Clinician guide edited and led by Tulane physician offers clearer path through the hormone therapy debate

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somcommunications@tulane.edu
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Franck Mauvais-Jarvis, MD, PHD. is an endocrinologist and professor of medicine at Tulane University School of Medicine, and director of the hormone therapy clinic at the New Orleans VA Medical Center.

After years of mixed headlines and one-size-fits-all advice, hormone therapy is getting a rethink. Dr. Franck Mauvais-Jarvis, an endocrinologist, professor of medicine at Tulane University School of Medicine and director of the hormone therapy clinic at the New Orleans VA Medical Center, has edited and led a new clinician guide, "*Principles of Precision Hormone Therapy,*" that distills the latest evidence on who benefits, what's safe and how care can be tailored. In the Q&A below, Mauvais-Jarvis, explains what's changed since the early 2000s studies, why "precision" matters for healthy aging, and what patients, and their doctors, should know before starting treatment.

What inspired you to put together this book, and why now?

I direct the precision hormone therapy clinic at the New Orleans VAMC, and I am the founder and director of the NIH-sponsored Tulane Center of Excellence in Sex-Based Precision Medicine, so I know as a fact that proper hormone therapy can delay the onset of age-related diseases. Yet there is currently no

authoritative, up-to-date resource on precision hormone therapy for healthy aging. Current standard of care textbooks rely on outdated concepts. This book is a tool to educate clinicians and researchers on the benefits of bioidentical hormones in clinical practice based on actual science, to eliminate myths and to serve as a practical reference guide for scientific reasoning and clinical practice.

What do you mean by “precision hormone therapy”? How does it differ from traditional approaches?

This is hormone therapy optimized to individual needs and with the precision of a Swiss watch.

Hormone therapy has been controversial over the past two decades, especially after major studies like the Women’s Health Initiative. What misconceptions still persist, and how does your book address them?

You’re right, the Women’s Health Initiative (WHI) hormone trial with its sensationalized media reports, misunderstood and misrepresented findings, created myths linking menopausal hormone therapy (MHT) with risks of breast cancer and heart disease. The United States (U.S.) Food and Drug Administration (FDA) has outdated black box warnings for estradiol that do not reflect the current scientific knowledge. Even the U.S. Preventive Services Task Force (USPSTF)'s current recommendations on MHT and prevention of chronic disease are based on outdated publications and ignore position statements of the U.S. Menopause Society and the American Heart Association.

Another myth that has been circulating for half a century is that testosterone increases the risk of prostate cancer. There’s not one scientific clinical study that support this claim. Similarly, we now know that the claim that testosterone increases the risk of heart disease is false.

This book bridges that gap by presenting cutting-edge scientific data and insights from leading academic and private practice experts on the role of bioidentical hormone (defined as “compounds that have exactly the same chemical and molecular structure as hormones that are produced in the human body”) optimization in healthy aging. It dispels common misconceptions and myths about hormone therapy risks and highlights the proven benefits of precision hormone treatments.

How have recent advances in hormone science challenged earlier assumptions about safety and efficacy, particularly in aging populations?

Today, we know that, in women, MHT does not increase the risk of breast cancer and that estrogen therapy alone even decreases the risk. Similarly, MHT does not increase risk of heart disease but on the contrary decreased the risk of heart disease in younger women. Regarding testosterone therapy in men, recent studies have shown that testosterone is neutral or may be beneficial to heart function. Recent clinical trials have also demonstrated testosterone safety for the prostate.

Who is most likely to benefit from hormone therapy?

An ignored aspect of the age-related decline in testosterone and estradiol is the loss of sexual desire and function, often misread as relationship failure. In men, it fuels the so-called midlife crisis; in women, it’s dismissed as “just aging.” Yet behind many divorces lies an undiagnosed hormone deficiency that erodes intimacy and trust. Society ignores this biological reality, but in my clinical experience, targeted hormone therapy can restore desire, rebuild connection, and prevent the collapse of long-term relationships. Crucially, both partners must be treated.

Testosterone is everywhere right now—what’s legitimate care (for men and for some women) vs. “low-T” hype?

Testosterone deficiency is surprisingly common in middle aged and older men and is a serious health concern with detrimental effects on men's health and quality of life. It is associated with several of the most common and costly comorbidities facing our society including metabolic syndrome and type 2 diabetes, depression, anemia, osteoporosis, increased risk cardiovascular disease and dementia/Alzheimer, worse outcomes in chronic kidney disease and COVID-19 infection and increased all-cause mortality. It should be treated. However, driven by fringe elements of our field, there is a burgeoning of "men's health" clinics that prescribe testosterone to middle age or younger men that often don't need it.

Your book is aimed at clinicians — what are some of the most important takeaways or updates that practitioners should know?

Bioidentical hormones prevent and mitigate the chronic diseases associated with aging in men and women, including osteoporosis, diabetes, cardiovascular disease, Alzheimer's, depression, anemia, and frailty. In that perspective they are antiaging therapies. They don't increase lifespan, but they enhance healthspan.

What are some of the biggest challenges still facing the field of hormone therapy research?

The biggest challenges are related to medical conservatism, misguided reliance on flawed clinical trials like the WHI, pharmaceutical lobbying against unpatentable bioidentical hormones for synthetic ones, and systemic biases in medical education that perpetuate misunderstanding of hormone biology favoring synthetic hormones and producing near total ignorance of their difference with endogenous hormones and the real benefits of bioidentical hormones even among the most senior physician and scientist.

How can medical schools and academic medical centers help train the next generation of clinicians in more evidence-based and personalized approaches to hormone therapy?

By using my book!