. And it's quite diverse. And that's where I think obstetrical and gynecologic care are really at the heart of, the point of care for women. And I know you guys believe that, but, you know, I think outside of this room, there are others that don't believe they feel other maybe generalists or whatever.

00:34:13:10 - 00:34:45:16

Dr. Shaw
But, and I do think that it's it's really that knowledge is fundamental to care of women as they age and how we can actually bring that knowledge, in, in, in, on any stage of life, really to optimal care of women. It gets pretty daunting, though. I mean, you guys are amazing. And, you know, but you're really caring for comprehensive needs of women, and, from now, you know, obesity, whatever.

00:34:45:22 - 00:35:07:28
Dr. Shaw
You know, we can go down the list. And especially as they get age, you know, all of these factors come to play in a very dominant manner, and in postmenopausal women. But it's pretty daunting to know all of that, you know, and I wonder, though, if we should ask Anna to kind of go through what is what is integrative medicine besides, you know, hormone.

00:35:07:28 - 00:35:25:14
Dr. Shaw
I mean, when, when, I know when and I mentioned that we have several physicians who will be, certified in integrative medicine. Is that right? Certified or specialized? Either way, that people go, what does that mean? I think people would like to know.

00:35:25:14 - 00:35:31:04
Dr. Stone
Yeah, definitely, because I think there's a little misconception about what it is. And, so you want to describe her.

00:35:31:05 - 00:35:43:15
Dr. Barbieri
So I think, you know, when people hear this word integrative medicine, it brings to mind maybe a, you know, a moral and pestle and taking some sort of IRB and grinding it up. And, you know, as we go on, you'll hear me, we've.

00:35:43:15 - 00:35:44:08
Dr. Shaw
Seen you that in your.

00:35:44:08 - 00:35:47:17
Dr. Barbieri
Office and on this.

00:35:47:19 - 00:35:50:29
Dr. Stone
I don't know what she's grinding, but I don't it's not hormones. I don't think.

00:35:50:29 - 00:36:22:10
Dr. Barbieri
My husband is. But like a week. You did give me that last night. You know, and it's, it's not really what it is. I mean, integrative medicine does encompass the use of a variety of different therapeutic tools, ranging from lifestyle. So we're going to have stress management

techniques like meditation for example, yoga, nutrition, movement, exercise. Yes, through the use of some botanicals and supplements.

00:36:22:10 - 00:36:49:04
Dr. Barbieri
And that's a whole other episode. We're going to talk about their quality, what's evidence based, what's not, but also the use of pharmacologic solutions and surgery. So it's really a pretty wide berth of the different tools. But integrative medicine is more than that. It also assumes that we are treating a patient as a whole person. That person cannot be reduced to a single symptom or to even one hormone.

00:36:49:07 - 00:37:19:16
Dr. Barbieri
It means that we have to connect that person's physical and emotional health and even spiritual health, that no person exists without the community that they exist in, because that was going to exert effects on their health. And integrative care also means that we're working as a team and connecting those dots. So I think here, you know, at the center, we are going to practice that, you know, across all the different levels of integration.

00:37:19:16 - 00:37:50:02
Dr. Stone
Yeah. I mean, I love the way you said that. And I think, yes, there is definitely that component of lifestyle, of foods, of supplements, things like that. But, you know, as you said, it's also really thinking about the person as a whole who where are they meet them, where, where they're at, understand where they're coming from, whether it is some spiritual, you know, whether they're the type of person that, you know, wants you to tell them what to do or make the decision themselves after doing, you know, three weeks of research and coming to a decision.

00:37:50:05 - 00:38:07:24
Dr. Stone
I mean, I had a I had several different patients today, who I had a medical student with me, and a few of them were like, just tell me what to do. You know, like one of them, like, the baby is measuring 9 pounds, 13oz. And, you know, should she do, try to deliver vaginally or should she have a section just like.

00:38:07:26 - 00:38:25:23
Dr. Stone
And some people, you have to understand, do you do you want to get the information that you decide you know, which is typically what? Or she's like, no, I really want to know what you would tell your daughter, you know, to do. Or somebody else is deciding on an invasive test that could have minimal risk to it. Tell me what to do.

00:38:25:23 - 00:38:41:28
Dr. Stone
And then in the other people. So you have to think of the person as a whole. And I think we do that not, you know, there's integrative medicine, but there's also that perspective about caring for the whole

patient who they are, making sure they're comfortable with the decisions that they make for their own health.

00:38:42:00 - 00:39:05:09
Dr. Barbieri
And, you know, I think I think we we come across these labels integrative medicine, functional medicine, Western medicine, eastern medicine. To me, it's actually good medicine is good medicine. It takes all kind of evidence based therapies into account and treats that patient as a whole individual. And then you bring up a great topic actually, that maybe we should cover.

