



HORMONES & HEALTHSPAN: *The Untapped Power of Bioidentical Therapy*

Elisabeth Crisci MD



Disclosures

- Founder & Medical Director of Pacifica MD, a private clinic located in Qualicum Beach.
- We offer BHRT, metabolic optimization and medical-grade medical aesthetic services. I do receive financial compensation for these services.
- I have no sponsorships or paid relationships and did not receive financial compensation for my talk today.

Advisories

- The type of care I provide falls under the CPSBC Practice Standard of 'Complementary and Alternative Therapies'.
- For that reason, the care I provide and associated testing is not covered by MSP.
- **You are not receiving medical advice today: this presentation is for educational purposes only.**

Top Causes of Morbidity and Mortality

Atherosclerotic cardiovascular disease (ASCVD, eg heart attacks and strokes)

Cancer

Dementia

Diabetes / Metabolism

Osteoporosis







‘Marginal Decade’



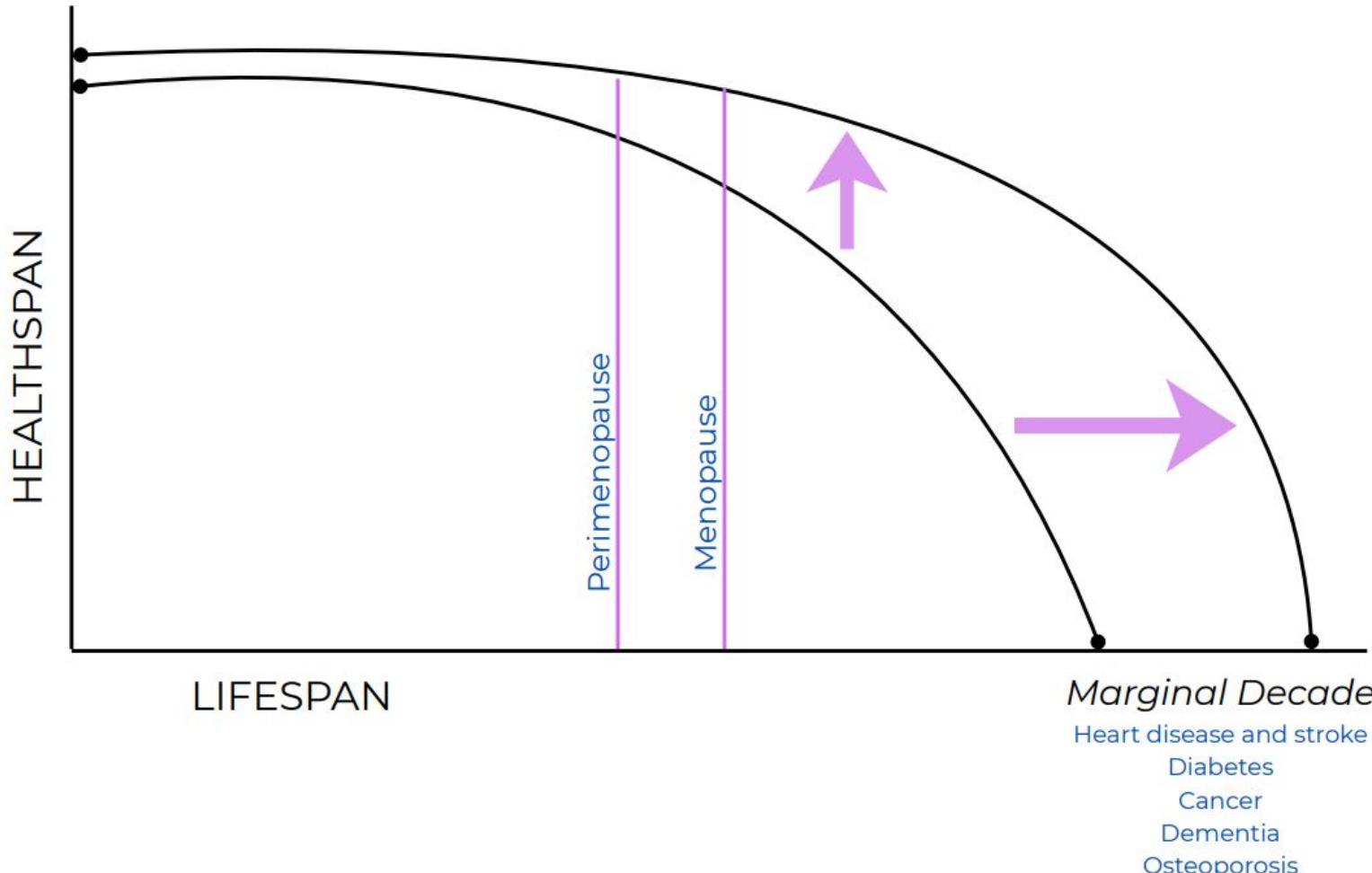
Last 10 to 15 years of life characterized by:

- Decline in strength, mobility, cognition and independence
- Many will spend these years in and out of hospitals, assisted living or nursing homes









What are hormones?

