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It's Not Depression, It's De' Hormones
or
Are your Hormones Driving You Crazy?

Postpartum Depression Is Not a Psychiatric Disorder.

A woman's hormones change dramatically while she is pregnant. It should come as no surprise that the hormones would change dramatically again after the baby is delivered. This hormonal imbalance is often referred to as Postpartum Depression. However, this condition is not, as is commonly believed, a psychiatric disorder. It is a hormonal imbalance.

One young woman told me she felt terribly depressed for a year after she had her baby. She said she knew she had no reason to feel that way. She was blessed with a wonderful family and home life but she could not overcome her melancholy. I recommended that she take a 30-day saliva hormone test, which indicated she was low in progesterone. A simple over-the-counter natural progesterone cream applied daily to her skin resulted in the complete cessation of the depressed feelings.

The connection between feeling depressed and hormone problems is very strong. I have seen many women in my practice who became depressed soon after a significant hormonal change. A common story is that shortly after starting menstruation in their teens these women began feeling depressed. Many of these women have been prescribed different antidepressants over the years. None fixed their symptoms and in some instances the drugs made them feel worse.

How Hormones Cause Problems

Women go through a variety of hormone fluctuations throughout their lives. Levels surge during the onset of puberty and then rise and fall in response to the many changes in a woman's life from monthly menstrual cycles and the use of hormonal birth control products to pregnancy and delivery, nursing, peri-menopause and menopause. Through it all, the human body strives to achieve perfect balance.

The most common behavioral symptoms of hormone imbalance are mood swings (including anxiety and depression), fatigue, and nervousness. But hormone imbalances can also cause adrenal stress, insomnia, hair loss, hypoglycemia, headaches, weight gain, breast and cervical cancer as well as thyroid dysfunction, any one of which can be life altering or threatening.

Through such symptoms the body signals malfunctions and gives both the patient and the doctors an opportunity to fix the problem. However, if the doctor prescribes a psychiatric drug to cover the symptoms rather than treating the hormonal imbalance, the woman remains at risk for a variety of health problems.

PMS Premenstrual Syndrome

Fluctuating hormones during a woman's menstrual cycle cause a host of symptoms called Premenstrual Syndrome. Types and severity of symptoms vary but most commonly include: bloating, headaches, irritability, weight gain, skin problems, cramps, anxiety, mood swings and depression, aggression, fatigue, breast tenderness, and poor concentration. These symptoms can occur in the two weeks before and through the first few days of menstruation.

Women respond in uniquely individual ways to their own hormones throughout their monthly cycle. The same hormone levels that may plague one woman with such symptoms as anger, depression and migraines will not cause any symptoms in another. Women should never allow a doctor to discount their personal symptoms. There are many tests to help identify hormonal fluctuations and to allow for treatment tailored to the individual's specific body levels in order to stabilize those levels and to improve both the symptoms and the woman's overall health.

Menopause

Many times women with menopause or peri-menopause receive either high levels of non-bio-compatible estrogens such as Premarin or psychiatric drugs like antidepressants to control their uncomfortable and life-altering symptoms. Both drugs expose women to equally serious and even life-threatening side effects and do not address or help the underlying health problem.

Menopause is not just about the reduced level of estrogen in the body. The ovaries produce other hormones that diminish with menopause. To simply prescribe estrogen-type drugs to a woman ignores this fact and further disrupts the body's delicate balance.

Estrogen and Estrogen Dominance

Estrogen is a potent and potentially dangerous hormone when not balanced by adequate progesterone. Dr. John Lee, the first to identify and to name this "estrogen dominance," describes unopposed estrogen as a potential cause of cancer in the uterus and of the breast. Estrogen dominance can not only result from taking a hormone prescription but also when estrogen produced by the body is still relatively higher than the levels of progesterone. (Lee & Hopkins, 1996.)

I have a 60-year-old patient whose uterus and ovaries were removed when she was 42. She stopped taking all hormone replacement therapy at 50. Even with no ovaries, testing showed that her estrogen levels were a great deal higher than her progesterone levels. She is now taking a natural, over-the-counter progesterone cream that she rubs on her skin each day to balance out the estrogen.

The Importance of Progesterone

Progesterone, in balance, can have numerous benefits to the body. It affects every tissue in the body including the reproductive system, immune system and even the brain. It is known to fight depression, to increase sexual libido, to reduce hot flashes, to improve mental focus, to enhance weight loss, and more. Long-term imbalances of the hormone can result in breast, uterine and ovarian cancer, ovarian cysts and uterine fibroids as well as fibrocystic breast disease.

