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FOREVER YOUNG

HORMONE REPLACEMENT THERAPY IS BECOMING less a fringe activity PRACTICED BY BODYBUILDERS AND ACTRESSES AND *more the norm* FOR WOMEN—AND MEN—OF A CERTAIN AGE. TWO TAKES ON A MEDICAL PRACTICE THAT'S *turning back the clock*.

SHE SAID:

HOT PURSUIT

As she entered menopause, one woman looked at all the research and adopted a take-no-prisoners approach to hormones.

BY MARCIA DeSANCTIS

WHEN I WAS 47, I PLODDED INTO THE Upper East Side office of David Fields. He is a gynecologist and he has shepherded me along a rainbow trail of birth control pills and, when I ditched those, two pregnancies and births. Because he knows me with an intimacy that, if you consider it, is rather astonishing, he is also my unofficial swami in all things biological, and he's brilliant at explaining the potent chemistry that goes on between sex organs and brain. That day I grabbed a wad of Kleenex, curled up into a ball across from him, and revealed that I could no longer sleep, concentrate, reason, or articulate either half of a compound sentence. Frankly, I was scared by how rapidly I was vanishing into a dense thicket of strangeness and depression marked by frequent, unedited episodes of sobbing, usually at the grocery store or the bank. I needed to spiral back out of this place and stop fantasizing about the ways I could do myself in.

"Let's get your hormone levels tested," he said.

I had done everything right. I honeyed my hair with highlights and went for regular tune-ups at my dermatologist. I exercised, zapped the spider veins from my calves, [CONTINUED ON PAGE 140]

HE SAID:

I-V LEAGUER

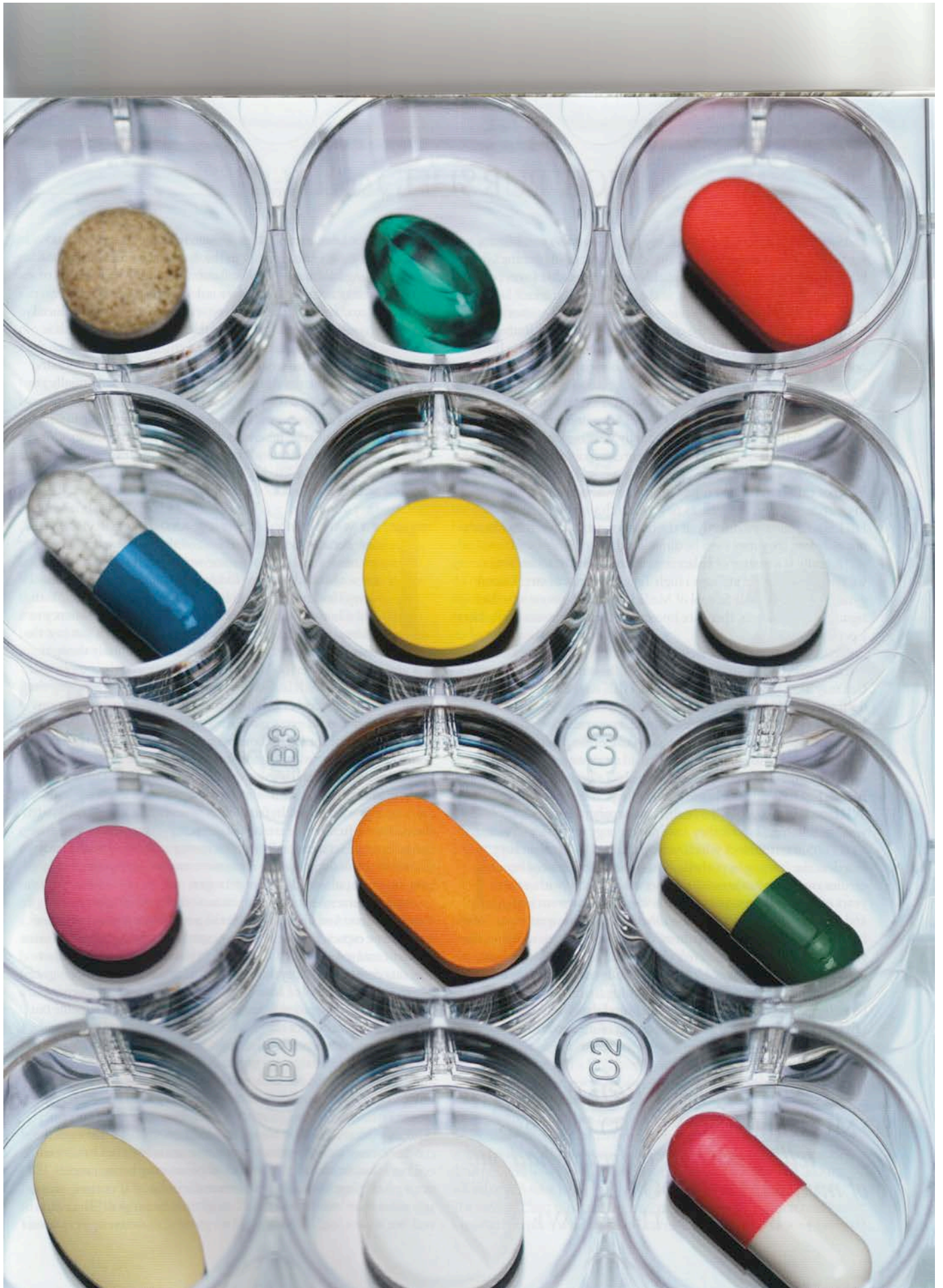
As the kids multiply and age advances, one man recommits to the hormones of youth and restores his resilient freshman spirit.