- Cholesterol-based chemical compounds that travel mostly through our vascular system to other parts of the body to modulate their actions
- Determines how we grow, age, reproduction, sleep, mood, health and longevity

What are hormones?

- The 5 icebergs are directly impacted by hormone levels
- Levels change as we age (too low / undetectable or too high)
- Estrogen alone is responsible for over 400 body processes across virtually every major system:
 - Reproductive, neuroendocrine/brain, cardiovascular, skeletal, immune, metabolic, skin and genitourinary
- What happens when levels are too high / low? **Disease rapidly progresses**



[News](#) > [Health](#)

Starting HRT years before menopause could cut health risks, study finds

HRT replaces lost hormones and comes in various forms

Storm Newton • Saturday 25 October 2025 09:58 BST



Women who use hormone replacement therapy (HRT) for at least a decade before their final period may see a reduced risk of breast cancer, heart attacks, or strokes, according to a new analysis.

Researchers, while stressing the need for further investigation, are hopeful the findings can "start a larger conversation about prevention in women's health."

Menopause, the natural cessation of periods due to lower hormone levels, typically occurs between the ages of 45 and 55. The transitional phase



Agenda

- What practicing medicine for over 20 years has taught me
- The lies I was taught in Medical School
- The Truth about hormones, healthspan and lifespan
- Case study
- My practice

What Medicine Taught Me — and What My Patients Taught Me Instead

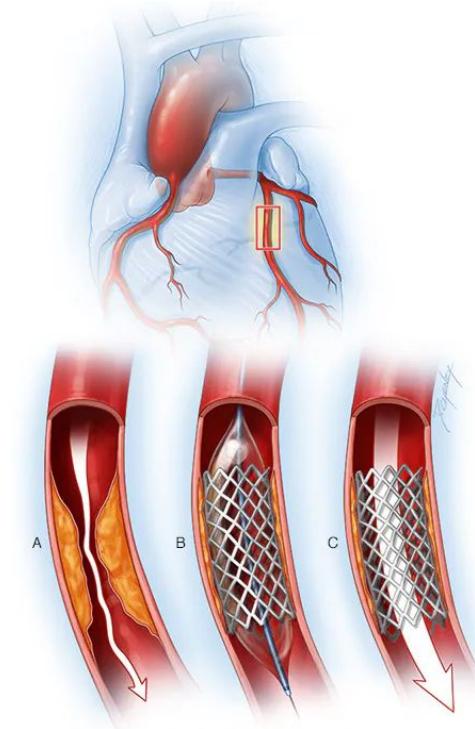
The Lies I Learned In Medical School



Lie #1: Modern Medicine Cures Disease

- We don't prevent disease – we treat its consequences
- Ex: cardiac stents: do not cure atherosclerosis; do not prevent future heart attacks; do not reduce rate of death

ISCHEMIA (NEJM 2020), COURAGE (NEJM 2007), ORBITA (Lancet 2018)



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Lie #1: Modern Medicine Cures Disease

- Bisphosphonates for osteoporosis: we need to treat 200 women for 2 years to prevent **one** hip fracture
- Statins: no benefit in preventing heart attacks or strokes in women
- Statins instead significantly ↑ diabetes risk

Research

JAMA Internal Medicine | Original Investigation

Time to Benefit of Bisphosphonate Therapy for the Prevention of Fractures Among Postmenopausal Women With Osteoporosis: A Meta-analysis of Randomized Clinical Trials

William James Deardorff, MD; Irena Cenzer, PhD; Brian Nguyen, BA; Sei J. Lee, MD, MAS

Supplemental content

IMPORTANCE The clinical decision to initiate bisphosphonate therapy for the treatment of osteoporosis requires balancing shorter-term harms and burdens (eg, gastroesophageal irritation or severe musculoskeletal pain) with longer-term benefits in reducing potential fractures.

