

Indu Joshi Ph.D. Consent for Use of Bio-identical Hormone Replacement Therapy (BHRT)

Estradiol, Estriol, Progesterone, Dehydroepiandrosterone (DHEA), and Testosterone are hormones which may be given in any variety of combinations, delivery routes, and dosages depending on my own individual requirements. Bioidentical hormones are those that are identical to those produced by human ovaries, adrenals or other tissues. They are not altered human hormones or derived from animals. Dr. Joshi recommends the use of bioidentical hormones.

I have consulted with Dr. Joshi to become educated on the potential risks and benefits of using hormone replacement therapy (HRT), which are summarized below. I have reviewed the results of the Women's Health Initiative Studies and understand that the hormones used in those studies were not bioidentical and not the same as those Dr. Joshi recommends.

Bioidentical hormones are those that are identical to those produced by humans. They are not synthetic and not derived from non-human animals.

I agree to maintain the recommended schedule of well woman care.

I will provide Dr. Joshi with a health history report in order to begin or continue Bioidentical Hormone Treatment. Regimens will be recommended to your physician for approval and any prescriptions required.

A follow-up visit is required with Dr. Joshi at 3 months, 6 months and annually to monitor the regimen. Bi-annual testing of hormone levels is required to assure that hormonal balance is achieved, and that levels are both safe and effective. Intervals of testing may be required at 3 months or may be extended to annually once the regimen has been approved.

I understand that spotting or bleeding can be normal in the first 3 months on the hormones. Any heavy bleeding must be evaluated. Any bleeding must be reported and discussed with your doctor, as bleeding that recurs after a woman has completed menopause is one of the warning signs of possible uterine cancer.

Reported Benefits of using Topical Estradiol as Bioidentical Hormone Replacement Therapy:

1. Improves many symptoms of menopause: hot flashes, night sweats, insomnia, slowed thinking, loss of libido (loss of sex drive), vaginal dryness
2. Strengthens bones and decreases osteopenia and osteoporosis
3. Vaginal tissue is more elastic, more secretory and thicker so less easily irritated. This often improves comfort with intercourse and improves sexual function. Usually applied directly to vaginal area.
4. Improves urethral and bladder health with a decreased risk of urinary tract infections. Applied vaginally.
5. Improves sleep, deeper longer sleep and less interrupted sleep
6. Decreases risk of Alzheimer's Disease, dementia, or memory problems
7. Decreases cardiovascular risk, lowers blood pressure and lessens plaque formation in arteries
8. May help depression, anxiety, irritability, and other mood problems
9. Improves skin health and texture, and increases joint and muscular strength
10. Decreases joint pain in many.

Reported Benefits of Progesterone

- 1. Can improve sleep and increase calmness.
- 2. Has been shown to be protective of brain health

DHEA and Testosterone

- 1. Improve muscle mass, strength and endurance
- 2. Can improve mood and cognition in some women

Reported Risks of taking Bioidentical or other Hormone Replacement Therapy:

- 1. Abnormal uterine bleeding, fibroid growth and /or uterine cancer, especially if estrogen is given without progesterone. When using estrogen, always take progesterone to balance the estrogen
- 2. Increased risk of deep vein thrombosis (blood clot) or pulmonary emboli (blood clot in lung) if ORAL estrogen used. This risk has not been shown with transdermal estradiol applied to the skin or vaginally. Never take oral estrogens.
- 3. Breast Cancer risk may be increased in some women however this has never been demonstrated in a controlled research trial. Two studies show no increased risk. One study with topical estradiol and real progesterone by mouth showed no increased risk of breast cancer. In another study using oral Premarin alone without a synthetic progesterone there was a decrease in breast cancer.
- 4. Testosterone or DHEA in women may, very rarely, be associated with increased facial hair, acne, scalp hair loss, lowered voice, increased sex drive or an increased tendency towards mania or other unknown effects. These problems are seldom seen in the low doses prescribed.
- 5. Other potential risks may include: cramps, headaches, migraines, breast tenderness, weight loss or gain, nausea, bloating, irritability, fluid retention or some other unlisted or unknown effects.

Treatment Alternatives:

- 1. I understand that one alternative is simply NOT to take any hormone replacement/substitution therapy.
- 2. Other treatment alternatives include: herbs, vitamins, diet, antidepressants, blood pressure medications, other pharmaceuticals, or simply doing nothing.
- 3. The possible risks of alternative treatment, if any, include: side effects from the herbs, vitamins or medications.
- 4. The alternative treatment simply may not work.

I understand the risks to me as an individual vary greatly, and can be greater or less than those found in studies. Medical science is always learning new information; this could include the discovery of other significant risks to me besides the ones listed above.

In signing below, I agree that I have read and understand the above discussion, had my questions answered, am aware of the potential risks and benefits, and agree to follow the recommendations given above.

I wish to proceed with the Bioidentical Hormone Replacement Therapy.

Patient Signature	Print Name	Date

Provider Declaration: To the best of my knowledge, I believe the patient has been adequately informed and has consented to the use of Bioidentical hormones.

Provider Signature	Print Name	Date