BY KEVIN CONLEY

I'M 52, WITH FOUR KIDS BETWEEN THE AGES of six and 13. When we go out to museums and playgrounds, strangers compliment me on my grandchildren. I don't worry about that. I do look the part: worry lines, the Telly Savalas hairdo, the bandy legs. Anyway, the comments may be well intentioned; from what I've been told, it's how grandparents flirt. But I do worry about the generation gap, and it has prompted me to get serious about my drug use again. I feel I owe the kids that much.

I've been using drugs most of their lives—nothing illegal, just the kind that disqualify me from election to the Baseball Hall of Fame. I suppose *drugs* is not really the right term. I've been taking a subset of steroids that are classified as hormone supplements, and I owe my current spry state of fitness to them. I started with regular weekly injections of a bio-identical form of human growth hormone made from an industrious strain of *E. coli*. Lately I've switched to testosterone synthesized in a lab.

The injections, which are cheaper and more effective than patches or gels, and the exercise and nutrition regimen that goes along with them, are aimed [CONTINUED ON PAGE 141]



HOT PURSUIT continued from page 138

and went to grad school. And still, my body—with so much living yet to do—was telling me that I already had one of my Jimmy Choo biker boots in the grave. It was quickly determined that I was perimenopausal, or, as I thought of it, at the beginning of the end. I was not happy to hear the word *menopause*—even the *peri* kind—associated with me. Euphemisms like “the change” were even worse. Immediately I conjured up visions of Eskimo women being sent away on ice floes once their biological purpose had vanished.

I QUICKLY READ ALL THE BIG STUDIES AND MOST of the small ones about the risks of hormone replacement therapy (HRT), as well as Fields’s handy writings on the subject. Despite the concerns about an increased risk of heart disease, stroke, and breast cancer, within a week I began treatment. When it came to rescuing my sanity, there was no debate. Turns out my instincts served me well, as new research suggests that when HRT is administered directly at the onset of menopause the risks are not only low, they may even be diminished.

“It really is a matter of balancing risk and benefit, something we are not very good at,” says Hugh Taylor, chair of obstetrics and gynecology at the Yale School of Medicine. “For someone who has significant symptoms, there are immense benefits that can really alter a person’s life.”

Taylor was one of the principal investigators on the Kronos Early Estrogen Prevention Study (KEEPS), one of several research initiatives that may alter how the public perceives HRT, whose reputation was dealt a serious blow in 2002. That year the sprawling Women’s Health Initiative (WHI) study was released, and its overall conclusions were that cardiovascular and breast cancer risks increased with HRT. The problem was, the women in the study had an average age of 63 and were beginning hormone therapy more than a decade after their last period. Fields is ruthless about those findings. “Everyone still quotes the WHI study, even though the results don’t apply to you and people like you,” he tells me. “I think they have done a huge disservice to women.”

KEEPS, the results of which were published in October 2013, was based on the “timing hypothesis.” It assessed the potential benefits, cardiovascular and otherwise, of intervening early (within three years of the last menstrual period) with a low-dose estrogen patch and intermittent progestin, the synthetic form of progesterone. “We believe that if you initiate hormone therapy in younger women, you get the benefits without the risk of cardiovascular disease you saw in older ones,” Taylor says. Heart disease kills nearly twice as many women as all cancers combined, so anything that might help would be welcome. Even the WHI follow-up found that women who began HRT less than 10 years after the beginning of menopause had 24

percent fewer heart attacks than women in a placebo group. And another study, published in 2012 in the *British Medical Journal*, had similar findings: Women who take hormones in the early stages of menopause may actually have lower risk of heart disease, cancer, blood clots, and stroke. (The latter two risks were probably reduced by using transdermal estrogen rather than oral estrogen, which is what the WHI study used.)