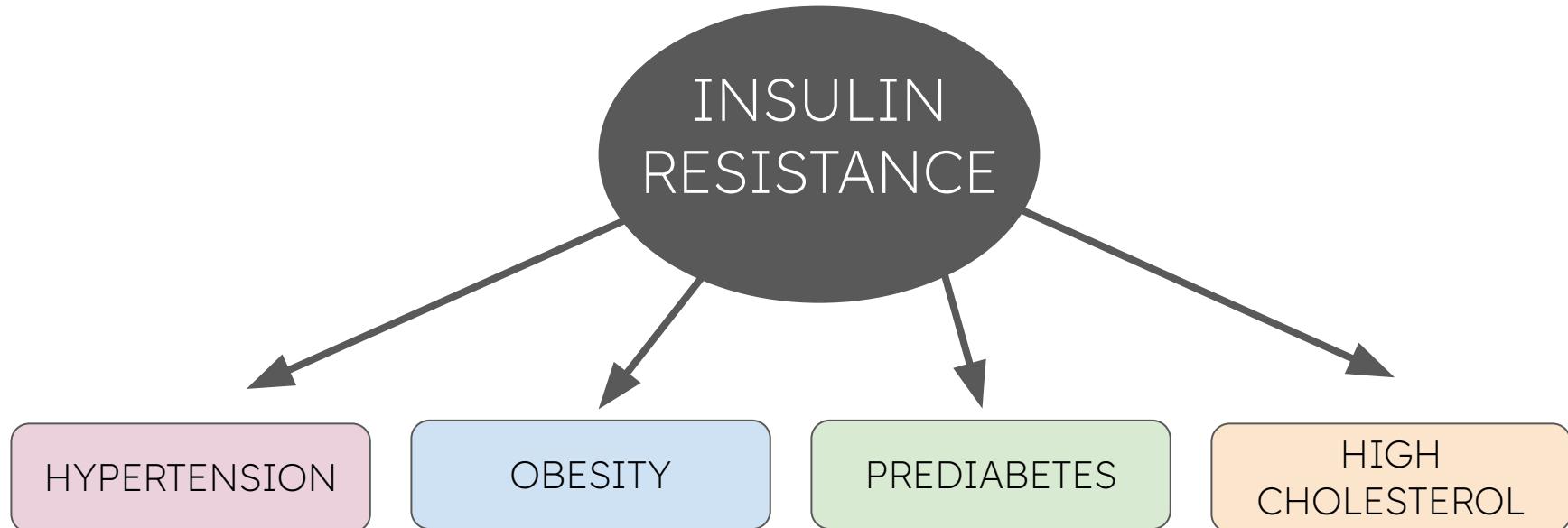
OBJECTIVE To assess the time to benefit (TTB) of bisphosphonate therapy for the prevention of nonvertebral and other fractures among postmenopausal women with osteoporosis.

DATA SOURCES Randomized clinical trials (RCTs) were identified from systematic reviews commissioned by the US Preventive Services Task Force (1 review), the Agency for Healthcare

Lie #1: Modern Medicine Cures Disease

- The most advanced interventions of modern medicine are still reactive (come into play *after* the iceberg has been hit – it's like relying on the life rafts)
- If we want to truly prevent disease, we must address the root causes:
 - Declining hormones
 - Insulin resistance
 - Increasing inflammation

Lie #2: All Major Diseases Have Nothing In Common



Source: Bikman, B. *Why We Get Sick: The Hidden Epidemic at the Root of Most Chronic Disease—and How to Fight It*. BenBella Books, 2020

Lie #3: Estrogen Increases Breast Cancer Risk

- WHI (Women's Health Initiative) 2002 sparked panic – *but it was the synthetic progestin (MPA) that increased risk*
- Modern data reanalysis: Women on ERT and breast ca:
 - 23% ↓ cases
 - 44% ↓ mortality
- Estrogen was effectively used to treat breast cancer in the 70s, 80s and 90s
- Superior to Tamoxifen for women with breast cancer (40% ↓)

Correlation ≠ Causation



Lie #4: Lifestyle is enough

ASCVD (heart disease and stroke)



Diabetes

Cancer

Dementia

Osteoporosis



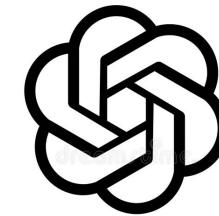
Why the System Fails Women in Midlife

- Your GP was taught these same myths.
- The system can't help most women in midlife because it was never designed to be anything else but **reactive**.
- Understanding the science (peer-reviewed, medical literature) and your own physiology **changes everything**.



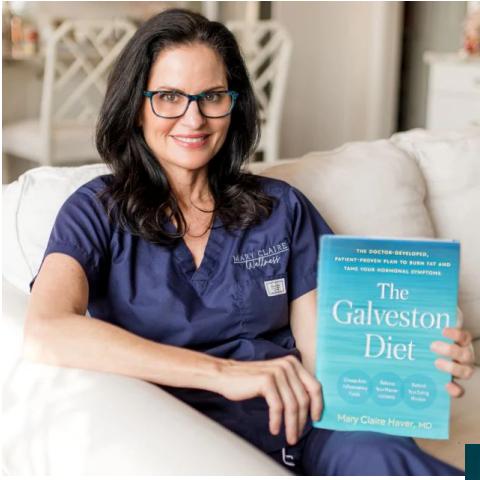
From Myth to Medicine

what the science actually shows when we treat
women's physiology – not just their symptoms

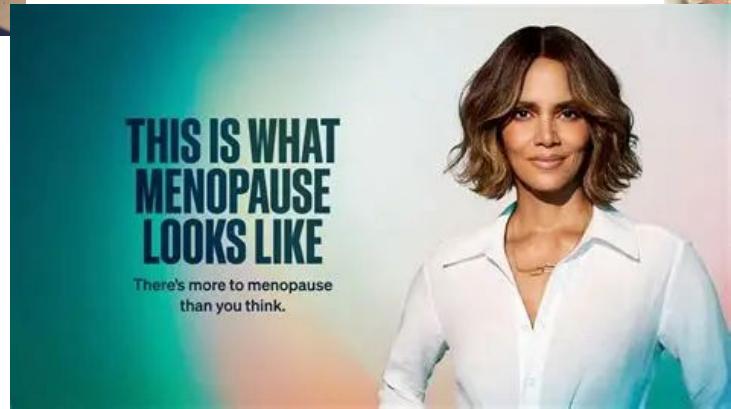
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ChatGPT

