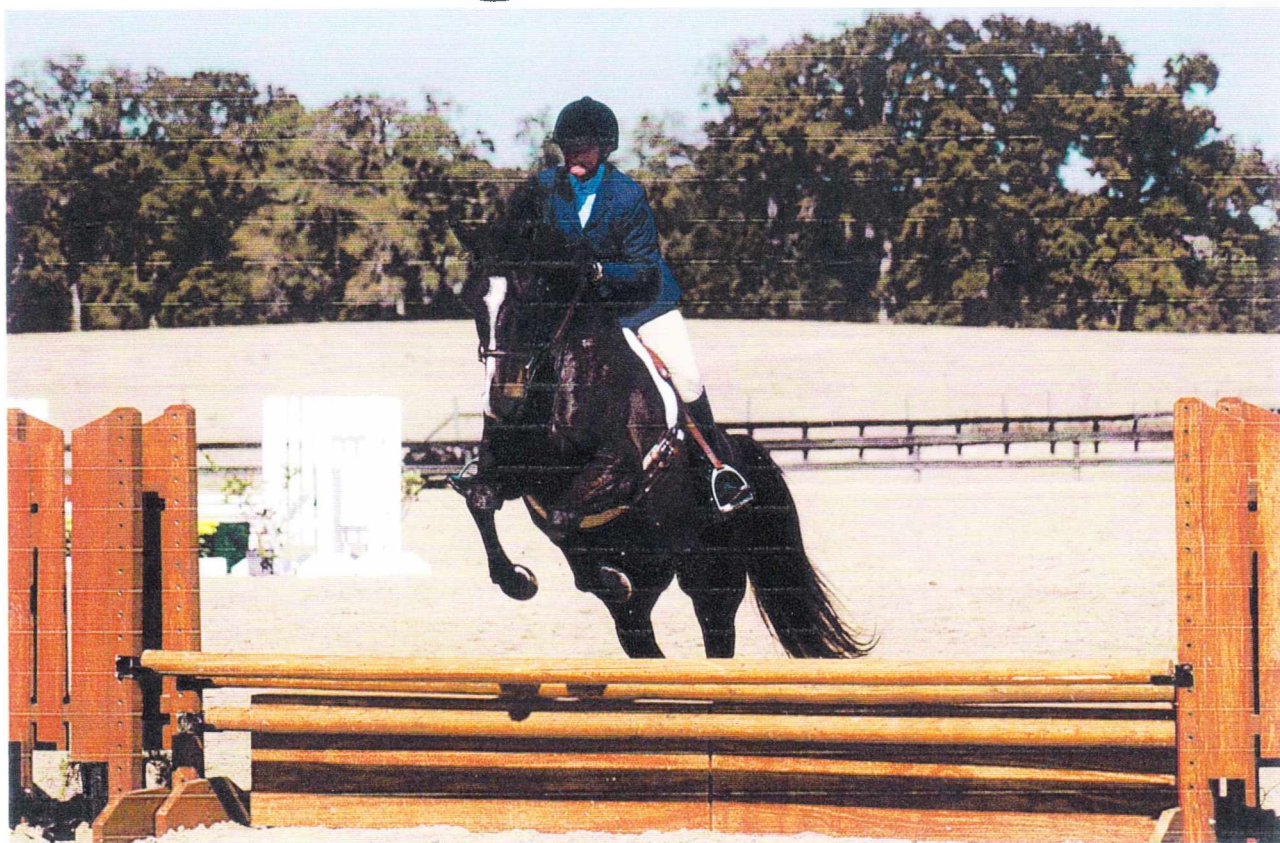


Passages #17



Me riding my half-Hannoverian mare, Indiana, February 2003

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Janet Larson
1659 Huntsman Drive
Aiken, SC 29803
(803)642-3227
jdlarson@bellsouth.net

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Medical Issues

I apologize for being absent. Life is hectic here in Aiken; I guess life has been pretty pressured all over the planet for the last 6 months or so. I've been glued to Fox News during my time at home watching the Iraq war from my bedroom, and the events there seem to trivialize anything I could create for SFPA.... In addition, my work has been pretty intense, (for those of you who don't know or remember, I'm a physician trained in Maternal-Fetal Medicine, in other words, high risk obstetrics and prenatal diagnosis) and I've had medical issues and marital issues that have dovetailed together.