Fields points out that while civilization has succeeded in doubling the life span of women in the last century, we still have essentially the same bodies as thousands of years ago. “When the average life span was between 40 and 50, ovaries were functional your whole life, just as with other mammals,” he says. In other words, menopause didn’t happen halfway to death but at the very end of life. Evolution has some catching up to do. “Today, the rest of you may last a long time, but your ovaries still do not.”

I F I WERE GOING TO STICK AROUND FOR ANOTHER few decades, I owed myself—and the people who still pretended to love me—some wellness. The fizzy hormonal brew that had kept me fertile and uncrazy (and my skin all dewy) had turned into the equivalent of toxic sludge. “You had a hormone deficiency disease, like thyroid deficiency or adrenal gland deficiency,” Fields says. Estrogen is not just the chemical of breasts and uterus, as is commonly thought. It is also a kind of superfood for your body’s cells and their molecular structure. It is believed that its presence affects aging by blocking the secondary effects of other cellular processes that cause malfunctions and deficiencies as we grow old. Estrogen flowing deliciously through the veins is one of the body’s true net positives. It’s a signal to build bone (reducing the risk of osteoporosis) as well as brain cells, it boosts the vascular system, and it’s very good for sex. And most important for womankind, when we ovulate and our estrogen levels are high, we are in a very good mood. In fact, Fields believes that an estrogen patch should be the first line of treatment for postpartum depression, since the postpartum state actually mimics menopause (because the body thinks we’re nursing), and the depression may be precipitated, in large part, by the rapid withdrawal of estrogen.

But, of course, there are risks, just as with eating fat or swimming in choppy waters. And like those potential perils, it’s important to understand them, especially where they concern breast cancer, which remains the most misunderstood result of the WHI study. “Culturally, we just fear cancer more,” says psychologist Susan Girdler, of the University of North Carolina School of Medicine, who was another lead investigator on KEEPS. “It’s irrational, just as we fear getting on an airplane but are more likely to die in a car.” And although the studies showed an increased risk of cancer after five years of HRT, the increase is small: in the WHI study one extra case per 1,200 women on combined estrogen and progestin (HRT), but little or no extra risk (or maybe even a reduced risk) with just estrogen therapy (ERT), which is suitable for women who have had a hysterectomy. Taylor explains the current thinking: “Most of us who are in this field do not believe that even the combination of estrogen plus progesterone actually causes breast cancer, but it may stimulate the growth of preexisting breast cancers. It’s not a good thing, but it is an important distinction.” If nothing scares you more than breast cancer, HRT might not be for you. “The risk is real, but it’s not big,” Fields says. “If it’s going [CONTINUED ON PAGE 150]

*STILL, MY BODY—WITH
SO MUCH LIVING YET TO DO—was
telling me that I already had one
of my JIMMY CHOO BIKER
BOOTS IN THE GRAVE.*

Hot Pursuit

[CONTINUED FROM PAGE 140] to make you crazy every day, you shouldn't be taking estrogen."

But if you're like me, you'll forge ahead and tune out the noise. I reasoned that if estrogen killed me, so be it; I wouldn't leave this world a dried-up, miserable wretch of a corpse. HRT is a very complicated and personal story. Your doctor has to consider the formulation to prescribe, the dosage, the duration, and the delivery: oral, cream, or transdermal patch. After a bit of fiddling around, my regime involves a daily estrogen pill with a progestin chaser 10 days a month, which helps wash out my uterus and reduce the potential for cervical cancer. The result? My hormones are stable, and so, mercifully, am I.

This was not, I swear, an anti-wrinkle gambit or a way to medicate my way back to high school. It was an attempt to tether myself back to earth when I thought I was losing it. But I spend a lot of time defending myself, often to women who dull their distress with gallons of pinot grigio and who complain about how painful sex with their husbands has become now that they're living the Dry Vagina Monologues. Fields sums up my philosophy by saying, "Your chance of getting breast cancer [from taking estrogen] is one out of a thousand per year, and your chance of enjoying every day of your life for the next 35 to 40 years is 98 percent. You do the math."

Fields's recommendation is borne out by the most recent guidelines from the British Menopause Society, which concluded that though HRT should always be highly individualized, if symptoms persist the benefits of HRT usually outweigh the risks. But stateside, even with new research that has mitigated some of the panic of a decade ago, the FDA continues to recommend that HRT be used only to treat the symptoms of menopause—night sweats, mood swings, and hot flashes—and be administered at the lowest possible dosage for the shortest duration. Fields feels that a proper interpretation of the timing hypothesis means that it is the number of years without hormones before the start of HRT that makes the difference, rather than a woman's age when she starts or the length of therapy, and that with proper supervision there's no evidence I shouldn't take it for the rest of my life. That's good news. Because nothing will convince me that this isn't the best thing I've ever done for my body. It's been four years and counting, and I plan on happily continuing until they pry it from my cold, dead, and, I'm hopeful, elderly hands. •

I-V Leaguer

[CONTINUED FROM PAGE 141] my abdominal fat, spreadsheets on my blood chemistry, X-Y graphs on my estimated biological age.

