

TEMPLATE LETTER

Subject:

Request for written documentation regarding refusal of hormone treatment

Dear

Thank you for our recent consultation. I am writing to follow up on our conversation, where I requested a trial of hormone treatment with body identical hormones for symptoms which I believe are due to low hormone levels. My request was denied.

The hormones progesterone, estradiol and testosterone are all important and biologically active hormones:

- Progesterone supports sleep, mood, bones, breast tissue and the GABA calming pathway in the brain. It balances estradiol's effect on the uterine lining and on other cells throughout the body¹.
- Estradiol improves the function of the brain, bones, heart and blood vessels, vaginal and bladder tissue, skin, insulin sensitivity and metabolism².
- Testosterone supports energy, mood, cognition, libido, muscle, bone, and cardiovascular health in women³.

These are the same hormones my body has made my whole life. They are not foreign substances.

I understand that some of the concern around hormone treatments comes from older data on synthetic hormones, including the birth control pill, conjugated equine estrogens, ethinylestradiol and synthetic progestogens such as norethisterone and medroxyprogesterone acetate. These are chemically different to hormones and are associated with risks, unlike the body identical (bioidentical) hormones I have requested.

If the alternative being offered is an SSRI, the published risks of SSRIs are substantial: reduced bone density and increased fracture risk⁴; upper gastrointestinal bleeding⁵; higher rates of cognitive decline and dementia⁶; increased risk of sudden cardiac death with long-term use of more than five to six years⁷; persistent sexual dysfunction, which can continue after the medication is stopped⁸; and a discontinuation syndrome that can be prolonged and severe. SSRIs do not replace the hormones that are missing in my body. They mask symptoms while the underlying hormone deficiency continues to progress.

Regardless of my individual medical history, the low levels of hormones in my body are increasing my future risk of diseases. Hormone deficiency is linked to cardiovascular disease (the leading cause of death in women⁹); osteoporosis, hip fracture, and vertebral fracture^{10,11}, urinary tract infections¹², insulin resistance, type 2 diabetes, and metabolic disease¹³, cognitive decline and dementia¹, and mood and sleep disorders.

This is why I am asking to be treated with hormones. The risks to my future health of not prescribing me hormones needs to be considered properly.

I would like you to reconsider prescribing me hormone treatments for the reasons listed above. If you cannot prescribe for me, then please let me know the reasoning for this with the scientific evidence you have to support your decision. I would also like to be referred to a medical expert who can offer me a second opinion.

I value our relationship and your care, and I look forward to your response.

Yours sincerely

References

- [1] Mosconi, L., et al. (2021). Menopause impacts human brain structure, connectivity, energy metabolism, and amyloid-beta deposition. *Scientific Reports*, 11:10867. <https://doi.org/10.1038/s41598-021-90084-y>
- [2] Prior, J. C. (2018). Progesterone for the prevention and treatment of osteoporosis in women. *Climacteric*, 21(4):366–374. <https://doi.org/10.1080/13697137.2018.1467400>
- [3] Davis, S. R., et al. (2019). Global Consensus Position Statement on the Use of Testosterone Therapy for Women. *J Clin Endocrinol Metab*, 104(10):4660–4666. <https://doi.org/10.1210/jc.2019-01603>
- [4] Rabenda, V., et al. (2013). Relationship between use of antidepressants and risk of fractures: a meta-analysis. *Osteoporosis International*, 24(1):121–137. <https://doi.org/10.1007/s00198-012-2015-9>
- [5] Jiang, H. Y., et al. (2014). Risk of upper gastrointestinal bleeding with selective serotonin reuptake inhibitors with or without concurrent nonsteroidal anti-inflammatory use: a systematic review and meta-analysis. *American Journal of Gastroenterology*, 109(6):811–819. <https://doi.org/10.1038/ajg.2014.82>
- [6] Mo, M, et al. (2025). Antidepressant use and cognitive decline in patients with dementia: a national cohort study. *BMC medicine*, 23(1), 82. <https://doi.org/10.1186/s12916-025-03851-3>
- [7] European Society of Cardiology (2025). Use of antidepressant medication linked to substantial increase in risk of sudden cardiac death. EHRA 2025 Congress press release, March 30, 2025. <https://www.esccardio.org/news/press/press-releases/Use-of-antidepressant-medication-linked-to-substantial-increase-in-risk-of-sudden-cardiac-death/>
- [8] Ben-Sheetrit, J., et al. (2015). Post-SSRI Sexual Dysfunction: Clinical Characterization and Preliminary Assessment of Contributory Factors and Dose-Response Relationship. *Journal of Clinical Psychopharmacology*, 35(3):273–278. <https://doi.org/10.1097/JCP.0000000000000300>
- [9] Anagnostis, P., et al. (2022). Menopause-associated risk of cardiovascular disease. *Endocrine Connections*, 11(4), e210537. <https://doi.org/10.1530/EC-21-0537>
- [10] Nazir, A., et al. (2023). From fragility to resilience: Advancing early identification and management of osteoporosis in post-menopausal women. *Women's Health*, 19. <https://doi.org/10.1177/17455057231194140>
- [11] Trinh, A., et al. (2025). Bone health across a woman's lifespan. *Clinical Endocrinology*, 102(3). <https://doi.org/10.1111/cen.15203>
- [12] Peters, K. (2021). What is genitourinary syndrome of menopause and why should we care? *The Permanente Journal*, 25, 20.248. <https://doi.org/10.7812/TPP/20.248>
- [13] Mauvais-Jarvis, F., et al. (2017). Menopausal hormone therapy and type 2 diabetes prevention: Evidence, mechanisms, and clinical implications. *Endocrine Reviews*, 38(3), 173–188. <https://doi.org/10.1210/er.2016-1146>

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