*“The internet isn’t just a source of information —
it’s the world’s greatest confirmation bias engine.”*



Dr. Marie-Claire Haver



Halle Berry



Oprah

PEER-REVIEWED MEDICAL LITERATURE

PREFERENTIALLY LARGE
RANDOMIZED CONTROLLED TRIALS



The Value of Randomized Controlled Trials

- Participants are randomly assigned to a treatment or control / placebo group
- Participants and often investigators are often blinded to reduce bias
- Randomization balances the known and unknown differences between groups, so the effects are more likely to be due to the treatment itself, not other factors
- In an age of misinformation, RCTs are the closest thing to the truth

The Value of Randomized Controlled Trials

- What do the major landmark RCTs tell us about estrogen-replacement in menopause?
 - ELITE (Early vs Late Intervention Trial with Estradiol)
 - EPAT (Estrogen in the Prevention of Atherosclerosis Trial)
 - WHI-2 (Estrogen-Alone)
 - DOPS (Danish Osteoporosis Prevention Study)
 - PEPI (Postmenopausal Estrogen/Progestin Interventions)

ELITE — *NEJM*, 2016

EPAT — *Ann Intern Med*, 2001

WHI-2 (Estrogen-Alone) — *NEJM*, 2007

DOPS — *BMJ*, 2012

PEPI — *JAMA*, 1995



HEART ATTACKS AND STROKES REDUCED BY CLOSE TO 50%

Chlebowski RT. WHI Estrogen-only trial: JAMA Oncol. 2020;6(3):330-339.
Attia P. Outlive. 2023

COGNITIVE DECLINE AND ALZHEIMER'S REDUCED BY CLOSE TO 30%



Mosconi L. The XX Brain. 2020.

Maki PM. Menopause & cognition: JAMA Neurol. 2019;76(3):258-259



HIP AND VERTEBRAL FRACTURES REDUCED BY 34%

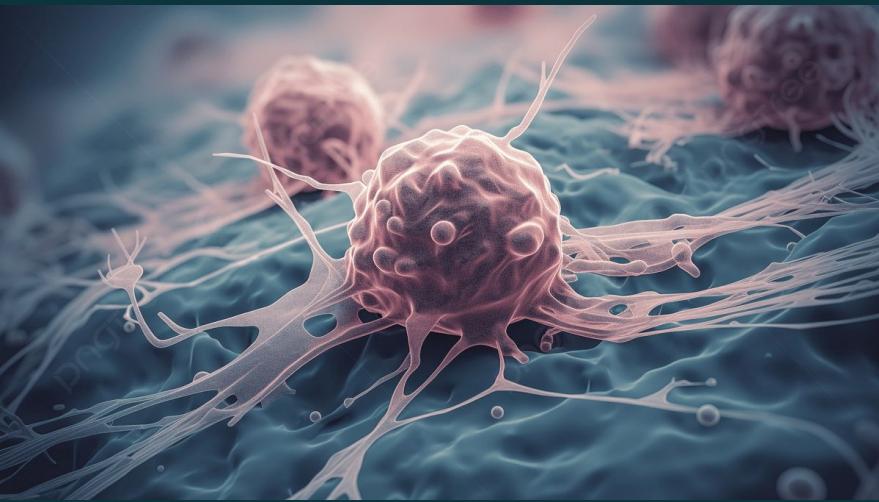
Cosman F. Osteoporosis prevention & treatment. Endocr Rev. 2014;35(3):504-532.
North American Menopause Society. 2023 Position Statement
Anderson GL et al., JAMA 2003; 290(13):1729–1738
The Writing Group for the PEPI Trial, JAMA 1996; 275(5):370–375

**VISCERAL FAT
REDUCED BY 36%**

**INSULIN
SENSITIVITY
IMPROVED BY 25-30%**



O'Sullivan AJ et al., *J Clin Endocrinol Metab* 1998; 83(10):3241–3248
Sites CK et al., *J Clin Endocrinol Metab* 1997; 82(2):455–458