My results were mixed. The telomere test gave an estimated biological age of 28.6 years—good news, although at that age, chronologically, I had hair. My VO₂ max put me in the upper quintile of fitness for 50-year-old American males. (Or for 60-year-old Danes. All that biking and herring, I guess.) But my abdominal fat—which recent studies link to early death—was way up there, at 39 percent, something that really showed on the DEXA scan, with its blobby full-body X-ray image of my fat deposits. Still, my doctor, Jeff Leake, a onetime anesthesiologist and director of surgical services at a hospital in Bremerton, Washington, seemed pleased. "You're what we call 'fit but fat,'" he said cheerily.

That was enough to put the religion in me. For the next three months I was rigorous about the shots: 0.3 milliliters of testosterone cypionate once a week and 0.25 ml of anastrozole, to counteract the unfortunate tendency of testosterone to turn into estrogen in the blood, which leads to man boobs, among other things. I adopted one of the diets recommended, the paleo diet ("anything you could kill naked on a savannah with a stick," the nutritionist explained), a regimen that is high in protein but prohibits grains, sugar, and alcohol. (As for that last prohibition, I followed the 21st Amendment and drank as freely as ever.) I took fistfuls of supplements for better chemistry—including vitamin D, fish oil pills, and melatonin (the last one because REM sleep promotes the secretion and absorption of human growth hormone). I hit the gym, with a mixture of high-intensity interval training, for cardio, and weightlifting. I stuck to the salad line and skipped bread and grains entirely, and it started to show. My wife began mocking my new habit of rubbing my abs.

The changes weren't all in my imagination. In a return visit at the end of three months, I'd lost 14.9 pounds of fat and gained 4.7 pounds of muscle, for a net loss of 10.1 pounds. I lost two inches around my waist and gained muscle, especially in the legs and arms; building lean muscle mass is one of the principal effects of testosterone replacement. My cholesterol plummeted to the lowest it had been in seven years.

A lot of friends and family members knew about this regimen, so talking testosterone was unavoidable. I got a lot of jokes about 'roid rage and four-hour erections. It started to feel like

hormonal profiling based on stories of steroid abuse and certainly not the nuanced experience of the actual stuff in the veins. True, I was grateful for the new body (the soft tissue, anyway—I have the same old rickety knees). But the alchemy I prized the most concerned more illusory qualities—an overall increase in confidence, forbearance, and stick-to-it-iveness, the ability to laugh at myself—that had begun to seem in short supply over the years.

This positive psychopharmacological boost is so pervasive, and varies so widely in its admittedly squishy individual effects, that nearly every discussion of hormone therapy includes an acknowledgment of the potential placebo effect. Still, the mood-boosting is real, maybe even primary. But it's easier to concentrate on the readily measurable—my 31 percent reduction in abdominal fat—than to try to quantify intangibles.

I spoke to Abraham Morgentaler, a urologist at Harvard Medical School, the founder of Men's Health Boston, and the author of *Testosterone for Life*, who has spent his career studying the effects of the hormone. He told me that much of the effect of testosterone on otherwise healthy individuals with low testosterone has to do with "what's involved with living well, that extra 5 percent of energy or motivation to make the extra call or to spend a few minutes talking to your son or daughter, that little bit of difference that makes you feel you have your edge back." The soft-spoken doctor pooh-pooed elaborate regimens like the one I was following with Cenegenics as something for "body-conscious guys"; he insisted that "98 percent of the benefits come from testosterone alone."

That didn't jibe with my experience, since I'd tried testosterone alone, without any real commitment to regular gym visits or paleo-dieting, and wound up fit but fat. That's not the worst state, but it didn't come close to the sense of reinvention I'd been feeling since I started following the diet and hitting the gym too. It's not the fountain of youth, exactly, and the "Ferrari of medicine" doesn't fit my situation, either. (Ferraris don't have room for a child seat, for instance.) But this new routine does work in seamlessly with the established rhythms of my two score years and 12—without pushing me back into the embarrassments of youth on the one hand or sending me out hunting for a midlife-crisis-mobile. Strangers may still mistake me for my kids' grandpa, but when those kids run into chilly surf on a sunny spring day in New England, there's no generation gap: I have no trouble racing in after them. •