The symptoms I often see in my office from women low in progesterone are migraine and other headaches (especially before menstruation and during the PMS period), moodiness, depression, excessive bleeding and painful breasts. Women taking natural, bio-identical progesterone report a new feeling of wellbeing.

I take a long and thorough history on my patients – a fifteen-page form for adults. If I am going to help the patient I need to know when their symptoms started and what was going on in their lives at that time. My goal is to try to find the underlying cause of the symptoms so that the problem can be fixed, not just covered up with drugs. When I ask these women, "When did your depressed symptoms start?" followed by "When did you start having periods?" the dates coincide time and time again. From there I evaluate the woman's hormone levels and with appropriate treatment, can often fix or improve the symptoms.

In my opinion, prescribing an antidepressant to these women without a thorough history and a physical exam with appropriate lab work should be considered malpractice. Instead, it's considered "Standard of Care." Listening to a person's symptoms and prescribing an antidepressant is not practicing good medicine. To me it's just lazy medicine.

Medical Research for Women

Women have taken a back seat to men in medical research for years. For a long time, there were no studies performed with women. Professional researchers regarded the practice as justifiable due to the effect fluctuating hormones have on the reliability of physiological research data. Think about that. Until recently there were almost no drugs on the market that are prescribed to women that have been adjusted to or developed to work with the unique physiology of a woman's body. Some drugs were never studied on women at all.

Hormones and the Fountain of Youth

Even in the absence of appropriate studies, doctors had no problem prescribing drugs to women, especially Hormone Replacement Therapy (HRT). The idea of replacing women's decreasing levels of estrogen started many years ago. It was discovered that estrogen from the urine of pregnant horses could modify many symptoms of menopause, especially hot flashes. This Pregnant Mare Urine was named Premarin. Doctors prescribed it to thousands of women.

Although natural estrogen was easy to produce and safer to use, the pregnant mare urine form could be patented by the drug manufacturer and marketed. A doctor, supported by a drug company that produced an estrogen-like medication, wrote a book about this wonderful new product. It was hailed as "The Fountain of Youth" for women. (*Feminine Forever*, Dr. Robert A. Wilson, Evans and Company, 1966). Since no studies had been done, it was not until the numbers of uterine cancer cases in women began to rise that the link was made back to horse urine estrogen and to the dangers of administering estrogen unbalanced by progesterone.

In response, a patented, synthetic form of progesterone called progestin and marketed as Provera was produced to be used as a companion to the horse urine estrogen. Although bio-chemically different from the progesterone made by the human body, the company announced Provera would protect against uterine cancer.

Doctors told their patients they needed to take the hormones even if they were not having menopausal symptoms. Many doctors automatically prescribed hormones to all female patients over fifty. The standard HRT therapy became Premarin and Provera. The news media reported the benefits of this combination. We were told the two hormones were cardiac protective. We were told they were cancer protective. The "fountain of youth" claims resurfaced. (Burden of Proof, Valerie Gregg, Momentum, Spring 2003)

I was not surprised to discover these reports to be untrue. In fact the combination HRT generated the exact opposite results. It did not protect women from cancer or heart disease but it did increase their risks for breast, uterine, ovarian cancers, heart attacks, strokes and dementia. (Women's Health Initiative, July 17, 2002)

The reaction of the medical community to these adverse side effects was interesting to watch. I even heard a doctor on a local television news show say, "If these hormones cause ovarian cancer, we should just take out women's ovaries." After years of prescribing these drugs to their patients, doctors were not prepared to accept their own culpability for the cancers and heart disease from which these individuals suffered.

Many women told me they discontinued the hormones immediately, which was not the best thing to do. They soon found themselves suffering once again from hot flashes, insomnia and irritability. Others told me they decided that since they had not gotten cancer, had a stroke or a heart attack, they would continue with the drugs. Still, sales of HRT fell.

So, if women weren't going to take Premarin and Provera, the pharmaceutical companies offered up a quick replacement – antidepressants. Quickly perceived as the new miracle drug, these pills were dispensed to women who felt depressed without their hormones, had hot flashes, or couldn't sleep. I knew one woman who was prescribed an antidepressant for back pain and another who received the drug for diarrhea.

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Comment: Again, we need to pick a style for book titles and stick with it.

