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Excerpt: When Hormone Therapy Can Stress You Out

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Prior to my first sex therapy session with Dr. Levine, I got a call from the office of Dr. Jones, my initial urologist. Like many medical experts, he felt strongly that it was vital that I began hormone therapy. Had I known then that hormonal therapy is useful only before radiation and is not to be initiated before surgery, I would have registered a loud “No!”

I realized later that this was not only due to adhesions that could make surgery more difficult. I should have said, “No!” because of the prolonged physical and emotional stress it would cause me and my family later on. At that point, I was simply an uninformed, indecisive patient who didn’t know any better.

It was about a month before I met Dr. Carey that I yielded to Dr. Jones’ request for my first and only hormone injection. His nurse administered the Lupron, after Dr. Jones told me again that this might lead to some uncomfortable side effects, including hot flashes and possible breast enlargement. But like many patients I was prone to follow the lead of medical experts, so I went along. I hasten to add that I did not follow Dr. Jones’ lead blindly, since at that moment I was persuaded it made sense.

While receiving the shot, I asked the nurse what effect the hormone would really have on me. Her brief, but courteous response was that, “The hormone Lupron is a form of chemical castration.” Dr. Jones had mentioned that this hormone would suppress testosterone produced by the testes, which in turn would retard my cancer; but it’s one thing to hear a general explanation and another to realize he was talking about my gonads!

By contrast the nurse’s words hit home and made me shudder; but I laughed it off. What a mistake that was! Over the next six months, due to the hormone injection, I would forever regret that I did not research male hormone therapy in advance more thoroughly. Again, I simply had no idea what havoc it would wreak on my body, my emotions, and my relationship with my family.

It took only two weeks for me to feel its effects. What followed were numerous daily hot flashes of the kind menopausal women experience. I had been told that

the Lupron was to be administered again eighty-three days later. Trust me, I did not let that happen, not only because I would hear Dr. Carey's concerns that this was inappropriate before surgery, but because of the emotional roller-coaster I rode.

Lisa Marshall of the Scripps Howard news service wrote a relevant article called, "Hormones Got You Down? It's Not Just a Female Thing."² She writes about author and psychotherapist Jed Diamond, who tells us that if men are stressed or grumpy they may be suffering from "Irritable Male Syndrome."

As Ms. Marshall points out, "The term 'IMS' has hardly become a household word" since the publication of Jed Diamond's book, *The Irritable Male Syndrome*, in September 2004. Diamond's premise is that "irritability and anger are rampant especially among men in their late teens and early twenties and those forty to fifty." He asserts this because while all men's testosterone levels vary daily, alternately surging and dipping, he feels that the testosterone levels of those over forty are particularly prone to dipping downward.

This supposition regarding the dipping of testosterone from age forty onwards is actually one that most medical experts subscribe to. Among many studies, the Massachusetts Male Aging Study on impotence (conducted by the New England Research Institute of Watertown, MA, between 1987-1989) has demonstrated the gradual decline in testosterone and sexual function of men over forty. It is a linear curve although there continues to be the normal daily variations. It may therefore be true, as Diamond asserts, that "Those hormonal shifts [contribute] to both teenage angst and the proverbial 'midlife crisis.'"

Diamond goes on to suggest that many women need synthetic hormone replacement therapy to replace the natural hormones they have lost due to menopause. Most men, though, who experience a drop in testosterone, could benefit from exercise, controlling their stress levels, eating properly, and getting counseling to offset some very real hormonal changes.

I don't know about most men, but there's no doubt in my mind that the hormone therapy I was given to suppress my level of testosterone really "did me in." Whatever shred of sexual prowess I had managed to rekindle in three sessions of sex therapy totally dissipated in less than a month after beginning the hormone treatment. During the weeks before and after my prostate cancer surgery I suddenly became ornery, argumentative and downright depressed with accompanying mood swings.