00:39:05:09 - 00:39:25:09
Dr. Barbieri
And that is how do we talk with our patients and how do we because we we have been patients to so we know it from both sides of you know, of this relationship. How do we help people make these decisions now for a long time? And used to be that doctors told patients what to do, then it was no, no, no, no, we can't tell anybody what to do.

00:39:25:10 - 00:39:41:03
Dr. Barbieri
Here's the venue of options and you pick I'm staying out of it. You pick. I'll just tell you that it's a B or C, and I think that it's probably somewhere in the middle is the right thing. And that can only be arrived at after getting to know somebody and really kind of joining them on that journey.

00:39:41:03 - 00:39:48:00
Dr. Stone
So Leslie let me ask in which we talked about the, the, study that that.

00:39:48:03 - 00:39:49:14
Dr. Shaw
Had Women's Health Initiative.

00:39:49:14 - 00:40:10:27
Dr. Stone
Yeah, yeah, the Women's Health Initiative. And, I know that there are women out there that are like between 60 and 80, and they missed having hormone replacement therapy. I mean, sorry, menopause. What? Please. Yeah. Thank you. Old dog. New tricks. Yeah, yeah. So, and they missed it, right. And they're saying, well, you know, I.

00:40:10:28 - 00:40:12:09
Dr. Shaw
She looking at me when she says.

00:40:12:09 - 00:40:36:09
Dr. Stone
That. No, no, I'm, I'm thinking about some, you know, some some, some older friends who sort of missed that era of, of taking, hormones and, and they're like, well, what do we do now? But I'm curious. Those are the

people that really were stuck with this, myth or not, myth misinformation really about that study. So can you just, like, briefly state what is it?

00:40:36:09 - 00:40:42:12
Dr. Stone
What was the big factors that related to that, that dispelling the, the misinformation?

00:40:42:12 - 00:41:09:15
Dr. Shaw
Well, you know, it led to a lot of, clinical practice guideline, indications for harm. And that's a really strong, strong statement from medical societies. So and almost any prevention guideline that you can think of, had a class three indication, which is a contraindication due to harm of, of the use of menopausal, hormone therapy, although they still call it HRT, they don't call it menopausal hormone therapy.

00:41:09:19 - 00:41:36:04
Dr. Shaw
So if you think about that and any area of prevention, you think of prevention typically in a general medicine setting would be cardiovascular care, metabolic care, endocrine care, all contra indications. So for and that was for 20 years. And there's still contra indications. And the, the trial implications said you wouldn't give menopausal hormone therapy for the prevention of cardiovascular disease.

00:41:36:04 - 00:42:01:22
Dr. Shaw
That's the take home message from that. And so now if you're thinking about a lifestyle, a prevention, one of your goals would be not to have cardiovascular disease. It's very common in many many shapes forms. And so if you don't get to optimize your health with the use of a non oral route of administration of menopausal hormone therapies, you're really left with not optimizing your health.

00:42:01:24 - 00:42:33:18
Dr. Shaw
And that is really a falsehood because the trial results didn't show that. So I have been in I don't know how many meetings debating people about menopausal hormone therapy. Even somebody from the Cleveland Clinic on a conference call last night who said to me that still should stay, and I said I would take it just a little bit differently and say, you need to have if you have risk factors for coronary disease, you have flood high blood pressure, lipids, high cholesterol.

00:42:33:20 - 00:42:55:13
Dr. Shaw
You need to have a discussion about risks and benefits. If your blood pressure is not controlled, you may be want to have that discussion. But. So there still are some caveats that I think I would put into that. But still you have to have those discussions, having issues of cognition, or brain fog, whatever you want to call it.

00:42:55:16 - 00:43:15:04

Dr. Shaw
You need to talk to your clinician or other types of, vasomotor symptoms, hot flashes or whatever. Have the discussion, have the discussion about the risks and benefits break through that misunderstanding, push your doctor and I can easily say it in front of the two of you, but you need to push your doctor to get up with the evidence.

00:43:15:09 - 00:43:23:28
Dr. Shaw
And in that non oral, administrations are totally different than the oral forms and they need to get up with 2025.

00:43:24:01 - 00:43:31:05
Dr. Stone
Well thank thank you for trying to summarize that so quickly. And again we couldn't just have a whole other episode on HERology.

00:43:31:08 - 00:43:46:24
Dr. Barbieri
If we will, because it's so important to talk about hormone therapy in a really comprehensive and nuanced way. And I totally agree. And, you know, the current guidelines say that a hormone therapy should not be used for prevention of chronic disease, that that is what.

00:43:46:24 - 00:43:50:00
Dr. Shaw
But also so is harm to which is not is incorrect.