I've been fatigued since the pregnancy with the twins, and basically surviving at work, coming home and doing family things with the kids, and falling into bed shortly after they go to bed. I can't remember the last time I've read a novel. I've been trying to take one day a week off since our new partner started last July, but those days have been devoted to horseback riding for the most part. The plan was to get into horse showing in a big way this year, but I've been frustrated with my progress since about September. More about that later.

Kyle has been complaining about my lack of physical energy for about a year and a half. Always before, with all my other pregnancies, my physical desire has come back when I stopped breast feeding and my hormone levels came back to normal, but the twins are 2 ½ years old now, and nothing seemed to be happening. I tried changing to the new birth control patch about a year ago, and that didn't seem to help. The twins have been sleeping better, so I've been getting more rest, and that didn't seem to help. We went to Hawaii in February for a second honeymoon type of vacation, and something just seemed to be missing with me. We even started going to marriage counseling, and have done a lot of good work communicating better; Kyle has started doing more of the household chores to take more pressure off of me for the last six months, and still I was just feeling kind of dead. A kind of apathy had come over me, and my sense of self was just lacking; it's hard to describe, but I just didn't feel like I was an interesting person, capable and competent. I was having trouble focusing and my short term memory just wasn't what it should be. I knew I was functioning, seeing patients at work, but I felt like a zombie, just making the moves because I knew I had to. I didn't want to be touched; I just didn't like Kyle any more. This all came on insidiously, gradually, almost without noticing. I kind

of felt like I was in a fog, but somewhere inside, my brain was trying to figure out what was wrong.

More than just chronic fatigue syndrome?

I tried to come up with my own differential diagnosis using my medical training. Was it the new medicine I had started in December, the Neurontin, for the chronic nerve pain in my left hand? (I have tardy ulnar nerve palsy, a chronic nerve damage from where I fractured my left elbow when I was 8 years old and the ulnar nerve that passes through the inner part of the elbow was damaged just enough; this nerve palsy tends to show up decades later with a profound hypersensitivity in the pinkie finger, which was severe enough to make me contemplate amputation! Fortunately I had the good sense to consult with a neurosurgeon, who made the diagnosis and gave me the Neurontin, which is actually an anti-seizure drug, but is also good for this kind of neurogenic pain syndrome, like sciatica, when nerves give off pain signals because they've been stretched or tweaked the wrong way. The main side effect is a central nervous system depression.) I called the neurosurgeon, and asked for a lower dose, since the pain has been so much better; I figured I could trade off a little more pain for a little less sedation. But then I realized that this malaise predated the starting of the Neurontin by over a year, and I remembered Kyle making me ask my gynecologist in December of 2001 what I could take to increase my libido. My pap smear was normal, and we kind of chalked it up to stress. But that stress should be better, I told myself; why isn't this fog going away now that the babies are sleeping better, there are 3 of us in the call schedule now instead of 2. Where's the old Janet with her energy? I'm only 45, and there's so much I want to do still in my life.

I didn't think I was depressed, although I had a lot of the signs of that, but I didn't want to start on an anti-depressant. I wasn't anemic, and my thyroid wasn't hypoactive. I got a stationary bicycle thinking maybe I was just out of shape, and that didn't help. I tried losing weight, and I just couldn't get those last ten baby pounds off, like I always could before. Then I gradually started to admit I had a hormone problem.

I've been to enough lectures in medical conferences about male hormones. Androgen deficiency in women is the big buzzword in this era of the aging baby boomer females. The ovary normally makes more male hormones than female hormones, and it's the male hormones that support the ability to keep muscle tone and higher mental functioning such as performing calculations. During the perimenopausal period, the ovaries slow down significantly, and that's when sexual desire just kind of goes away in women. I knew my ovaries weren't functioning up to par; that's why I had to take fertility pills to get pregnant (that's why I had the twins....). It was hard for me to admit I needed to start on male hormones. This was largely because I'm afraid of my horrible family history of heart disease. My mother, grandfather, and uncle all had multiple heart attacks and died of heart failure. I've been monitoring my lipids closely and taking Lipitor to keep my cholesterol in normal levels. But I passed my treadmill stress test with flying colors, and my cardiologist said I was disgustingly healthy, cardiac wise.