The women who stopped their HRT and began taking the antidepressants may very well have jumped from the frying pan into the fire. Pharmaceutical companies are not required to publish negative results but even if they are not forthcoming with complete product information, you should read the information sheets and seek out other available sources of information. You must take responsibility for yourself and decide if the potential side effects of a drug are worth it. Nearly every drug used to treat depression has a potential life-threatening side effect. See side effects in Appendix II

Don't put yourself blindly into the hands of doctors. According to the FDA, less than 1% of doctors know the side effects of the drugs they prescribe. Some doctors have claimed they don't have time to read the drug warnings. (Feds Say Doctors Don't Heed Drug Warnings (Lauren Neergaard, AP, Dec 12,2000) I'd like to know what they think is more important than taking the time to understand the potential side effects of the drugs they are handing out.

I am a cynic when it comes to medicine. I've heard too many horror stories from my patients and had too many personal and familial experiences to be a blind believer. I recognize the limits of medicine and see the control the drug companies have over the way a doctor practices medicine. I am aware that most doctors do not know the side effects of the drugs they prescribe and that the FDA allows the drug company representatives to make decisions concerning the approval of their drugs. The consumers are not being well protected nor are they being well informed about alternate treatments. In the instance of the controversy about HRT, television and magazine reports talked at length about Premarin and Provera but I never heard anyone discuss bio-identical hormones.

Bio-Identical Hormones

Bio-identical hormones are well named, as they are bio-chemically identical to those naturally occurring in the human body. Like natural thyroid, bio-identical hormones cannot be patented and so do not represent profit potential to the drug companies. Women should know that these alternative hormones are available and that when they are prescribed properly they can relieve menopausal symptoms. Bio-identical hormones are available through compounding pharmacists who make them to look identical to our own natural hormones. If they look the same, they should act the same and they should go to the same receptor sites. Premarin and Provera have no bio-chemical similarity to our own hormones. Even with bio-identical hormones, it is important to have the proper balance.

We have known for years that estrogen can cause breast cancer. It was also assumed, without any valid research, that estrogen was protective for heart disease and HRT was being pushed for that purpose. I attended an educational meeting given by a gynecologist who was adamant that women of menopause age should be taking HRT. He said, "Women don't want to take HRT because it increases the risk of breast cancer, but HRT decreases the risk of heart disease and heart disease is more prevalent in women than breast cancer."

It concerned me greatly that this gynecologist thought he could make this choice for women and I was angered that he made the statement without an ounce of corroborating evidence. Because post-menopausal women are more prone to heart disease, decreased estrogen was assumed to be the culprit. When researchers studied the effects of estrogen they used the horse urine form, not the bio-identical. The results confirmed the dangers of the horse urine estrogen and when combined with progestins, it did increase the risk of breast cancer as well as that for heart disease, stroke and pulmonary embolism.

On the other hand, in his book *What Your Doctor May Not Tell You About Women's Breast Cancer*, (2004) Dr. John Lee reported observing hundreds of women in his practice who had not been diagnosed with breast cancer. All used bio-identical progesterone cream that Lee believed to be protecting his patients from cancer. Most doctors, however, know little or nothing about bio-identical hormones and the drug companies like it that way as these substances offer no profit potential to the industry. (Lee, 2004)

Progesterone vs. Progestins

Progestins, like Provera, do not resemble at all the bio-chemical structure of a woman's natural progesterone. They cannot be taken during pregnancy without risking serious consequences for the fetus. Because of this many doctors also assume that bio-identical progesterone is toxic as well.

A woman needs progesterone to carry a pregnancy to term. Many women who cannot become pregnant are simply deficient in real progesterone. I know of a case in which the doctor prescribed Premarin for a woman trying to have a baby. This treatment would further increase her estrogen dominance making it even more difficult for her to conceive. By the same token, I know of cases in which birth control pills, which are usually made with synthetic estrogens, c shut down the ovaries and it took months or even years for the ovaries to recover.

Andrea Yates Gets a Retrial

Andrea Yates, a Houston woman convicted of drowning her five children, received repeated diagnoses of post-partum depression. She saw several psychiatrists, was hospitalized, and took many psychiatric drugs – often in combination – including antidepressants and anti-psychotic medications.