00:43:50:00 - 00:44:30:00
Dr. Barbieri
And I think we need to, really bring to light the research that says otherwise and continue the conversation around it. And I think another, you know, just aspect of this that complicates things. We tend to ask a lot of simple cause and effect questions and take someone in late perimenopause who has joint pain, who is fatigued because of this from all changes, who now stops moving and exercising, you're not only removing the protective effects of estrogen, now you're taking away some of their ability to engage in hopefully daily movement.

00:44:30:00 - 00:44:42:18
Dr. Barbieri
That's going to go a long way towards prevention in the future. So I think it's really, maybe that's what I can help us with. How do we connect all of these, you know, so many different dots around these question.

00:44:42:18 - 00:44:54:05
Dr. Shaw
So we have we have a lot of app development here at Sinai. It's going to solve that problem. It's just going to have their smartphone. They're going to have their little app in there. And it's going to tell them you need to get them Nobel Prize.

00:44:54:05 - 00:44:55:24

Dr. Stone
Gary get get.

00:44:55:24 - 00:45:06:02
Dr. Shaw
Up and walk. You need to walk. Go walk around the block. You know. You know being functionally capable is the number one goal should be for every patient that that we see.

00:45:06:02 - 00:45:13:13
Dr. Stone
Yeah. Yeah I mean we talk a lot about you know, increasing you know, longevity. And but it's the health spend right. It's loving living life.

00:45:13:20 - 00:45:15:26
Dr. Barbieri
Plus their dogs. Everyone just got a dog.

00:45:15:27 - 00:45:16:19
Dr. Stone
Get a dog or.

00:45:16:19 - 00:45:18:02
Dr. Shaw
Two like or two.

00:45:18:04 - 00:45:39:25
Dr. Stone
I haven't have a baby. So yeah. So before we wrap up this episode of HERology, which you can find on Spotify on Apple Podcasts, wherever you get on the Mount on website, I just want to end with like a final question to you guys. What one thing do you wish you knew ten years ago that, you know, today?

00:45:39:27 - 00:46:07:06
Dr. Shaw
Well, I think that, you know, your body changes, right? And, you know, I also have, I have bad news because I exercised a ton when I was a kid. I was, I was I was a big athlete, you know, I was All-American and all that. My knees are, like, trashed. But what I know now is that that life is a continuum of stages.

00:46:07:06 - 00:46:30:03
Dr. Shaw
And at every stage I have to refocus and reset, set goals and and like you said, that woman who just gives up. I can't be that woman who just gives up and is happy with my health. I've got to get I can't just get 8000 steps. I've got to get 12 or 15,000 steps. And I go on the bridle path around, the the lake in Central Park because it's dirt and it's not concrete.

00:46:30:03 - 00:46:43:01
Dr. Shaw

So you have to be you have to pivot. I think that's the best thing I've learned is to adapt and pivot and and to take it to the next step. Because you know what? You don't know how much you're capable of doing until you try.

00:46:43:03 - 00:46:49:00
Dr. Stone
I love that, I love that bridle paths are beyond that with you. I know what about you?

00:46:49:00 - 00:47:21:10
Dr. Barbieri
You know what? Mine may be similar because I. I feel much older and wiser than I was ten years ago. And I think, you know, sitting here at this age, I think that we're best when we appreciate and acknowledge our past, really live in the present and have plans and look forward to the future rather than constantly analyze what happened before or struggle somehow to get back to our 25 year old self, that's not going to happen.

00:47:21:12 - 00:47:39:08
Dr. Barbieri
And we forgo the opportunities of the moment and what we can accomplish, achieve and enjoy in the future. And I know it sounds very nonmedical, but it's such a truth that I think we remember that every day our health will get better. It has a that.

00:47:39:10 - 00:48:04:23
Dr. Stone
Yeah, definitely. You're not okay. I mean, I knew everything today. No. Just kidding. I think that maybe, just to be able to focus a little bit more on, on on myself and the things that make me happy and, and doing things that will keep me healthy. I think I've only started to exercise more in the last two years.

00:48:04:25 - 00:48:14:18
Dr. Stone
And that's been really life changing. I mean, doing strength training, Pilates, walking, getting the steps. And I didn't know that back then, and I wish, I wish I had I.

00:48:14:18 - 00:48:15:14
Dr. Barbieri
Would be in better shape.

00:48:15:22 - 00:48:23:29
Dr. Stone
But that's what listen, that's what we're here to discuss. And HERology. This has been an amazing, I don't know, hour. Seems like I can sit here talking to you guys forever.

00:48:23:29 - 00:48:24:19
Dr. Shaw
Part one.

00:48:24:21 - 00:48:33:09
Dr. Stone
Yeah. Part one. So stay tuned. Follow us on, on YouTube on. Find us on on Spotify. HERology. We're here for you.