

MENOPAUSE HORMONE THERAPY

Introduction

You are starting hormone therapy for menopause. Please note the guidelines and instructions below. Almost all female hormone treatments include estrogen. This is the hormone that nearly disappears after menopause. Some patients are allowed to use estrogen by itself, others have to use a 2nd hormone (progesterone or a progestin, see below).

Patients who have their uterus (E+P)

If you have your uterus, you need 2 hormones because using estrogen alone can lead to uterine cancer. The second hormone can prevent this. The second hormone is natural progesterone or a synthetic progesterone derivative (called a progestin) except with Duavee (see below) which uses a 2nd hormone that isn't a progestin, but which also protects against uterine cancer.

Patients who do not have their uterus (E only)

Estrogen can be used by itself. Progesterone has almost no other benefit than prevention of uterine cancer, but some people take it at bedtime as a sleep aid. Progesterone is critical for pregnancy and fetal health but has almost no role in menopause hormone therapy if the woman has had a hysterectomy. You can read different opinions from many hormone “experts” but this view is supported by Menopause specialists world-wide. If someone tells you that the most important hormone for menopausal women is progesterone, be careful. They are probably trying to sell you something and wish to steer you away from science-based facts and findings.

Patients who use vaginal estrogen only

The dose of vaginal estrogen, mainly for the treatment of vaginal dryness and painful sex, is so low that you do not need progesterone, even if you still have your uterus. This only applies if you do not use any other hormones.

Progesterone skin cream

It is possible to buy progesterone skin cream without a prescription. The FDA allows this because bio-identical progesterone doesn't enter the bloodstream when applied to the skin. People still sell this of course, and some people who use it feel better which is fine, but topical progesterone skin cream has no valid medical use. It is NOT safe or effective in prevention of uterine cancer for a woman who uses estrogen hormone therapy. There are prescription hormone skin patches that contain estrogen and a progestin (not progesterone) that crosses the skin (see Combipatch or Climara Pro). There is no effective prescription progesterone skin product or progestin only skin patch.

There are prescription hormone skin patches that contain estrogen and a progestin (not progesterone) that crosses the skin (see Combipatch or Climara Pro). There is no prescription progesterone or progestin only skin patch.

Bio-identical hormone therapy (BHT)

This is mainly a marketing term. A bio-identical hormone means that the estrogen is estradiol (17-beta estradiol) and the progesterone is natural progesterone (not a progestin). Both of these are the same as the active hormones in the body. Both of these are available in FDA approved forms

and both are also dispensed by compounding pharmacies. Despite being “popular,” bio-identical hormones are still hormones, they require a prescription, and they are not safer than other hormones just because they are bio-identical.

Things to be aware of when starting Hormone Therapy

If you have a uterus, you must use a combination of estrogen and a progestin or progesterone (E+P)

1. If you are not truly menopause, perhaps you have irregular periods which is perimenopause, then hormone therapy can cause problems. The low doses of hormone therapy do not suppress natural ovarian hormone production. Your body will continue to produce hormones, often fluctuating quite a bit from low to high to low, while at the same time you are using hormone therapy. There are exceptions to this but those require careful monitoring.
2. One of the most common side effects when starting hormones is bleeding or spotting. It is usually light, unpredictable, and normally resolves within the first 1-3 months. If bleeding is heavy, or if after 3 months it is still happening, it should be investigated.
3. Relief of severe hot flashes and night sweats might begin within 1-2 weeks. However, the full effects of being on hormones show up more gradually. It can take 3-6 months to reach a steady state. This is why you should be willing to commit to staying on the hormones for at least 3-6 months before deciding to go off them or make changes.
4. Other hormone side effects can occur, and these vary from person to person. Usually they are mild, and disappear after a month or so. The side effects might be similar to PMS symptoms, but hopefully much more mild!
5. If you are new to hormone therapy, we usually schedule a follow-up 3 months after starting it. If you have major side effects or any concerns, you can call us, message us using the portal, or schedule a telehealth consult at any time.
6. Possible addition of Testosterone. This is another hormone used for some patients, mainly to help boost libido or sex drive. It is not FDA-approved for this use, but doctors can prescribe it. When done correctly, with proper doses, this hormone can be used safely and can really help. Other possible benefits include improved mood, energy, sleep and strength.

TESTOSTERONE PELLETS WARNING

Be aware that there is the potential for severe and permanent harm from using Testosterone improperly. Be careful of pellet hormone clinics that persuade you to use testosterone pellets. They promise a lot: better mood, better sleep, more energy, better sex life. However, once a pellet goes under the skin there is no way to reverse it or remove it. Too high a dose can lead to permanent changes such as clitoral pain and enlargement, voice changes, hair loss, facial hair growth, severe acne, all of which we see in patients who never used Testosterone and then had pellets inserted. Please be careful.

If you have had a hysterectomy, you can use estrogen and do not need a progestin. Items 2-5 above still apply.