Starting HRT After 60

they're having GSM symptoms, give them they're having GSM symptoms, give them some estrogen vaginally. Vaginal some estrogen vaginally. Vaginal dryness, you can do estradiol or estriol dryness, you can do estradiol or estriol Can you start HRT after 60? Hi, I'm Dr.

Can you start HRT after 60? Hi, I'm Dr. Valarie Davidson from the Progressive Valarie Davidson from the Progressive Health Podcast. Health Podcast. >> I'm Dr. Mackey from the Progressive >> I'm Dr. Mackey from the Progressive Health Podcast. Uh so this uh this type Health Podcast. Uh so this uh this type of question comes up quite a bit. I of question comes up quite a bit. I think there was a generation of women think there was a generation of women that sort of got looked over or passed that sort of got looked over or passed up when it comes when it comes to HRT.

up when it comes when it comes to HRT. And now, you know, they're hearing about And now, you know, they're hearing about all the benefits to your bones, your all the benefits to your bones, your brain, your heart your heart, all those brain, your heart your heart, all those things, and just quality of life. And things, and just quality of life. And now women are considering um starting it now women are considering um starting it a little bit later.

a little bit later. >> And I think a lot of women are actually >> And I think a lot of women are actually kind of fighting for this because they kind of fighting for this because they might not be sleeping. They might be might not be sleeping. They might be trying to find studies to show their trying to find studies to show their doctors that, "Hey, I really would like doctors that, "Hey, I really would like to start some HRT or maybe my to start some HRT or maybe my osteoporosis or osteopenia is getting osteoporosis or osteopenia is getting worse." So I do feel like yes, the worse.

Tailoring Hormone Therapy Dosing

" So I do feel like yes, the answer if you were to kind of blanket it answer if you were to kind of blanket it as a crude answer is, "Can you start HRT as a crude answer is, "Can you start HRT after 60?" Yes, I think it depends on after 60?" Yes, I think it depends on how you do it. Now there's a big how you do it. Now there's a big difference between a woman that went difference between a woman that went through menopause at 49 and here she is through menopause at 49 and here she is at 67 wanting to put, you know, wanting at 67 wanting to put, you know, wanting to start hormones from a woman that to start hormones from a woman that maybe went through HR you know, went maybe went through HR you know, went through menopause at 51 and here they through menopause at 51 and here they are at 60 wanting to start HRT. So are at 60 wanting to start HRT. So that's where it always comes down to, as that's where it always comes down to, as all of you listeners and watchers know, all of you listeners and watchers know, we always want to tailor the HRT to the we always want to tailor the HRT to the person.

person. person. >> Yeah, and I'm not sure if that happens a >> Yeah, and I'm not sure if that happens a lot because there's you know, there's in lot because there's you know, there's in our opinion there's lots of options. Um our opinion there's lots of options. Um but um you know, if you're everyone's but um you know, if you're everyone's getting sort of the same prescription, getting sort of the same prescription, you can't really tailor that as well.

you can't really tailor that as well. >> No, no, no. So for example, if you're >> No, no, no. So for example, if you're 51, 51 and a half, and you're just going 51, 51 and a half, and you're just going into menopause, and you're starting into menopause, and you're starting to have all those symptoms, it's very easy have all those symptoms, it's very easy to go ahead and add in some really good to go ahead and add in some really good amounts of estradiol cuz the body amounts of estradiol cuz the body remembers it. A you know, they were remembers it. A you know, they were making their own estradiol not that long making their own estradiol not that long ago, as opposed to all ask somebody, ago, as opposed to all ask somebody, "Well, when was the last time you had a "Well, when was the last

time you had a period or when did you go through period or when did you go through menopause? So, it'd been a little bit menopause?

Choosing Estrogen Delivery Methods

So, it'd been a little bit longer if it had been several years, we longer if it had been several years, we want to get the body to remember the want to get the body to remember the hormones. So, you don't want to just hormones. So, you don't want to just throw them in the deep end right away.

throw them in the deep end right away. You want to start low and then, you You want to start low and then, you know, I always say start low and slow know, I always say start low and slow and work your way up. You'll get there, and work your way up. You'll get there, but that way you can introduce the but that way you can introduce the hormones so that their system can get hormones so that their system can get used to it.