COLON CA ~40% ↓

BREAST CA

23% ↓ INCIDENCE

44% ↓ MORTALITY

Chlebowski RT et al. *JAMA* 2020;324(4):369–380

Chlebowski RT et al. *J Natl Cancer Inst* 2004;96(5):292–300

Grodstein F et al., *Ann Intern Med* 1999;130(6):481–489

ALL-CAUSE DEATH REDUCED BY 21%



Chlebowski RT et al. *JAMA* 2020;324(4):369–380

Chlebowski RT et al. *J Natl Cancer Inst* 2004;96(5):292–300



COLLAGEN LOSS
~30% ↓
**IN THE FIRST 5
YEARS**

2% ↓ / YEAR AFTER THAT

Maturitas 1999; Dermatoendocrinol 2012; Br J Dermatol 1987

J Clin Endocrinol Metab 1993; Menopause 2012

↓ INFECTIONS
↓ URINARY
INCONTINENCE



NAMS Position Statement — *Menopause* 2020/2023

Cochrane Review 2016; Obstet Gynecol 2014



↓ **SEX DRIVE**
↑ **BRAIN FOG**

↓ **MOOD**
↓ **ENERGY**
↓ **MUSCLE MASS**

Islam *Lancet Diabetes & Endocrinology* 2019

Shifren *NEJM* 2000

Davis *NEJM* 2008

↑ INFLAMMATION
↑ PAIN

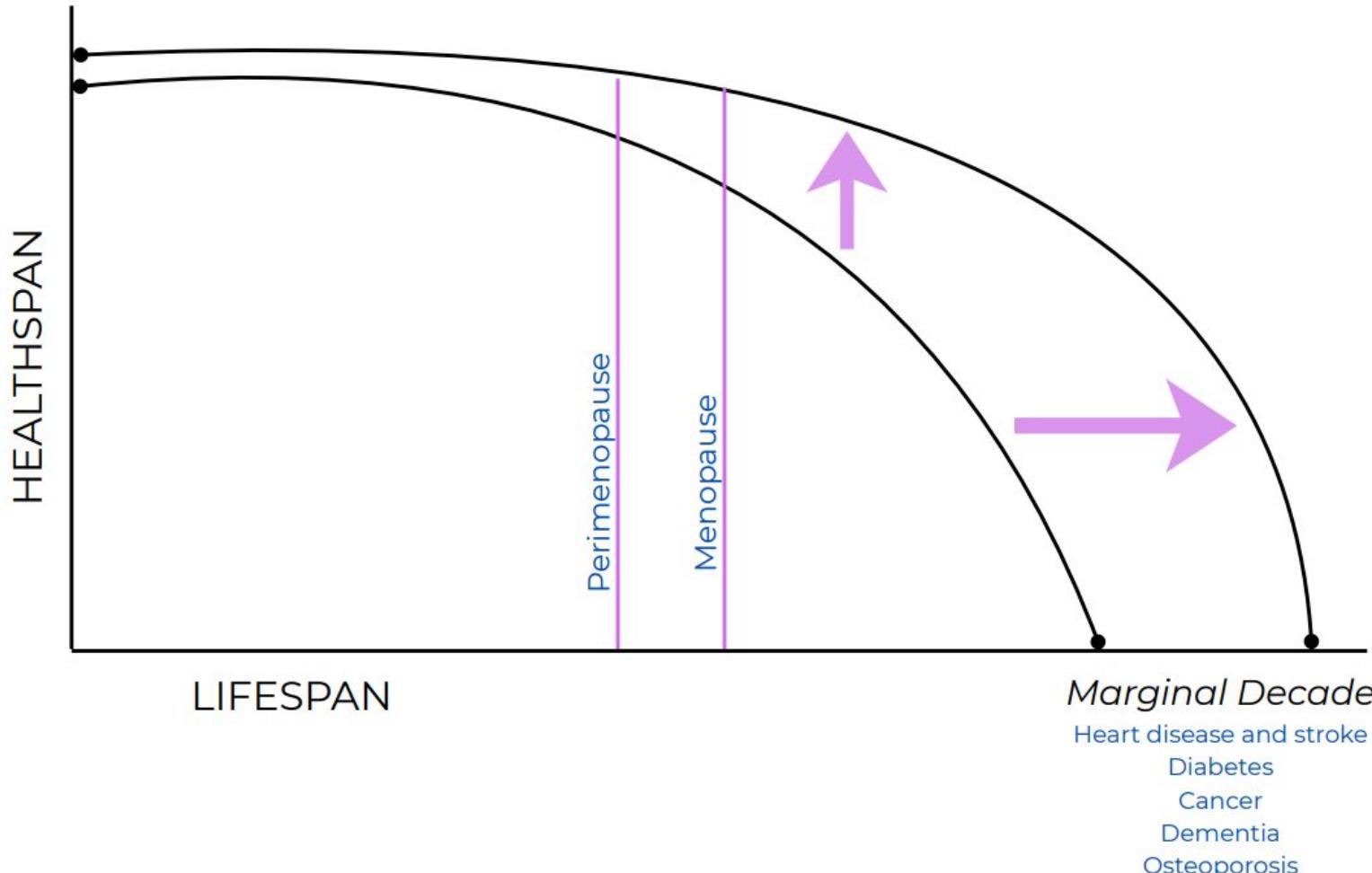


Hormone Replacement Therapy

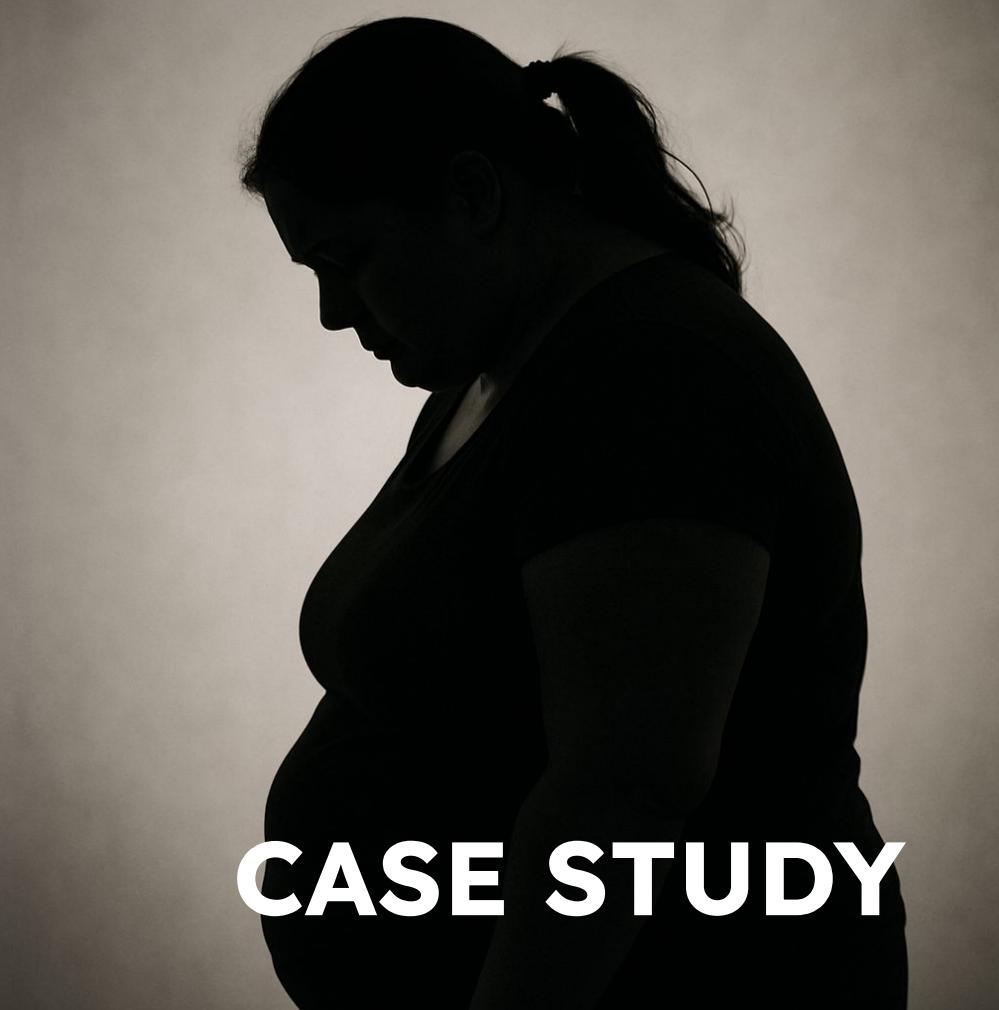
- Significantly reduces the incidence (number of cases) of the chronic illnesses and symptoms that are directly linked to your healthspan, lifespan and quality of life
- **Timing hypothesis:** as these disease processes are largely irreversible, the sooner the HRT is started, the better the outcomes (*modifying trajectory is more effective than last-minute, eg Titanic*)
- No other intervention in medicine has such favorable results

Hormone Replacement Therapy

- The goal isn't to restore or maintain our reproductive capacity. It is to:
 - Feel like yourself again (quality of life)