To be sure, in the first two weeks after Lupron was administered, I recall joking with my wife, asking, "What hot flashes? What moodiness?" But those were words I quickly learned to regret. Soon after that I had all those symptoms and more. Before long, I got IMS "in spades," and nothing could stop it. It finally got to a point in the second month where virtually every hour, day and night, brought with it another hot flash. My wife and daughter can attest to the fact that I was no longer my usual, unflappable self, nor was I a pleasure to be around. They knew it, and I knew it. What's worse is that it took another ten weeks for these symptoms to decrease in frequency, to the point that my hot flashes came and went only about four times a day.

While immersed in IMS, I phoned my friendly former urologist, Dr. David Kauder.

After suffering through several weeks of mood swings I asked him, "How long is this going to last?"

He answered, "The majority of men don't have as severe a reaction to hormone therapy as you. I would say that at most a third of men on this hormone suffer to the extent that you have. A third have some discomfort. And a third have virtually no discomfort at all. For example one of my prostate cancer patients to whom I administered the Lupron hormone is a police officer, who tells me he's had no reaction at all except for some loss of sleep. You, on the other hand, seem to be extremely irritable. You'd best count on your extreme response to siphon off no earlier than June, six months after you received your initial injection." After I heard that comment, my loud groan on the phone was probably heard around the world.

I became living proof of IMS. The stress-reducing impact of short-term sex therapy, and the profound intimacy the therapy helped reignite between Yvonne and me were gone. Sexual intimacy at any level was the last thing on my mind for the next half year and longer. The only good news about this entire experience was that I gained a visceral understanding about women who get hot flashes because of PMS or menopause. I really know now what they are going through, perhaps more than most men will ever know! Women everywhere: I empathize with you one hundred percent!

I am no stranger to stress, as some brief autobiographical comments at the outset of this chapter suggest. However, without a doubt, the hormonal treatment administered at Dr. Jones' office in late January raised my stress level to an all-time high.

Should you or your loved ones ever be confronted by prostate cancer, I urge you to exercise caution if a hormone like Lupron is offered as part of your treatment. On a more positive note, hormones work well in preparation for potential radiotherapy. They also offer palliative care if a man has an aggressive prostate cancer. However in my case Lupron was not required and doubled the anxiety of trying to decide which procedure would suit me best. This is apart from hormone therapy's causing adhesions that make surgical dissection more difficult, as I found out later on.

The one thing that did not concern me was rumors that Lupron hormone therapy might increase the possibility of heart attack. When addressing this with Dr. Kauder I learned that this applies only to men age 65 and over who are on long-term therapy, not for those like me who had short term therapy.⁴

In short order I realized that psychotherapy, counseling or stress-reduction techniques had limited value for someone with IMS and extreme hormonal side-effects. Some practitioners of yoga may be able to diminish the impact of hot flashes, but I wasn't into yoga.

Eventually I learned there have been some bio-chemical efforts to reduce the impact of hormonal side-effects. One approach is to use the anti-depressant Paroxetine, according to Dr. Charles Loprinzi, M.D., at the Mayo Clinic Division of Medical Oncology. Other Mayo Clinic researchers found that low doses of another drug reduce excessive hot flashes in men, namely, the anti-epileptic seizure drug, Gabapentin, which is also used to treat shingles and nerve disorders.

Later I reviewed these medications with my surgeon, Dr. Carey. He mentioned that another hormone, Megace (megesterol) has been successfully used to treat breast cancer. He suggested it might have diminished the hot-flashes that beset me in the preceding months.

However it turns out this probably would not have helped me either, according to Dr. Kauder. He believes there really is no consistently effective therapy for hot flashes. He agreed that Megace remains one of the more effective therapies for long-term patients. But according to him this synthetic estrogen would not help the return of testosterone as it would still suppress it, further exacerbating my hot flashes. To borrow from the Bible, I guess there really was to be “no balm in Gilead” – at least not for me.

For all too many men, it appears that you just have to literally “sweat it out,” until the hormone runs its natural course and at long last comes to an end. If I knew then what I know now, I would personally have “cancelled the order.” Until making a final decision about which treatment is best, if you’re told you need a hormone shot, think twice and ask a lot of questions first.

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