

# A Conversation Worth Having

*A guide for you and the people who love you, to discuss bioidentical hormone replacement therapy.*

## How to Use This Guide

Read this document through on your own first. When you are ready, share it with your partner or a trusted friend. Use the questions as starting points, not scripts.

### Feel Seen

Understand your experience

### Find Words

Name what has been hard to say

### Open Dialogue

Start a loving and honest conversation



# Naming What You Have Been Living With

A checklist for you, and for those who love you.

*Hormonal changes, particularly during perimenopause and menopause, can create a wide range of experiences that are real, significant, and often poorly understood. Read through this privately first, then share with someone you trust.*

## What I May Be Feeling

*Check anything that resonates with you.*

- Fatigue that sleep does not seem to fix
- Difficulty falling or staying asleep
- Mood changes that feel out of character; irritability, sadness, or anxiety
- A sense of emotional flatness or feeling disconnected from myself
- Brain fog, forgetfulness, or difficulty concentrating
- Loss of libido or changes in intimacy
- Weight changes around the midsection despite no change in habits
- Hot flashes or night sweats
- Joint aches or a general sense of physical discomfort
- Feeling like I am not myself, but unable to say why
- A quiet grief over who I used to feel like

## What Those Close to Me May Have Noticed

*For partners and family to reflect on.*

- Changes in her energy, seeming exhausted even after rest
- Mood shifts that seem unpredictable or unlike her
- Withdrawing from activities or people she used to enjoy
- Changes in sleep, restlessness, waking, or excessive fatigue
- Seeming more forgetful or distracted than usual
- Less engagement in intimacy, or changed self-perception
- Weight or body changes she has expressed concern about
- A sense that something feels off, even when she cannot name it
- Comments like "I just don't feel like myself"
- Increased frustration with things that did not used to bother her
- Present, but not fully there

*A note to partners and family: What you have observed matters deeply. These experiences are not personality flaws, mood problems, or a phase -- they are often rooted in measurable physiological changes. Your willingness to listen, and to believe her, is one of the most meaningful things you can offer.*

# Setting The Record Straight

What the science actually tells us about hormone therapy.

*There is a great deal of outdated and misunderstood information circulating about hormone therapy. Much of it stems from a single 2002 study that has since been significantly reinterpreted by the medical community. Understanding the distinction between the research and the myth can make a meaningful difference in the conversations ahead.*

**COMMON CONCERN**

*"Hormone therapy causes cancer."*

The 2002 Women's Health Initiative study that prompted widespread fear involved a specific synthetic hormone, not bioidentical hormones, administered to older women in fixed, one-size-fits-all doses. Subsequent research and re-analysis have substantially refined those original findings. Bioidentical hormone therapy, when individually tailored and appropriately supervised, carries a very different risk profile. Fear rooted in outdated data is not an informed position.

**COMMON CONCERN**

*"These symptoms are just part of getting older. You have to accept them."*

While hormonal changes are a natural part of life, suffering is not a prerequisite. The symptoms many people experience, such as sleep disruption, cognitive fog, mood instability, fatigue, and loss of wellbeing, are often directly connected to measurable hormonal shifts. Identifying and addressing those shifts is evidence-informed self-care, not avoidance.

**COMMON CONCERN**

*"Bioidentical hormones are not regulated or scientifically supported."*

Bioidentical hormones are compounds molecularly identical to the hormones your body naturally produces. When prescribed by a knowledgeable physician and sourced from accredited compounding pharmacies or Health Canada-approved preparations, they are subject to quality standards and informed by a growing body of peer-reviewed research. They are a precision-oriented approach, not a fringe alternative.

**COMMON CONCERN**

*"If it were really a problem, this would be more widely available."*

Hormonal health, particularly in women, has historically been undertreated, under-recognized, and under-researched. Interested physicians must seek additional training in this area, and standard appointments rarely provide enough time to explore nuanced, overlapping symptoms. Seeking an informed perspective is not a reflection on your current care, it is an act of self-advocacy.

**COMMON CONCERN**

*"Hormone therapy will make me gain weight or ovulate again."*

Weight changes are frequently already in motion before treatment begins, driven by the hormonal shifts themselves rather than any therapy. Addressing the underlying imbalance can actually support healthier body composition over time, not work against it. As for ovulation, bioidentical hormone replacement therapy is not the same as fertility treatment: it works with your body's current hormonal environment to restore balance and wellbeing, not to stimulate reproductive function.

# Questions to Explore Together

Starting points for an honest, loving conversation

*These questions are not a checklist to complete or a test to pass. They are invitations to be honest with yourself, and with the people who care about you. There are no wrong answers. Take as much time as you need.*

## For You

- If I am being honest, how long have I been aware that something feels different?
- What do I find most difficult to talk about, and why?
- What do I miss most about how I felt before these changes began?
- Have I been minimizing my experience to protect others, or because I doubted myself?
- What am I most hopeful for if I choose to explore this further?
- What am I most nervous about, and what would help me feel more at ease?

## For Partners and Loved Ones

- What changes have I noticed, and have I named them gently and directly?
- Have I dismissed or minimized what she has been going through, even unintentionally?
- What does she need from me most right now, information, space, or simply to feel believed?
- Am I willing to learn more about this alongside her, without judgment?
- How can I support her in exploring options without adding pressure?
- What would it mean for both of us if she found real relief from what she has been experiencing?

## Conversation Prompts for Supporters

*You might say...*

*“What have I missed that you wish I hadn’t?”*

*“Is there anything you want me to understand better?”*

*“How can I support you right now?”*

## What Bioidentical Hormone Replacement Therapy Involves

BHRT at PacificaMD begins with an in-depth, individualized assessment, not a generic prescription. Dr. Elisabeth Crisci works with each patient to understand their full health history, current experience, and goals before any path forward is discussed. Treatment, when pursued, is tailored, monitored, and adjusted over time. The first step is simply a conversation.

## Ready to Begin the Conversation?

250-909-0190

We would be glad to answer your questions and help you explore whether BHRT may be right for you.

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