

# PART II OF IV: BHRT SEMINAR SERIES

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*Mastering the Protocols for  
Optimization of Hormone  
Replacement Therapy*

worldlink  
MEDICAL

THE ACADEMY OF PREVENTIVE  
& INNOVATIVE MEDICINE

**JOINT PROVIDERS:  
THE FOUNDATION  
FOR CARE MANAGEMENT  
& WORLDBLINK MEDICAL**

**CREDITS:**  
20 AMA PRA Category 1 Credits™  
20 Nursing Contact Hours (20 Pharmacologic Hours)  
20 Contact Hours Pharmacy Credit <sup>(knowledge based)</sup>

# Course Details

*This course has been approved for 21 AMA PRA Category 1 Credits, 21 Nursing Contact Hours (21 pharmacologic hours), 21 Hours Pharmacy Credit (knowledge based)*

## Prerequisite: Part I

Part Two follows the Part One series with advanced concepts and up-to-date research. This two and one-half day seminar will keep you current on the appropriate skills needed to manage everyday problems. Included in Part Two is an hour-long lecture that reviews the scientific literature giving credence for this type of practice. You will also find a new level of confidence as you

move from the basics of Part I to the advanced protocols in Part II. The Part II course provides the experienced practitioner with training that is essential for mastering complex cases. The course will serve as a short refresher, but will highlight new important therapies, clinical pearls, tricks of the trade, controversies and everything that I could not cram into Part I that you still need to know. The field of age management medicine continues to grow at a rapid rate, and we only seem to get busier, making it difficult to stay abreast of all the changes. This is why we've condensed an inordinate amount of material into 2 ½ days—in fact, there are over 1,300 slides of information.

# Course Objectives

1. Review new and additional studies not presented in Part I of advanced protocols for more complex cases beyond Part I.
2. Identify important issues in the relationship between hormones and cancer: cause or effect, provocation or protection? Safety and efficacy of estrogen in breast cancer survivors. What levels of progesterone are best for breast cancer protection? Which hormones protect against breast cancer?
3. Formulate recommendations for difficult cases presenting with multiple disease processes and the potential benefits of hormones in preventing and treating CAD, CVD, & DM.
4. Discuss literature citing new indications, risks, benefits and complications of estrogen, progesterone and testosterone therapy and how to avoid those minor side effects.
5. Compare and contrast different dosing strategies for estrogen and progesterone, including new and specific approaches to these therapies for both oral and transdermal and the pros and cons of each.
6. Describe important aspects of the WHI findings: Review comments from the experts that refute the results and extrapolation of this study to younger women, and other factors not included in the trials that would change the conclusions.
7. Review a literature update of hormones including new and different approaches to thyroid hormone replacement and disease prevention of CVD, hyperlipidemia, and osteoporosis.
8. Discuss over 40 articles that demonstrate thyroid replacement does not cause osteoporosis, even in TSH suppressive doses. Review the data demonstrating the importance of optimizing T3 levels for CVD protection, lowering cholesterol, increasing cardiac output, and decreasing SVR.
9. Identify various new therapies in the treatment for obesity, CFS, fibromyalgia.
10. Evaluate the epidemiology of cardiovascular disease and diabetes and the various treatment strategies as they pertain to medication, diet, exercise, lifestyle change, nutritional supplements, and non-drug therapies to stop the progression of disease.
11. Explore the role of omega 3 fatty acids, antioxidants, and glucose metabolism and how they influence insulin, inflammation, disease progression and atherosclerosis.
12. Describe the strategies for using the new cardiovascular risk markers, inflammation markers, new lipid parameters, NMR panel, and how to make sense of all the new lipid fractionation components.
13. Identify the roles of niacin and EFA in diabetes and atherosclerosis along with alternatives to statins.
14. Recognize the importance of various vitamins, supplements, and red yeast rice for CVD protection.
15. Determine current screening methods and management strategies of the most common premenopausal hormone disorder, Polycystic Ovary Syndrome (PCOS).
16. Implement various testing strategies for PCOS so that you never miss another case.
17. Review treatment regimens for hirsutism and hair loss in men and women.
18. Evaluate the literature that demonstrates successful treatment of osteoporosis using hormone replacement therapy, vitamin K, strontium, ipraflavone and not biphosphonates.
19. Review the positives and negatives of BHRT, why and how BHRT doesn't work, and how to use EBM to make it work.

