The Hormonal Roller Coaster Ride is Real: The Role of Hormonal Shifts in Treatment and Recovery

HANLEY CENTER, INC.  
CENTER FOR WOMEN’S RECOVERY

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OBJECTIVES

❖ To gain awareness and knowledge of the barriers to treatment for women.

❖ To identify the relationship of hormonal balance/imbalance and how it relates to the progression of the addiction.

❖ To identify the relationship of hormonal imbalance and the relapse process.
Legal use of opiates in USA dates over 200 years.

A considerable amount of opium was produced in the colonies during the Revolutionary and Civil War.

In 1782 it was common practice for women on Nantucket Island to take a dose of opium every morning.
Opiates were listed as the most widely used drug in 1834.

Feminine “HYSTERICS” in 1880’s were indiscriminately treated with opiates.

At the end of the 19th century close to 2/3’s of opiate addicts were women.
The Plant Of Joy

Opium is an extract of the exudates derived from seedpods of the opium poppy
HISTORY AND STATISTICS

- A great deal of secrecy surrounds women alcoholics and addicts.

- At Hanley Center approximately 75% of the women entering treatment have a history of abuse.
According to ADPA and NIDA 40% of the nation's chemically dependent population are women, but only 25% receive treatment.

Female alcoholics have death rates 50 to 100% higher than those of male alcoholics. A greater percentage die from suicide, alcohol related accidents, circulatory disorders and cirrhosis (NIAAA).
BARRIERS TO TREATMENT

- Denial
- Financial restraints
- Lack of childcare and/or custody
- Mental health issues
- Coping skills developed by women may translate to DSM - IV Axis I or Axis II diagnoses
- Shame & Guilt
- Difficult to assess
THE SEX HORMONES

- They determine our gender and are essentially responsible for our sense of well being.

- PROGESTERONE

- ANDROGENS

- ESTROGEN
Relationship to brain chemistry – connected to our moods

❖ When ovarian hormones surge and cycling begins, depression increases, the highest incidence is between the ages of 22 to 45

❖ Incidence of depression in males is one in ten, females is one in four. (The wisdom of Menopause, C. Northrup, MD)

❖ Estrogen interacts with neurotransmitters and hormones
ESTROGEN & PROGESTERONE

- Estrogen impacts – serotonin levels = sense of well-being: Melatonin = sleep patterns
- Estrogen impact memory
- Estrogen interacts with endorphins in the brain
- Progesterone is associated with memory, hunger, sex drive and anger
Changing levels of these hormones

- Brings up old memories, accompanied by strong emotions such as anger

- Hormonal shifts may facilitate the remembering and clearing of old, unfinished business
PMS

I'm fine. I hate you.
I love you. I want ice cream. Come here.
Get away. Oranges?
What are some of the symptoms of Premenstrual Syndrome? PMS

- Extreme moodiness
- Depression and/or anxiety
- Weight gain – bloating
- Abdominal cramps
- Irritability
- Rage
- Fatigue
- Aches and pains
- Memory and concentration problems
- The list can go on and on
1) Control by hypothalamus

- Hypothalamus
- Releasing hormone
- Anterior pituitary

Inhibited by combination of estrogen and progesterone
Stimulated by high levels of estrogen

2) Pituitary hormones in blood

- FSH
- LH

LH peak triggers ovulation and corpus luteum formation

3) Ovarian cycle

- Growing follicle
- Mature follicle
- Ovulation
- Corpus luteum
- Degenerating corpus luteum

Pre-ovulatory phase

Post-ovulatory phase

4) Ovarian hormones in blood

- Estrogen
- Progesterone

5) Menstrual cycle

- Endometrium

Days

Menstruation

15
PMS

I just want to sit and cry,
The slightest little thing sets me off. Why?
What happens to me to make me feel so blue,
Why does it happen to me, but not to you.

I want to scream, I
I want to shout,
I feel really bad without a doubt,
I can’t cope with everyday life,
I have to though, I’m a mum and a wife.
I can feel my mood changing
I know soon I will start raging,
It’s the on come of PMS
It is really making me feel the stress,

I shout at everyone in my life,
Does this make me a bad mother and wife?
They all know the signs,
PMS is in my eyes,
PMS changes me as a person
I snap at everyone for no reason,
I just hope they all know
Just how much I love them so.

*Portions of poems by Julie Hull*
Overview of Hormonal Shift Assessment

- Menstruation history – patient and family
- Pain management: this includes increase in alcohol and drug use
- Menstrual pattern
- Pre-Menstrual Syndrome
- Sexual - peaks and valleys of desire, and orgasm
The Hormonal Assessment Tool (HSA) Continued

- Validates experiences as a woman.
- Provides another format for assessing trauma and abuse.
- Provides a link to assessing pain management.
- Assessment of connection with the first intimate or sexual experience.
Portion of Hormonal Shift Assessment

- How old were you when you started your period?
- Did you know what was happening?
- Did you experience fear?
- Was it a traumatic experience?
- Were you given advice by your family?
Hormonal Shift Assessment

- Did you experience physical pain during menstruation or prior to menstruation?
- Did you experience emotional disturbance during menstruation or prior to menstruation?
- If so, how do you alleviate/manage this pain?
- Did you increase the amounts of drinking of drugs during this time?
Have you experienced a sense of grief around your period?
Have you experienced an increase sense of shame?
Have you ever experienced changes in your relationship during your period?
When was your first sexual experience?
Have you ever been abused sexually in any way?
Overview of Hormonal Shift Assessment continued

- Heterosexual, homosexual relationships
- First sexual experience
- PeriMenopause
- Menopause
- Spiritual (grief, shame, spiritual myths)
HORMONAL SHIFT CARE PLANNING

- Identify awareness of cyclical patterns through education; physical, emotional, social and spiritual

- Relapse prevention planning: nutrition, exercise, meditation, therapy, women’s meetings, connection to the twelve-step process
Calendar

- Premenstrual daily symptoms chart
- Triggers for relapse
- Cravings for drugs and alcohol
- Look for patterns
Daily Focus Journal

- How am I feeling?

- What are my behaviors: medications, fraternizing, isolating, cravings, eating disorder behaviors, self harming behaviors?

- Monthly Menses (Menstruation Cycle) just finished, 2 weeks away, 1 week away, it is my week now.
Daily Focus Journal

- Encourage daily use of the calendar and journaling.

- Encourage use of sponsor/sober supports that are aware of hormonal shifting and its impact on the recovery process.
Relapse Prevention HOW – Honesty, Openness, Willingness

- Talk about PMS/Hormonal shift with other women in group, at AA/NA women’s meetings, sponsor, counselor.
- Discipline and structure
- Keep track of your cycle using the monthly calendar.
- Exercise
Learn proper nutrition and utilize limit caffeine, sugar (smoking).

Understand it will pass – not forever.

Be aware that cravings for drugs and alcohol will increase but will diminish in time.

Give yourself positive feedback.

Every day sober is a good day.
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<thead>
<tr>
<th>PAWS</th>
<th>PMS</th>
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<tbody>
<tr>
<td>Increase anxiety</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Irritability</td>
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<td>Cravings</td>
<td>Craving</td>
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<td>Decrease energy</td>
<td>Decrease energy</td>
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<tr>
<td>Sleep disturbances</td>
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Hanley Center and University of Miami

Five Year Study

Collaborative Partners:

- The University of Miami Miller School of Medicine: Department of Epidemiology and Public Health
- The Palm Beach County Health Department
- Scripps Research Institute
- University of Miami: Comprehensive Drug Research Center
What is the five year plan?

Influence of hormonal shifts on treatment success/survival.