Are Women Being Underdosed on Estradiol? | Dr. Valorie and Dr. Maki Explain Transcript

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Are Women Being Underdosed on Estradiol?

Why is this happening? Why are they Why is this happening? Why are they being underdosed? I think there's being underdosed? I think there's probably still some skepticism of the probably still some skepticism of the Are women being underdosed on estradiol?

Are women being underdosed on estradiol? Hi, I'm Dr. Valerie Davidson from the Hi, I'm Dr. Valerie Davidson from the Progressive Health Podcast. Progressive Health Podcast.

>> Dr. Mackey from the Progressive Health >> Dr. Mackey from the Progressive Health Podcast. Uh so I've had uh the privilege Podcast. Uh so I've had uh the privilege of doing a few consults this past week.

of doing a few consults this past week. And I would have to say that at least And I would have to say that at least from a small sample size, uh but even from a small sample size, uh but even women listening to the podcast, a women listening to the podcast, a resounding yes that women are being um resounding yes that women are being um sort of uh chronically underdosed.

sort of uh chronically underdosed.

Why Estradiol Dosing Often Runs Too Low

>> Yeah, from the for estradiol. Cuz >> Yeah, from the for estradiol. Cuz estradiol is a main hormone for women. I estradiol is a main hormone for women. I mean, we love estradiol. We need it. But mean, we love estradiol. We need it. But I do find from other practitioners when, I do find from other practitioners when, you know, we're doing consults with new you know, we're doing consults with new patients or we get those of you writing patients or we get those of you writing in, the doses of their estradiol are in, the doses of their estradiol are pretty low.

pretty low. >> Yeah. >> Yeah. >> Yeah. >> And that's probably part of the reason >> And that's probably part of the reason why they might not be feeling well. And why they might not be feeling well. And then you wonder, well, why is this then you wonder, well, why is this happening? Why are they being happening? Why are they being underdosed? I think there's probably underdosed? I think there's probably still some skepticism of the dangers of still some skepticism of the dangers of estradiol just, you know, from what from estradiol just, you know, from what from that WHI study and that WHI study and >> 2002, like 24 years ago.

>> 2002, like 24 years ago. >> Yeah, I know. But, you know, that's >> Yeah, I know. But, you know, that's stuck with us for a long time. There's a stuck with us for a long time. There's a lot of women that just weren't even lot of women that just weren't even given the opportunity to have estrogen given the opportunity to have estrogen or hormones just because of that study.

or hormones just because of that study. So now we're we're realizing, you know, So now we're we're realizing, you know, how jaded it was and corrupt that women, how jaded it was and corrupt that women, you know, women do need their hormones you know, women do need their hormones for their longevity, you know, for their for their longevity, you know, for their bones, brain, you know, our heart, our bones, brain, you know, our heart, our cardiovascular system.

cardiovascular system. >> And just to feel better. >> And just to feel better. >> Oh yeah, just not to mention just our >> Oh yeah, just not to mention just our general daily life and our metabolism.

general daily life and our metabolism.

Why Lab Numbers and Symptoms Both Matter

So now we're realizing that, but I do So now we're realizing that, but I do feel like, you know, we've been working feel like, you know, we've been working with HRT for over 20 years that some of with HRT for over 20 years that some of these doses are just too low.

these doses are just too low. >> Yeah, now we're going to get into this >> Yeah, now we're going to get into this on another episode, but when you compare on another episode, but when you compare all the different uh forms of estrogen all the different uh forms of estrogen or estradiol, um this is where I think or estradiol, um this is where I think happens most of the time is all those happens most of the time is all those forms because it's all estradiol for the forms because it's all estradiol for the most part they get lumped into the same most part they get lumped into the same bucket. Uh and if you've been doing bucket. Uh and if you've been doing hormone replacement for any period of hormone replacement for any period of time, they do not translate from one time, they do not translate from one dosage form, let's say a patch, uh to a dosage form, let's say a patch, uh to a transdermal cream, to a gel. transdermal cream, to a gel. They are they are all independent of each other they are all independent of each other as far as the dosage and how a woman's as far as the dosage and how a woman's going to respond to it.

going to respond to it. >> Yeah, it's like apples and oranges when >> Yeah, it's like apples and oranges when you're looking at a dose of a patch you're looking at a dose of a patch compared to perhaps a dose of a biest, compared to perhaps a dose of a biest, which is an estriol and estradiol which is an estriol and estradiol combination, or to the dose of just an combination, or to the dose of just an estradiol transdermal cream. So, or or estradiol transdermal cream. So, or or gel, those doses do not equivalent to gel, those doses do not equivalent to each other. So, that's where it has to each other. So, that's where it has to be individually tailored to that, you be individually tailored to that, you know, that particular female. Now, I know, that particular female. Now, I will say another reason I think that uh will say another reason I think that uh women are being underdosed is you know, women are being underdosed is you know, we don't want to chase the numbers on we don't want to chase the numbers on lab work. I do feel like lab work is lab work. I do feel like lab work is really important. Most people have really important. Most people have access to blood work, that's probably access to blood work, that's probably the common form of testing the hormones.