 - Slow down aging (lifespan)
 - Reduce future risk of disease and illness (healthspan)





A high-contrast, black and white silhouette of a pregnant woman in profile, facing left. She is wearing a dark, low-cut top. The image is set against a light, neutral background.

CASE STUDY

Case study

- 46 years old
- Borderline hypertension, impaired fasting glucose (prediabetes), elevated lipids, obesity.
- Poor sleep, heavy periods, low energy, low libido.



Conventional Care Follows clinical guidelines	BHRT provider Follows Published Evidence
HRT only for genitourinary syndrome and / or vasomotor symptoms of menopause	Improvement of healthspan, longevity, vitality
Risks > Benefits	Benefits outweigh the risk of untreated menopause
‘No need to test’	Necessary tests done privately
‘Normal range’ is good enough	Aim for ‘optimal range’ for age and symptoms
‘Reactive medicine’ (waiting for you to hit the iceberg)	Preventative medicine (putting you on the right trajectory)

This does not constitute medical advice: this information is for educational purposes only.

	Conventional Care	BHRT provider
↑ LDL	Statin	Hormone optimization and reversal of IR to ↓ LDL < 2
Obesity	‘Eat less, exercise more’	Reverse insulin resistance Testosterone
Hypertension	‘Eat less salt’ Ramipril	Reverse insulin resistance
Prediabetes	(Only looking for diabetes)	Hormone optimization and reverse insulin resistance
Poor sleep	Sedative	Progesterone

This does not constitute medical advice: this information is for educational purposes only.