The fountain of youth?

One of my sonographers works part time for the reproductive endocrinologists in Augusta. These guys are nationally recognized for their work with postmenopausal hormone replacement. One of them, Dr. Natrajan, was featured on national ABC news about 6 months ago, because women (and men) come from all over the country to get the testosterone implants he synthesizes. According to my sonographer, all the girls in his office get these. It gives you more energy, she said. It gives you the libido of a teenager. It makes you mentally sharper. The news story billed it as the fountain of youth.

Then, in April, the Augusta OB-Gyn society sponsored a guest lecture on Androgen Deficiency Syndrome in women. So I went and listened, and realized he was talking about me. The one thing that got me hooked was his statement that self esteem goes away with androgen (male hormone) deficiency. Being brutally honest, I realized that was the biggest thing that was bothering me. I used to be self-confident; I used to feel competent and capable. I used to feel good about myself, my training, my abilities, my goodness as a person. What happened to take that away?

So I called Dr. Natrajan's nurse. She suggested a battery of hormone tests. The most telling result was my testosterone levels; they were about a quarter of what they should be for a woman my age (45). All the other hormones were normal: thyroid, pituitary, adrenal, hypothalamic. And my EBV (Ebstein Barr Virus, the chronic fatigue syndrome culprit) was negative. I just wanted to cry. So this is what was causing this insidious apathy, this malaise, this fog I've been living in. And there was finally hope.

I went to see Dr. Natrajan 2 weeks ago. He looked at my lab results, listened to my story, and told me I was typical of Androgen Deficiency Syndrome, just like I had suspected from listening to the lecturer. My ovaries had shown a pattern of poor functioning; I had relatively late onset of menarche, age 14; I had always had irregular cycles, and then after age 35 I had infertility issues. He made it seem so simple. The implants last from 4 to 6 months, and they take 10 to 14 days to achieve full hormone levels. After that, the recipient is returned to her sexual prime. I asked Dr. Natrajan why he doesn't start a national franchise for his miracle product, but I guess he's too humble to that.

So I took the implants. They go in through a little quarter-inch incision in your hip. I wasn't sure if it was real or if it was my imagination, but even within 6 hours, I could start to feel like a fog was lifting from my brain. The sensation of living under water, mentally swimming, started to clear up. "You'll start to like your husband again", Dr. Natrajan's nurse had said. And she was right. It's been 2 weeks today, and I even feel like I'm starting to like myself again. I can feel my old self esteem coming back again; I want to take on the world. And the anecdotes about returning to your sexual prime, well, let me just say that it's like being dead and coming back to life again.

What is most amazing to me is how gradual and insidious this process has been. I've been chalking my malaise up to the kids, lack of sleep, being out of shape, stress at

work, communication issues with my husband, and I guess all of those things have been a factor, but when I improved them, I still just didn't feel better. The one thing I'm looking forward to is that the lecturer said he tells his patients when he starts them on testosterone that they won't lose weight, but their muscle tone will improve to where they will drop two dress sizes. I am so ready for that.

So have I found the fountain of youth? I guess for women like me whose ovaries quit working right, I probably have. Now I wonder how many people are in my same situation, part of them wondering why they aren't functioning normally, but part of them too apathetic to ask the right questions. This whole process is so frightening to me in a way that makes me feel so ephemeral and temporary, so, well, mortal.

One of the doctors at my hospital is a nationally known lecturer on female sexuality and hormone replacement therapy. He advocates giving testosterone with the estrogen replacement in menopause, and there are several products on the market that contain testosterone. I guess we hear so much about Viagra and the decline in male sexuality with age, that it's strange we don't hear as much about the female decline. This doctor is participating in a national research project trying to assess the effectiveness of the testosterone replacement in women; they have radio commercials currently trying to recruit volunteers to be in the study. The commercials are kind of amusing, because they're trying to get women with decrease sexual interest, but trying to say this in a tasteful kind of way, not pornographically.