the common form of testing the hormones. There are other ways to test hormones There are other ways to test hormones with saliva and dried urine, but a lot with saliva and dried urine, but a lot of women collectively have more access of women collectively have more access to doing their blood draws that I think to doing their blood draws that I think sometimes a practitioner might be sometimes a practitioner might be focusing too much on what that number focusing too much on what that number is. So, they're chasing the number, or is. So, they're chasing the number, or on the flip side, of course, we want to on the flip side, of course, we want to take symptoms into consideration and take symptoms into consideration and say, "Okay, we want to base your dose on say, "Okay, we want to base your dose on your symptoms." But you don't want to your symptoms." But you don't want to just rely on that alone. So, I think just rely on that alone. So, I think both of those independently might be both of those independently might be contributing to women being underdosed contributing to women being underdosed on estradiol because the practitioner's on estradiol because the practitioner's focusing too much on the the number on focusing too much on the the number on the lab work or too much on the the lab work or too much on the symptoms.

symptoms. symptoms.

Matching Estradiol Form and Dose to the Patient

>> Yeah, now um now granted the maybe the >> Yeah, now um now granted the maybe the art of HRT is knowing when to look at art of HRT is knowing when to look at the patient. That's always our tendency the patient. That's always our tendency is to you treat the patient, not a lab is to you treat the patient, not a lab test. All right, that's our default.

test. All right, that's our default. It's been that way, you know, since It's been that way, you know, since we've been

in practice um because the we've been in practice um because the patient is always going to be able to patient is always going to be able to tell you if a dose for them is working.

tell you if a dose for them is working. The same thing happens with thyroid, The same thing happens with thyroid, right? A patient knows when they're right? A patient knows when they're underdosed or when they're overdosed, underdosed or when they're overdosed, and there's really no in between. The and there's really no in between. The same thing happens subjectively same thing happens subjectively with the individual when it comes to with the individual when it comes to HRT.

HRT. HRT. >> Absolutely. Like you said with the with >> Absolutely. Like you said with the with the dosing. Now, one thing I kind of the dosing. Now, one thing I kind of wanted to circle back to, which is wanted to circle back to, which is something I was thinking about in the something I was thinking about in the past, is past, is when you're looking at the symptoms, when you're looking at the symptoms, it's not just about hot flashes and it's not just about hot flashes and night sweats. Now, I know all of you night sweats. Now, I know all of you listening and watching know that as listening and watching know that as well, but there's so many other symptoms well, but there's so many other symptoms that come into play when you're looking that come into play when you're looking at the estrogen being or the estradiol at the estrogen being or the estradiol being a little bit too low that may not being a little bit too low that may not be looked at where someone might say, be looked at where someone might say, you know, I'm having a lot of knee pain.

you know, I'm having a lot of knee pain. Oh, go take an Advil or, you know, it's Oh, go take an Advil or, you know, it's osteoarthritis. That's just what happens osteoarthritis. That's just what happens when you get older, but is it really?

when you get older, but is it really? You know, I know a lot of people talk You know, I know a lot of people talk about the frozen shoulder. In fact, I about the frozen shoulder. In fact, I was getting a little bit of some was getting a little bit of some shoulder pain the other day or the other shoulder pain the other day or the other week. I was thinking it was from looking week. I was thinking it was from looking at the computer, which probably looking at the computer, which probably looking down at the computer is giving me a down at the computer is giving me a little tech neck, but at the same time I little tech neck, but at the same time I knew my estradiol dose was probably a knew my estradiol dose was probably a little bit low, so I did raise it up and little bit low, so I did raise it up and actually feels pretty good here. So, I actually feels pretty good here. So, I think not looking at some of the other think not looking at some of the other characteristics like joint pain, muscle characteristics like joint pain, muscle pain, a brain fog. Sometimes people will pain, a brain fog. Sometimes people will say, you know, what? That's just age, say, you know, what? That's just age, you know, or you're stressed. You're you know, or you're stressed. You're forgetting things. You're walking into a forgetting things. You're walking into a room and you don't remember why you room and you don't remember why you walked in there or you go into the walked in there or you go into the grocery store and you forget five things grocery store and you forget five things on your list. So, I think there's other on your list. So, I think there's other symptoms that come into play besides the symptoms that come into play besides the hot flashes, night sweats, and of course hot flashes, night sweats, and of course the sleep disruptions.