	Conventional Care	BHRT provider
Low mood	SSRI	Progesterone Testosterone
Low libido	Couples counselling	Testosterone
Low energy	‘TSH is normal’	Testosterone Optimizing Thyroid
Heavy periods	Hysterectomy	Progesterone

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46 years old

Lost over 135 lbs

Reversed my hypertension and prediabetes

Normalized cholesterol profile

Avoided major surgery

Improved mood, sleep, energy and vitality

52 years old



About My Practice – Pacifica MD

Founded in 2023 in Qualicum Beach, serving women all over BC

Focused on root-cause medicine, hormone optimization, and metabolic health – not just treating symptoms

My goal is to help you – not just how you feel today – but actually understand where your health is headed, identify the root causes and ensure you are on your best trajectory



Elisabeth Crisci MD CFPC



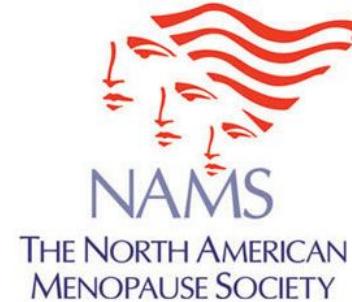
	Conventional	Naturopathic	Tele-hormone (e.g. Felix, Science & Humans)	Pacifica MD
Testing	Minimal: often not required / covered (MSP)	Saliva / mail-away tests (extra cost, questionable reliability)	Basic testing, no longitudinal trending	Private blood testing at Lifelabs including estradiol, progesterone, testosterone, DHEAS, free T3, fasting insulin + HOMA-IR calculation, Vit D
Interpretation	'Normal' ranges	Variable by provider	Template ranges and protocols (one size fits all)	Optimal ranges for risk reduction
Therapies	Estrogen/progesterone; testosterone very rare	No Rx for T/DHEA	Standardized HRT protocols	Highly personalized approach All hormones & routes (incl. pellets)
Outcomes	Symptom control (hot flashes, GSM)	Symptom management, Evidence varies (eg Biest cream)	Convenience-first care, no accommodation for particular situations	Hormone optimization and metabolic longevity (avoiding marginal decade)
Cost (typical)	MSP-covered visits: testing often contraindicated	\$200-\$350 initial \$100-\$250 F/U; testing extra	\$99 initial (Felix) or ~\$200 / every 3 months (S&H) + cost of testing	Initial \$1499 then \$125/month*

***about 50% goes towards lab testing**

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What Makes Our Approach Different

- **Evidence-Based & Root-Cause Focused:** Grounded in current research on hormones, metabolism, and longevity — not trends, so-called experts or even clinical guidelines.
- **Doctor-Led, Team-Based Care:** Care provided by a licensed MD (with dedicated clinical support from RN Heather).
- **Precision Diagnostics:** Direct access to our private LifeLabs account for reliable, medical-grade testing (no unvalidated saliva kits mailed to the US).
- **Comprehensive Training:** all available training programs completed to better understand different perspectives



What Makes Our Approach Different

- **All types and Routes:** Including testosterone, DHEA and subcutaneous implants.
- **Comprehensive, Integrated Model:** Transparent fees that include physician visits, ongoing lab monitoring and follow-up care.
- **Continuity of Care:** We build long-term therapeutic relationships with our patients and support them through every stage of midlife and beyond.



Beyond BHRT

Only 12% of the population had:

- Normal waist circumference (<40" in ♂, 35" in ♀)
- Fasting glucose <5.6 mmol/L and HgbA1C <5.7%
- BP <120/80 mmHg
- Triglycerides <1.7
- HDL-C \geq 1.0 mmol/L (♂) / \geq 1.3 mmol/L (♀)

These are all manifestations of **insulin resistance**

Screening and management IR is standard in my practice

➤ *Metab Syndr Relat Disord.* 2019 Feb;17(1):46-52. doi: 10.1089/met.2018.0105. Epub 2018 Nov 27.

Prevalence of Optimal Metabolic Health in American Adults: National Health and Nutrition Examination Survey 2009-2016

Joana Araújo ¹, Jianwen Cai ², June Stevens ^{1, 3}

Affiliations + expand

PMID: 30484738 DOI: [10.1089/met.2018.0105](https://doi.org/10.1089/met.2018.0105)

Abstract

Background: Several guidelines for cardiometabolic risk factor identification and management have been released in recent years, but there are no estimates of current prevalence of metabolic health among adults in the United States. We estimated the proportion of American adults with optimal cardiometabolic health, using different guidelines.

Methods: Data from the National Health and Nutrition Examination Survey 2009-2016 were analyzed (n = 8721). Using the most recent guidelines, metabolic health was defined as having optimal levels of waist circumference (WC <102/88 cm for men/women), glucose (fasting glucose <100 mg/dL and hemoglobin A1c <5.7%), blood pressure (systolic <120 and diastolic <80 mmHg), triglycerides (<150 mg/dL), and high-density lipoprotein cholesterol (\geq 40/50 mg/dL for men/women), and not taking any related medication.