At the time of the drownings, Yates had been prescribed Effexor, Remeron, Haldol and Wellbutrin, all psychiatric drugs. (Lauren Fecher, R. Ph., Medical Director of Citizens Commission on Human Rights. "Review of Medical Records, Andrea Yates" 4 Mar. 2002) If four such drugs were required, one cannot help but wonder how effective they are and the side effects of the medications to the nervous system – as reported by the manufacturers – are staggering:

Remeron: May impair judgment, abnormal thinking, confusion, apathy, anxiety, agitation, delirium, delusions, depersonalization, hallucinations, manic reaction, hostility, emotional lability, paranoid reaction, psychotic depression.

Effexor: Abnormal thinking, agitation, confusion, depersonalization, depression, and anxiety.

Wellbutrin: Impaired sleep, hostility, delusions, agitation, anxiety, confusion, euphoria, and sensory disturbance.

Haldol: Agitation, anemia, anxiety, blurred vision, confusion, epileptic seizures, exaggerated feeling of well-being, hallucinations, headache, involuntary movements, stupor, sleeplessness, sluggishness, vertigo, visual problems.

Each of these drugs can cause severe neurological symptoms. If each, in isolation, could cause symptoms that could have put Yates in a condition to murder her children (hallucinations, abnormal thinking, delusions, etc.), what would the four in combination do? The medications have never been tested together. What were the prescribing doctors thinking? With no adequate understanding of the potential for cascading side effects with these medications, I cannot help but question the original guilty verdict in the Yates trial.

Understand, I do not condone Yates' actions, but the entire focus of the trial was unfortunate for her. I believe her physicians bear much of the responsibility for this tragedy. According to newspaper reports, the mental health community used the Yates trial to educate the public about mental illness. They hoped to show the public Yates needed treatment for her postpartum depression. They felt she was not responsible for what she did because she was mentally ill. Her attorney used insanity as her defense. (Jarvis, Mar. 11, 2002, p. 1A)

That defense may have kept her from being executed, but it did not prevent the guilty verdict and subsequent 40-year sentence. If the mental health community believed Yates was not guilty because of mental illness, it had an opportunity to help her – an eight-year opportunity. Shortly after the birth of her first child in 1994, Yates told her doctor, "Satan told her to get a knife and stab someone." (Brooks, Mar. 16, 2002, p. 1A) Not only did her doctors not help Yates, her condition worsened under their care. To me, the mental health community showed the world how truly incompetent it can be.

During a June 1999 hospitalization Yates was prescribed Zoloft which, according to Pfizer, can cause psychosis and agitation. Her doctor increased the dosage three-fold in only four days. According to the drug manufacturer it should not be increased more often than once each week. (Jarvis, Mar. 11, 2002, p. 1A)

When Yates was hospitalized again in July 1999 she received Zoloft, Zyprexa, Cogentin, Haloperidol, Lorazepam, diphenhydramine, Wellbutrin and Effexor. According to the medical record summary, these drugs appear to have been “mixed and matched” with Yates receiving as many as five different drugs at one time. She was discharged from the hospital with prescriptions for Wellbutrin, Effexor, Haldol and Cogentin. During a third hospitalization in March 2001 records indicate Yates was prescribed Effexor, Wellbutrin, Risperdal, Cogentin and Restoril and was discharged with prescriptions for Risperdal, Effexor and Wellbutrin. (Jarvis)

Following her conviction Yates continued to receive psychiatric drugs in prison. (Jarvis) I would be interested to know her hormone levels. Since she has not been pregnant for more than two years, the levels may have evened out some but I suspect they are still abnormal. How tragic that Yates’ body cried out with classic symptoms of postpartum hormone imbalance but no doctor treated her for that specific problem. We will never know how her life and the lives of her children would have been different if her physicians had followed that course of treatment.

Andrea Yates did get a new trial. I am glad she was found “Not guilty by reason of insanity”. From what I have read, I do not believe Andrea Yates was “insane” due to post-partum depression. I do believe she was made “insane” by the psychiatrists who placed her on these drugs.

I hoped someone introduces the concept that she may have had a hormone imbalance. If all the facts and information relating to her medical treatment – or mistreatment – were entered into evidence those eight years of psychiatric prescribing would be placed under close and perhaps unfavorable scrutiny. If doctors begin to look for the true underlying causes of the symptoms of depression instead of reflexively handing out antidepressants, great strides could be made to prevent any other woman and her family from going through what Andrea Yates and her children experienced.