Other medical issues

I'm not the only one in the family with issues. Right before the last SFPA deadline, my mother-in-law called with symptoms of a pulmonary embolism (blood clot in the main blood vessel to the lungs). She was at risk, since she had a history of deep vein thrombosis, blood clots in her leg, and she and her gyn had decided to give her hormone replacement anyway, which is another risk factor. I'm not sure why, but her internist had told her she didn't need baby aspirin, which can help prevent blood clotting, and she had stopped it around Christmas time. I had given her a prescription for Jobst stockings a few years ago, because she was getting swelling in her legs from sitting long periods like on trips, and she had been wearing them on airplane and car trips; these are special anti-embolism hose that have been proven to prevent deep vein thrombosis. But she had just gotten back from a plane trip where she had forgotten them.

I think I'm the only one in the family who realized how close her brush with death really was. Her doctor diagnosed the pulmonary embolism with a spiral CT scan, and put her in the hospital on blood thinners. Kyle and I were the only family members who could go stay with her; 2 of his sisters were "too busy" to come, and the other one was too advanced in her pregnancy to travel. From my medical training, I knew when she went home from the hospital that she would be too weak to carry on with her normal routine. The timing was interesting, because I just happened to have a week of vacation; in fact, my mother-in-law was supposed to be baby-sitting that week while Kyle and I

went to Sun'N Fun, the big airplane fly-in in Florida. Instead, we went and baby-sat with her until she was back on her feet.

The other big family issue is one of the twins, Samantha. They are now 31 months, and I've been noticing for about a year how her speech development has been lagging behind Haydon's, her twin brother. Every other developmental milestone, she has beat him, but he started talking first, and babbled, imitating adult speech, when she did not. Then at 30 months, when she only had about 10 or 12 words, and Haydon was talking in full sentences, I asked my pediatrician if I should take her to a speech therapist. She had the evaluation and it turns out she has Developmental Apraxia of Speech. This is a neurogenic disconnect somewhere in the brain between the language center and the motor center for speech.

She understands virtually everything you say. In the test of receptive language, she is above her age level. She can communicate by signing and pointing, and has invented something of a sign language herself, but she mainly only says "mama", "no", and "uh" instead of speaking. When I realized what was going on, I knew I had been chalking it up to a lack of desire to speak, but I had missed the major clue, the fact that she had starting throwing tantrums because of her frustration at not making herself understood. She desperately wants to talk, she is just physically unable to.

The speech therapist is very positive, but we still don't know for sure her long-term prognosis. The treatment centers around encouraging her to try to use the simplest of verbal sounds, and then gradually we'll expand on them. It reminds me of stroke rehabilitation, and people re-learning how to use their bodies by patterning new neurogenic pathways. Even in a couple of weeks, the improvement has been dramatic. She has more than tripled her vocabulary, and I've even been able to get her to verbalize some of the things she wants, such as saying "juice" when she's thirsty (although it sounds like "newf", I know what she means), and saying "bite" when she wants something to eat. I'm hoping the insurance company will pay for the therapy, since it will be \$101 a session, and they want her to go twice a week for upwards of six months.....

And the horses of courses.....

I didn't even talk about my horses. I've been having issues with Indiana ("Indy"), my half-Hanoverian mare; she makes me nervous when she jumps. The trainers have a saying, "she jumps the student out of the saddle" because she jumps so big! So I bought a thoroughbred gelding named Niko who is a little older and doesn't jump so big, in order to learn how to ride. I love my mare, and I think if I can get to be a better rider, I'll be able to take her to the big "A" shows and do well. I did get an offer for her, but when the lady tried to ride her, they just didn't "click" together. I'm glad, since I didn't want to sell her anyway. Hopefully the new horse and I will continue to click and I'll get to be a better rider and then go back to Indy.

Sorry about the lack of mailing comments. See you next time!