the sleep disruptions. >> Yeah, you know, when you're using some >> Yeah, you know, when you're using some of the and and again, we're going to do of the and and again, we're going to do another video about the dosage or the another video about the dosage or the form of estrogen that woman's using form of estrogen that woman's using because as we just said, they're not all because as we just said, they're not all created the same. So, you have to know created the same. So, you have to know how to transition from one to the next how to transition from one to the next if you're switching if you're switching and know where those dosing levels and know where those dosing levels should be. That's a whole 'nother should be. That's a whole 'nother episode that we'll talk about.

episode that we'll talk about. >> Well, yeah, we'll do the math cuz you're >> Well, yeah, we'll do the math cuz you're right. Like a biased, which is a right. Like a biased, which is a combination of estriol and estradiol, combination of estriol and estradiol, I'd say 5 mg of biased is different than I'd say 5 mg of biased is different than 5 mg of estradiol, which is different 5 mg of estradiol, which is different than, you know, a 0.1 mg of an estradiol than, you know, a 0.1 mg of an estradiol patch. also. So, that's one thing I patch. also. So, that's one thing I think you're right. We'll go into the think you're right. We'll go into the math. We won't bore you right now with math. We won't bore

you right now with that cuz then that cuz then >> But >> But >> But >> But the But the math is really cool.

>> But the But the math is really cool. >> But at the end of the day, you know, >> But at the end of the day, you know, that's like it's whole separate topic, that's like it's whole separate topic, our whole separate episode, and that is our whole separate episode, and that is knowing the differences and taking the knowing the differences and taking the individual, not across an entire individual, not across an entire population. That's where I think a lot population. That's where I think a lot of things um get missed as you're trying of things um get missed as you're trying to treat an entire group of women, a to treat an entire group of women, a whole cohort cohort of women that are in whole cohort cohort of women that are in menopause or perimenopause with three menopause or perimenopause with three dosages. Okay, maybe four maybe four dosages.

Transdermal Timing, Oral Estrogen, and SHBG

Okay, maybe four maybe four dosages. That is really difficult uh dosages. That is really difficult uh because you there's no way to tell because you there's no way to tell on the all the different forms now, on the all the different forms now, which is great. There's a lot of a lot which is great. There's a lot of a lot of um dosage forms available for women, of um dosage forms available for women, but there's no way to tell prior to a but there's no way to tell prior to a woman starting something which one is woman starting something which one is the best option for her.

the best option for her. >> Well, I think what we're maybe talking >> Well, I think what we're maybe talking about two different things here. So, about two different things here. So, you're talking about maybe with the you're talking about maybe with the estradiol patch, there's five different estradiol patch, there's five different choices on that, but there's so many choices on that, but there's so many other different forms like we had talked other different forms like we had talked about a biased or a transdermal um about a biased or a transdermal um estradiol, and I think a lot of women, estradiol, and I think a lot of women, which we get that right into us, don't which we get that right into us, don't really know what their actual dose is.

really know what their actual dose is. So, for example, um you know, someone So, for example, um you know, someone might say, "I'm in a biased 50/50 ratio might say, "I'm in a biased 50/50 ratio or 80/20 ratio." That doesn't really or 80/20 ratio." That doesn't really tell you much other than the ratio of tell you much other than the ratio of the estriol to the estradiol. So, any of the estriol to the estradiol. So, any of you watching, feel free to put in if you watching, feel free to put in if you're doing a biased or transdermal you're doing a biased or transdermal cream of estradiol, put put it in there cream of estradiol, put put it in there and we'll um we'll show you what the and we'll um we'll show you what the actual dosage is cuz I love doing all actual dosage is cuz I love doing all that math.

that math. >> And maybe I think we probably have some >> And maybe I think we probably have some old um topic clicks around. We can even old um topic clicks around. We can even show on the screen. We can even show show on the screen. We can even show what it looks like and break down the what it looks like and break down the actual numbers on there because you have actual numbers on there because you have a biased a biased uh 50/50 or 80/20. That doesn't tell you uh 50/50 or 80/20. That doesn't tell you anything.

anything. anything. >> Yes, write down every number on there. >> Yes, write down every number on there. >> comes down to what the milligram amount >> comes down to what the milligram amount is and then how much you're applying is and then how much you're applying every day, at least is one example. Uh every day, at least is one example. Uh right? But honestly, I've crossed the right? But honestly, I've crossed the board, um you know, and this has been board, um you know, and this has been going on for 20 plus years that women going on for 20 plus years that women are just chronically under-dosed all the are just chronically under-dosed all the time.