Although much less tragic in its consequences, I also found the media debate about Tom Cruise and Brooke Shields to be very interesting. Brooke Shields has spoken openly about taking antidepressants after the birth of her first child. She told the media she had been diagnosed with Post-partum Depression and reported that she was grateful for the relief the medication gave her. Tom Cruise indicated his concern for her use of antidepressants. He told Matt Lauer of *The Today Show* that “I really care about Brooke Shields. I think, here is a wonderful and talented woman. And I want to see her do well. And I know psychiatry is a pseudo-science. . . . The thing I am saying about Brooke is that there’s misinformation, OK? And she doesn’t understand the history of psychiatry.” (The Today Show)

Much discussion followed from the media. I think it was an important topic to be discussed. It started people talking about the subject. What I found to be most interesting, however, was that every one of the “experts” that were interviewed on television or for the newspapers or magazines, said that Post-partum Depression was a real disease. They went on to say that it was real because women have real hormonal changes after giving birth. I was quite surprised to hear them say this. If women’s symptoms were caused from a hormone imbalance, why were they calling it Post-partum Depression? They should be diagnosing it as Hormone Imbalance or Hormone Deficiency. If a woman were to receive the correct diagnosis she could then be given the correct treatment, bio-identical hormones, instead of labeling her with a psychiatric diagnosis and prescribing antidepressants. To me the way Brooke Shields and Andrea Yates were diagnosed and treated makes as much sense as diagnosing depression in someone with diabetes and then prescribing an antidepressant instead of insulin.

PMDD

In addition to the postpartum depression label women must also face having their premenstrual symptoms categorized as a psychological malady, Premenstrual Dysphoric Disorder or PMDD. According to the DSM the symptoms of PMDD are:

Markedly depressed mood, marked anxiety, marked affective lability and decreased interest in activities. These symptoms have regularly occurred during the last week of the luteal phase in most menstrual cycles during the past year. The symptoms begin to remit within a few days of the onset of menses (the follicular phase) and are always absent in the week following menses. (APA, 2000, p. 771)

These symptoms clearly reflect a hormone imbalance. Why would anyone have a psychiatric disorder once a month? Yet commercials paid for by Eli Lilly bombard women with statements like, "Call your doctor to find out if Seraphan is right for you for the treatment of PMDD." Remember, Seraphan is actually Prozac produced under a new name.

Eli Lilly spends millions of dollars not just promoting their drug but also the so-called disorder they claim Seraphan treats. Given the relationship drug companies and their representatives cultivate with doctors, including "educational" seminars, new drugs and new disorders easily become a part of the mentality of the medical community in perfectly matched pairs. In the absence of this carefully crafted marketing scheme women currently labeled as suffering from PMDD would be accurately diagnosed with a hormone deficiency and treated accordingly.

The DSM goes on to say:

Some individuals with general medical conditions may present with dysphoria (restlessness) and fatigue that are exacerbated during the premenstrual period. Examples include seizure disorders, thyroid and other endocrine disorders, cancer, systemic lupus erythematosus, anemia, endometriosis and various infections. Attempts should be made to distinguish these general medical conditions from premenstrual dysphoric disorder by history, laboratory testing, or physical exam. (APA, 2000, p. 771)

Based on this information it would seem that the Seraphan ad should say, "See your doctor to find out if you have any medical condition causing your symptoms." Although the DSM acknowledges that medical conditions cause the symptoms and recommends physical exams, lab work, and a clear understanding of the patient's history, these things rarely happen. If the "PMDD" patients I see are any indication, these things *never* happen.

Unfortunately it's not just psychiatrists handing out the pills or making the psychiatric diagnoses. Patients must take responsibility for their own treatment and insure that this does not happen. No one should be prescribed an antidepressant without a complete physical exam and thorough medical evaluation.

How Bad Drugs Lead To More Bad Drugs

In addition to automatically prescribing HRT for women over fifty, doctors also like to prescribe calcium to this age group to protect them from osteoporosis. This is not necessarily the best approach. (Sanson, 2003)

When women receive Premarin and calcium together the combination can cause some harmful side effects. By placing women in an estrogen dominant state the Premarin raises the likelihood for depression and the estrogen and calcium block the uptake of magnesium, which in turn also can cause depression. Once a woman reports these feelings she's often given an antidepressant. One wrong treatment leads to a second.

A hormone imbalance and a nutritional deficiency aren't the makings of a psychiatric disorder. Had the correct hormone been given in the first place, perhaps bio-identical progesterone, the women most likely would not have reported depressed feelings at all. The problem is not depression, but de-hormones.