20. Identify current indications, risks and benefits of using cortisol for the treatment of chronic fatigue. Monitoring CFS and adrenal reserve via the ACTH stimulation test and saliva testing.
21. Determine rational approaches for the evaluation of fatigue with emphasis on cellular hypofunction (receptor site resistance) as it pertains to thyroid hormone and cortisol.
22. Describe how to write prescriptions for compounded hormones to pharmacies, and how different formulations can affect absorption, efficacy and side effects.
23. Describe, based on the literature, when not to use saliva testing to monitor hormone replacement therapy.
24. Utilize the knowledge gained to improve patient outcomes in

- BHRT followed by 100 questions and answers beyond Part I.
25. Review the lack of literature support for lowering estrogen in men and the harm of doing so. Optimal estrogen is just as important as optimal testosterone in both men and women.
26. Review the literature proving harm when progesterone is used to treat men in spite of other academics promoting its use.
27. Review the harm of using estriol over estradiol in spite of other academics promoting its use.
28. Realize that saliva levels correlate well for baseline testing of hormones whereas the literature shows no correlation with monitoring transdermal replacement of hormones.

# Agenda

## FRIDAY

**7:30 AM - 8:00 AM**

Registration

**8:00 AM - 9:00 AM**

### Section 1

Anti-aging medicine = age management medicine = quality of live medicine. What it is, what it isn't, and a review of the medical literature that provides credence for why we do what we do. Defining the concept: Anti-aging is simply a fancy term for preventive medicine as per our evidence based literature. Embrace it. HRT increases healthspan as well as lifespan. EBM guides our therapy, demonstrates harm of hormone deficiency, and all the benefits of hormone replacement. A literature review of each hormone as it pertains to enhance quality of life by improving mood, strength energy, endurance, metabolism, sexual function, memory, cognition, motivation, body composition-none of which can be achieved with any drug.

**9:00 AM - 10:00 AM**

### Section 2

This lecture is a literature review of HRT and longevity and which hormones have a proven record of extending health, wellness, and lifespan. Can hormones increase life-span as well as our health-span? Can we legitimately claim increased longevity from HRT? Yes, optimization of HRT does extend lifespan. The literature presented enables us to make longevity claims to optimal HRT.

**10:00 PM - 10:15 PM**

Break

**10:15 AM - 11:15 AM**

### Section 3

Making sense out of the many HRT studies, the critiques, and the rebuttals. A commentary as to why estrogen is not harmful in most circumstances. A critique of the WHI trial and a meta-analysis demonstrating opposite conclusions of the WHI. Putting the pieces together will make you an expert on all ifs, ands, or buts. It is the knowledge and command of this scientific literature (that your colleagues will never know) that makes you the expert. Estrogen replacement is so very complex and a full understanding of all the studies and data is necessary to prescribe and defend HRT. Having a command of the literature will enable you to explain when estrogen is indicated, which one, and why.

**11:15 AM - 12:15 PM**

### Section 4

Bio-identical HRT: A review of all the evidence both for and against BHRT with the positives and negatives (E2 vs. E3). And which natural estrogen is worthless and which one is very protective as per EBM. Let the literature and science guide us as to which one to use, and how much, and which one should be avoided. We will disprove the concept that estriol is the safe estrogen. E3 does not protect against breast cancer or any other estrogen related deficiency. We'll prove that E2 is the safe and most beneficial estrogen.

**12:15 PM - 1:15 PM**

Lunch

## 1:15 PM - 2:15 PM

### Section 5

Review the truth about different types of HRT, the difference between synthetic vs. natural HRT, with the literature showing that the experts are incorrect in their conclusions that there is no difference in hormones. All the studies that demonstrate superiority and safety of BHRT over SHRT come from the medical literature. Unfortunately the experts don't know the literature like you will. The health benefits of estrogen have been over emphasized by me and others and we have ignored progesterone. Over 20 studies will be presented that support the use of progesterone for symptomatic improvement, protection against cardiovascular disease, cancer, and vaginal atrophy. After this review it will be unconscionable for any physician not to prescribe progesterone to all women.

## 2:15 PM - 2:30 PM

Break

## 2:30 PM - 5:30 PM

### Section 6

Review the hormone paradox and the myths and controversies of the oncogenic effects of hormones as to whether they are causative or protective against cancer. A literature review of HGH &

testosterone in men will show benefits of protecting against cancer as opposed to the incorrect common opinion of testosterone causing cancer. As for women, estrogen and progesterone are also accused of causing cancer in spite of the literature support for the contrary. Studies will be reviewed that evaluate whether they cause cancer or protect against cancer and how optimization protects against cancer. We'll review all the literature that proves MPA ≠ OMP. Finally, testosterone is second to progesterone in protecting against breast cancer. Can estrogen be safely used in cancer survivors? Over 40 studies prove it can and should be used. What level of progesterone is best for breast cancer protection and what level of testosterone is most appropriate? All hormones have been demonstrated to protect against cancer and it is the loss of hormones that increases that risk.