time. time. >> And one thing too, just before we wrap >> And one thing too, just before we wrap this up, is and you've run into this, this up, is and you've run into this, and granted, you know, practicing HRT is and granted, you know, practicing HRT is literally a practice. Every practitioner literally a practice. Every practitioner has their own philosophy. But I know has their own philosophy. But I know when someone's doing a transdermal when someone's doing a transdermal cream, whether it's a biased or an cream, whether it's a biased or an estradiol, is you want to do it twice a estradiol, is you want to do it twice a day. We've run across a few people that day. We've run across a few people that are saying, "Oh, I'm just putting on my, are saying, "Oh, I'm just putting on my, you

know, my estrogen in the morning, or you know, my estrogen in the morning, or I'm just applying my biased in the I'm just applying my biased in the morning." By the evening time, it really morning." By the evening time, it really is out of your system, and then you're is out of your system, and then you're sleeping with no estrogen. And that's sleeping with no estrogen. And that's not great for sleep, or just for our not great for sleep, or just for our cells and cellular turnover. So, I will cells and cellular turnover. So, I will say that is, you know, this is, what is say that is, you know, this is, what is it, education, not for medical advice. I it, education, not for medical advice. I have to say that. But if you're doing a have to say that. But if you're doing a transdermal cream, twice a day is really transdermal cream, twice a day is really what you want.

what you want. >> Yeah, right. Like our default, most of >> Yeah, right. Like our default, most of the time, 99% of the time, we're going the time, 99% of the time, we're going to do have them do with the topic click, to do have them do with the topic click, we're going to have them do two clicks we're going to have them do two clicks twice a day. Right? And then now dosing twice a day. Right? And then now dosing can change, number of clicks can change, can change, number of clicks can change, all those things. But then if we make all those things. But then if we make that adjustment, then it goes back to that adjustment, then it goes back to the two clicks twice a day. And then now the two clicks twice a day. And then now we sort of start that process over we sort of start that process over again. Um so, you start them at a again. Um so, you start them at a certain point, and then that dose gets certain point, and then that dose gets titrated up. Uh so, there's a little bit titrated up. Uh so, there's a little bit of a step-wise process on how to get of a step-wise process on how to get them get them to arrive at their own uh them get them to arrive at their own uh perfect dose.

perfect dose. >> So, you were talking about ramping up >> So, you were talking about ramping up the dose, so starting at one or starting the dose, so starting at one or starting a lower dose twice a day, and then a lower dose twice a day, and then increasing up the dose as you're working increasing up the dose as you're working on it to really get these women at a on it to really get these women at a good level of estradiol. One quick thing good level of estradiol. One quick thing I want to say before we, um like I said, I want to say before we, um like I said, I I could talk for hours about this. I I I could talk for hours about this. I just I love this. But the if you're just I love this. But the if you're doing an oral, you know, an oral form of doing an oral, you know, an oral form of HRT in terms of an estrogen or an HRT in terms of an estrogen or an estradiol oral, and there are estradiol oral, and there are some people that do that, and that's some people that do that, and that's okay. But know that when it goes through okay. But know that when it goes through the liver, it can cause your sex hormone the liver, it can cause your sex hormone binding globulin to go up, which binding globulin to go up, which sometimes makes the the free hormone a sometimes makes the the free hormone a little bit low, so it might even seem little bit low, so it might even seem like they're Oh, that dose seems pretty like they're Oh, that dose seems pretty high, but they're really not getting high, but they're really not getting access to it cuz of that sex hormone access to it cuz of that sex hormone binding globulin. But, we can go into binding globulin. But, we can go into other different hormones and testing at other different hormones and testing at a different podcast.

a different podcast. >> Yeah, we'll definitely talk about >> Yeah, we'll definitely talk about There's been a lot of chatter, a lot of There's been a lot of chatter, a lot of discussion about sexual SHBG, sexual discussion about sexual SHBG, sexual hormone binding globulin, so we'll hormone binding globulin, so we'll definitely come back and do an episode definitely come back and do an episode about that as well.

about that as well. Um, but if you have any questions, write Um, but if you have any questions, write them down in the comments. Uh, we expect them down in the comments. Uh, we expect that this would be a little bit of a that this would be a little bit of a lively topic. Uh, you know, we're at lively topic. Uh, you know, we're at least hoping so. Uh, so, uh, least hoping so. Uh, so, uh, uh, we'll definitely, uh, uh, we'll definitely, uh, probably come up with some other probably come up with some other episodes based on the comments that we episodes based on the comments that we see cuz this should be a little bit of a see cuz this should be a little bit of a lively discussion, so lively discussion, so >> Absolutely.

>> Absolutely. >> Absolutely. >> appreciate everyone watching. Uh, >> appreciate everyone watching. Uh, comment down below like I said. Till comment down below like I said. Till next time, I'm Dr. Maki.

next time, I'm Dr. Maki. >> And I'm Dr. Valerie. >> And I'm Dr. Valerie.