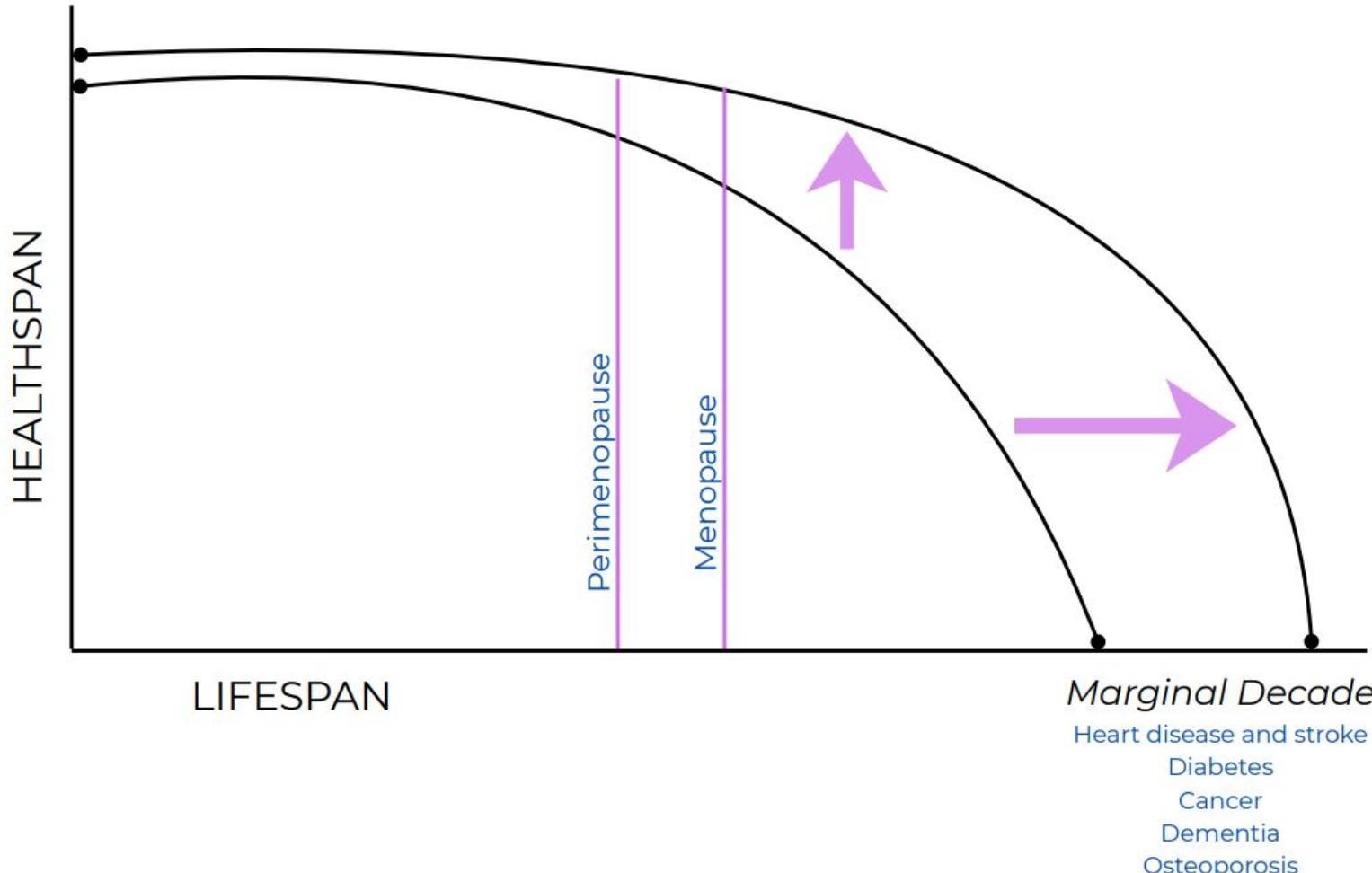
Who My Practice Is Designed For

Who My Practice Is Designed For:

- You want to go beyond symptom relief to focus on long-term healthspan, longevity and evidence-based disease prevention
- You understand that early optimization leads to better outcomes
- You value our care as proactive, ongoing and well beyond the simple improvement of symptoms

Who My Practice Is Designed For:

- A past history of breast cancer does not exclude you – we individualize care based on current evidence and risk
- You are generally healthy, with no active unmanaged medical condition or unexplained symptoms
- You value and trust personalized, licensed physician-led care that prioritizes your long-term health over one-size-fits-all models





www.PacificaMD.com

Masterclass on Metabolic Health

Free Virtual Event

“Lunch ‘n Learn” 12pm to 1pm,
Thursday December 18, 2025



Fill Out Your Eligibility Form
at www.PacificaMD.com



Thank you!