## 5:30 PM - 6:00 PM

### Section 7

Interesting articles and facts on HRT: A literature review of what the experts don't tell you about risks and benefits of HRT. Don't ignore the world's literature-the WHI does not negate all prior studies. Become conversant in all the other studies in opposition to WHI.



## SATURDAY

**7:30 AM - 8:00 AM**

**Registration**

**8:00 AM - 9:00 AM**

### Section 8

Progesterone optimization: Oral vs. transdermal vs. SL. Multiple studies prove that transdermal cream is worthless and can be harmful in suboptimal levels yet it is still the most often (incorrectly) prescribed form of progesterone. We'll review the harm of relying just on saliva testing for monitoring which is fraught with error. Scientific studies prove where your levels should be for maximum protection and where they should not be if one wants to protect against cancer. Case studies with labs show which levels are protective and which are not and we'll see what happens with sub-optimal levels. Further literature review demonstrates all the benefits of progesterone but only if physiologic levels are maintained.

**9:00 AM - 11:00 AM**

### Section 9

Testosterone's risks and benefits from JCEM and NEJM meta-analysis, new guidelines, and alternative methods of prescribing testosterone for men and women. When to avoid transdermal, when to avoid IM, when to use HCG vs. clomiphene, and when to use oral testosterone? Which are the cheapest, which are the best, and which ones should be avoided. Basically everything you could possibly ever need to know about optimizing testosterone. A literature review will support the many alternative methods to raising testosterone.

**11:00 AM - 11:15 AM**

**Break**

**11:15 AM - 12:15 PM**

### Section 10

A literature review of the battle and controversy over oral vs. transdermal estrogen, which type, how, when, why, and how the ESTHER study guides us. Knowledge is power when it comes to estrogen administration, the risks and benefits of both. Review of HRT and clotting and how to evaluate the risk and decrease the risk. And just what is that relative risk anyway that everyone always alludes to; the importance of SHBG in prescribing E2 as it pertains to CA and CAD. Thrombophilia testing with case examples. Develop a treatment plan that encompasses the foregoing and that requires in-depth knowledge of the vast literature and relative risks. Finally, OK, what to do when someone develops a clot while on HRT.

**12:15 PM - 1:15 PM**

**Lunch**

**1:15 PM - 2:15 PM**

### Section 11-13

11) Thyroid update and cardiovascular review articles of the importance of T3 optimization for cardiac disease and lipids. Thyroid replacement does not cause osteoporosis- an extensive literature review. So you think you know thyroid? More literature support for optimizing T3 in spite of AACE recommendations to the contrary. U.S. Pharmacopia report on desiccated thyroid. Section

12) Literature review of DHEA and protection of the immune system, cancer, heart disease, memory, osteoporosis, and depression. Don't forget DHEA optimization for health. Section

13) Hormones, weight gain, fluid retention, treatment and prevention. Syndrome "W." What can you do to prevent and treat weight gain and bloating as far as hormones are concerned? First we have to understand what causes it in order to treat it.

**2:15 PM - 3:15 PM**

### Section 14

Preventive cardiology or how to avoid CABG, stents, and MI when statins don't work: A literature review of hormones, toxic blood markers, prediction of CVD, and treatment without using drugs. Preferential use of hormones, niacin, RYR, EFA, supplements, life style changes, and diet to prevent CVD and how to monitor effects via the NMR panel.

**3:15 PM - 3:30 PM**

**Break**

**3:30 PM - 4:30 PM**

### Section 15

Cardiology cases: How to stop progression of the disease. Management when statins don't lower LDL-P and small LDL-P. That which the cardiologists should use but don't. Putting all the pieces together using the best preventive strategies to avoid succumbing to that which kills 90% of us. Use of NMR, LDL-P's, apo-B, non-HDL cholesterol, cardiac markers, eicosinoids, insulin, and inflammatory cytokines.

**4:30 PM - 5:30 PM**

### Section 16

Polycystic Ovary Syndrome: Diagnosis and treatment of the most common pre-menopausal endocrinopathy that everyone fails to diagnosis. Never miss it again because if you don't specifically look for it, then you won't find it. PCOS increases risk of CAD, DM, breast cancer, & uterine cancer which further emphasizes the need for early detection and treatment.

**5:30 PM - 6:00 PM**

**Question and Answer**

## SUNDAY

**7:30 AM - 8:00 AM**

Registration

**8:00 AM - 9:00 AM**

### Section 17

Osteoporosis: Diagnosis and treatment using DEXA scan and NTX urine metabolites to monitor bone loss. Treatment of osteoporosis beyond bisphosphonates: HRT, Vitamin D, Vitamin K, strontium, ipraflavone. Measuring and monitoring improvements in NTX- a lab review. Estrogen metabolites- do they or do they not predict breast cancer and should we waste money on testing. Lab review of 2 OH-E1 vs. 16a OH-E1.

