CASE #1116: Targeted Nutritional Support in a Patient with Perimenopausal Symptoms and Increased Bone Loss

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PURPOSE

The purpose of this case study was to demonstrate that a specialized nutritional plan—incorporating a medical food to promote hormone balance, a supplement to relieve hormone-related symptoms, and a supplement to support bone health—can be useful in patients with perimenopausal symptoms and increased bone resorption.

PATIENT'S PRESENTATION AND HISTORY

A 55-year-old female presented with fatigue, anxiety, and daytime and nighttime hot flushes. Her hot flushes had been increasing in frequency to 2-5 times per day, and she experienced nighttime awakenings accompanied by intense night sweats. Over the previous 2 years, her menstrual periods had become irregular, with spotting in between cycles, and she had gained 30 pounds. Her past history included benign breast cysts and hypertension that was controlled with medication.

Initial Clinical Information:

- Current medications: cetirizine 10 mg daily, lisinopril 10 mg daily, and ibuprofen 600 mg twice daily
- Height: 63"; weight: 195 lb; blood pressure: 130/88
- Unremarkable physical exam
- Compromised quality of life as indicated by high MSQ* score

PLAN AND RESULTS

The patient was instructed to:

- Begin a medical food (in powdered beverage form) to promote hormone balance, containing non-soy phytoestrogens, antioxidants, and other targeted nutrients

4 Through 18 Weeks after Starting the Plan

After 3 weeks on the plan, the patient reported a 30% improvement in daytime symptoms of fatigue and hot flushes, and 50% fewer nighttime awakenings.

At the 10-week visit, she reported that her daytime hot flushes had tapered off dramatically (to just a few morning episodes), and the few night sweats she had did not interrupt her sleep. She felt rested and had more energy.

The patient was instructed to continue on the medical food and start a supplement to relieve hormone-related symptoms featuring black cohosh, 80 mg twice daily.

Four weeks later, as she continued to report improvement, the patient was advised to decrease the medical food to 1 serving at breakfast and the supplement featuring black cohosh to 80 mg once at bedtime.

At the 18-week visit, upon report of further improvement in her symptoms with only a few night sweats, the patient was instructed to discontinue the medical food.

22 Through 32 Weeks after Starting the Plan

At the 22-week visit, the patient reported having a reduction in general physical symptoms (Figure 1) and only 1-2 mild daytime hot flushes in the preceding 3 weeks. Assessment for osteoporosis risk showed increased bone resorption. The patient was instructed to begin a supplement providing MCHC, ipriflavone, and vitamin D, 3 tablets twice daily.

Repeat bone resorption tests done at the 32-week visit indicated normalization (Table 1), and review of a DEXA scan showed normal bone mass.

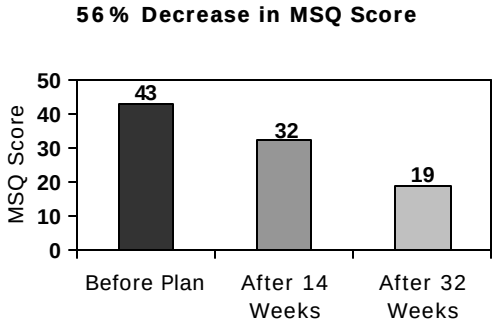

Figure 1. After 32 weeks on the plan, the patient's MSQ* score decreased from 43 to 19. This result indicates a significant decrease in general physical symptoms.

Substantial Improvements in Markers of Bone Resorption

	Reference Range	Before Plan	After 10 weeks
Pyridinium crosslinks/Crea	16-37 nmol/mmol	40.6	30.2
Deoxypyridinium crosslinks/Crea	3-7.4 nmol/mmol	8.5	6.7

Table 1. After 10 weeks on the MCHC supplement, the patient had a substantial improvement in the bone resorption markers, pyridinium and deoxypyridinium crosslinks.

SUMMARY

Improvement of perimenopausal symptoms was achieved and bone resorption markers were normalized with the specialized nutritional plan, which consisted of a medical food featuring non-soy phytoestrogens, a supplement featuring black cohosh, and a supplement providing MCHC. This case study suggests this plan may be useful in patients with perimenopausal symptoms and increased bone resorption.

NOTE

The information provided in this case study describes the results of one patient under the care of a licensed healthcare practitioner and may not be a typical response.

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* The MSQ is a clinical tool for the evaluation of general physical symptoms. Total scores above 75 are generally associated with substantial symptomatology and disability; scores below 30 generally indicate few or low intensity symptoms.

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