

**RE: TESTOSTERONE USE IN  
MENOPAUSE**

From: JOHN G. GUJU, MD  
435 Gypsy Lane  
Youngstown, Ohio 44504

I enjoyed the article by Booher, "Estrogen supplements in menopause" (Cleve Clin J Med 1990; 57:154-160). No mention is made of Estratest tablets (Reid-Rowell), which contain estrogen and methyltestosterone. Would Dr. Booher comment on whether he prefers not to add testosterone to the management regimen in menopausal patients?

---

**REPLY**

I am aware of testosterone-containing compounds and their use in menopause, but I am conservative regarding their use. The positive side of testosterone therapy is increased energy and sexual function, whereas the negative side is male pattern baldness, receding hairline, chin whiskers, adult-onset acne, tendency to gain weight, redistribution of body fat, and deepening of the voice. I reserve testosterone use for menopausal women younger than 50 years who have undergone bilateral oophorectomy.

DELBERT L. BOOHER, MD  
Director, Program for Mature Women  
Department of Gynecology  
The Cleveland Clinic Foundation  
One Clinic Center  
9500 Euclid Avenue  
Cleveland, Ohio 44195

**RE: TREATMENT AVAILABLE TO  
REGENERATE BONE**

From: PAUL M. GOLDFARB, JR, MD  
Division of Rheumatology  
Lexington Clinic  
1221 South Broadway  
Lexington, KY 40504

Regarding the article on estrogen supplementation (Booher. Cleve Clin J Med 1990; 57:154-160), the author comments that there is no current treatment to regenerate bone. Recent studies have shown calcitonin, now available and approved by the Food and Drug Administration, to be an effective agent to increase bone density and decrease fracture rate.

---

**REPLY**

Calcitonin was not approved for use in the treatment of menopausal osteoporosis at the time this article was written and accepted for publication.

DELBERT L. BOOHER, MD  
Director, Program for Mature Women  
Department of Gynecology  
The Cleveland Clinic Foundation  
One Clinic Center  
9500 Euclid Avenue  
Cleveland, Ohio 44195