**9:00 AM - 10:00 AM**

### Section 18

Estrogen and Progesterone in men: What the literature supports in so far as harmful effects of low vs. high levels. Use of aromatase inhibitors in men or how to increase the risk of CAD, CVD, dementia, osteoporosis, and ED by blocking estrogen. The harm of prescribing progesterone in men unless you want to increase the risk of MI or ED.

**10:00 AM - 10:15 PM**

Break

**10:15 AM - 11:15 AM**

### Section 19

Review of the chronic fatigue syndrome: Treatment by optimizing T3. The use of cortisol for symptomatic relief of CFS: A literature review. Cortisol: Prescribing, monitoring, adjusting, and use of ACTH stimulation test. Addison's disease vs. adrenal insufficiency vs. adrenal suppression and the use of ACTH stimulation test for diagnosis and tapering. Just what is adrenal fatigue and how to diagnosis via saliva testing even when the serum cortisol level is normal?

**11:15 AM - 12:15 PM**

### Section 20-22

Complex cases, labs, adjustments, fun and interesting cases, and lots of WWND (What Would Neal Do) cases. Questions and Answers with Discussion.

**12:15 PM**

Adjourn

# Accreditation Statements

## AMA PRA Category 1 Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Foundation for Care Management (FCM) and Worldlink Medical. FCM is accredited by the ACCME to provide continuing medical education for physicians.

FCM designates this educational activity for a maximum of 21 AMA PRA Category 1 credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity

## Nursing Statement

The Foundation for Care Management is an approved provider of continuing nursing education by the Washington State Nurses Association WSNA A-CNE, an accredited Approver of Continuing Nursing Education. 21 Nursing contact hour(s).

# About the Instructor



## Neal Rouzier M. D.

Dr. Neal Rouzier is a pioneer in Bioidentical Hormone Replacement Therapy, practicing almost since its inception in the early 1990's. He has dedicated his life's work to uncovering the medical literature that supports safe and effective protocols for unique and personalized patient care. He is the Director of the Preventive Medicine Clinics of the Desert, specializing in the medical management of aging and preventive care for men and women. He has treated more than 2,000 patients with natural hormone replacement therapy and is recognized as a renowned leader and expert in the field.

# Membership

Claim the exclusive benefits of a Worldlink Medical Membership.

- Monthly Webinar Series and article references
- Monthly Journal Club Online Discussions
- Access to EBSCOhost for full-text and abstract searches to thousands of medical journals
- Article folders with access to abstract and full-text for all articles referenced in the four-part BHRT seminar series
- Watch for email announcement – Program launches December 2017 – Yearly subscription cost is \$495.00



# Certification

Certification through Worldlink Medical provides physicians and healthcare practitioners with the education, assessment and credence needed to practice hormone replacement therapy. The certification is designed to evaluate proficiency and competence in applying newly learned skills through written questions, case studies and demonstrations of how the skills apply in clinical settings. More information can be found at [www.worldlinkmedical.com](http://www.worldlinkmedical.com).

# Worldlink Medical Course Dates

## Part I

**August 2-4, 2019**  
Salt Lake City, UT

Early Bird Price (\$1,195)  
30 Days before course

Initial Enrollment (\$1,295)

Past Graduate (\$675)

Staff Member (\$675)  
(RN, MA, Office Manager)

## Part II

**September 13-15, 2019**  
Indianapolis, IN

Early Bird Price (\$1,195)  
30 Days before course

Initial Enrollment (\$1,295)

Past Graduate (\$675)

Staff Member (\$675)  
(RN, MA, Office Manager)

## Part III

**May 3-5, 2019**  
Indianapolis, IN

**October 25-27, 2019**  
Fort Worth, TX

Early Bird Price (\$1,195)  
30 Days before course

Initial Enrollment (\$1,295)

Past Graduate (\$675)

Staff Member (\$675)  
(RN, MA, Office Manager)

## Part IV

**June 28-30, 2019**  
Austin, TX

**December 6-8, 2019**  
Salt Lake City, UT

Early Bird Price (\$1,195)  
30 Days before course

Initial Enrollment (\$1,295)

Past Graduate (\$675)

Staff Member (\$675)  
(RN, MA, Office Manager)

## Registration Form

Name

Credentials (MD, RN, RPh, etc.)

Email

Phone

How did you hear about us?

Speciality

Address

City

State

Zip

How would you like to receive your course materials?

Printed

Digital

Both

### Credit Card Type

Master Card

Visa

American Express

Discover

Name on Card

Expiration

Card Number

Expiration Date

Security Code

X

Signature

If billing address for credit card is different than address listed on the form:

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State

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