used to it. >> Yeah, because there's uh you know, >> Yeah, because there's uh you know, there's a little bit of a like you said there's a little bit of a like you said an acclimation process that sort of an acclimation process that sort of happens. You you give a little bit too happens. You you give a little bit too high of a dose too fast and that woman's high of a dose too fast and that woman's not going to necessarily feel that not going to necessarily feel that great. Where if you just go nice and great. Where if you just go nice and easy, nice and gentle and then gradually easy, nice and gentle and then gradually have a plan and gradually work that have a plan and gradually work that dosing up, now her body is going to let dosing up, now her body is going to let both her know and you know, the both her know and you know, the practitioner know that uh she's in a practitioner know that uh she's in a good place and you know, we don't want good place and you know, we don't want to you know, shock the body with a whole to you know, shock the body with a whole bunch of hormone right away. You know, bunch of hormone right away. You know, there has to be a little bit of a a there has to be a little bit of a a little bit of a uh a thought-out little bit of a uh a thought-out process. Now, granted, some of that process. Now, granted, some of that process is just you know, try something, process is just you know, try something, implement something and then see how the implement something and then see how the person responds.

person responds. >> So, that's why I also feel like it's >> So, that's why I also feel like it's important to take a really good health important to take a really good health history of the patient. When did they history of the patient. When did they first start their periods? Were their first start their periods? Were their periods very heavy? So, if they had a periods very heavy? So, if they had a typically heavy periods when they were typically heavy periods when they were younger, that means that their younger, that means that their endometrial linings can be very endometrial linings can be very sensitive to the estradiol. So, that's sensitive to the estradiol. So, that's where instead of and I do like the where instead of and I do like the estradiol patch. A lot of people can estradiol patch. A lot of people can start low on an estradiol patch the start low on an estradiol patch the 0.025 and but sometimes for some women, 0.025 and but sometimes for some women, especially it's been a while since especially it's been a while since they've gone through menopause, that they've gone through menopause, that might instantly start some spotting or might instantly start some spotting or it could cause some water weight gain, it could cause some water weight gain, it can cause breast tenderness. So, you it can cause breast tenderness. So, you can you have the option to do that and can you have the option to do that and see how they respond or you can even do see how they respond or you can even do just an estradiol uh cream or gel, start just an estradiol uh cream or gel, start off low and then work your way up or off low and then work your way up or even you could do a biest, which a biest even you could do a biest, which a biest is a combination of estriol E3 and is a combination of estriol E3 and estradiol, which is going to be a little estradiol, which is going to be a little more gentle. You can always kind of more gentle. You can always kind of craft the dosings with that and you can craft the dosings with that and you can start transdermally that way. I wouldn't start transdermally that way. I wouldn't necessarily recommend oral estradiol for necessarily recommend oral estradiol for someone that hadn't menstruated for a someone that hadn't menstruated for a while. I'm not a huge fan of oral anyway while.

Progesterone Use and Uterus Considerations

I'm not a huge fan of oral anyway just cuz it has to go through the liver. just cuz it has to go through the liver. It raises up your sex hormone binding It raises up your sex hormone binding globulin and then it, you know, it kind

globulin and then it, you know, it kind of kind of blocks your free hormone. So, of kind of blocks your free hormone. So, I wouldn't, you know, definitely I wouldn't, you know, definitely wouldn't do oral in someone over 60 if wouldn't do oral in someone over 60 if they're starting HRT, but I'm just not a they're starting HRT, but I'm just not a fan of it anyway.

fan of it anyway. >> Sure. All right. Now, let's kind of run >> Sure. All right. Now, let's kind of run through a scenario. Let's say a woman is through a scenario. Let's say a woman is 62, 61, something like that. Her last 62, 61, something like that. Her last period was a decade ago, right? So, how period was a decade ago, right? So, how does that how does she get started on, does that how does she get started on, you know, she's interested, she's you know, she's interested, she's curious, but she's not really sure.

curious, but she's not really sure. You know, so how does how does a woman You know, so how does how does a woman like that that has been a decade or even like that that has been a decade or even a little longer since her last period, a little longer since her last period, how does that woman get started?

how does that woman get started? >> Well, I would start them probably on a >> Well, I would start them probably on a biased cream or an estradiol gel or biased cream or an estradiol gel or cream transdermally that would be cream transdermally that would be applied to the inner thigh cuz I don't applied to the inner thigh cuz I don't really like hormones on the on the arms really like hormones on the on the arms just cuz it's thin skin. It goes right just cuz it's thin skin. It goes right into the bloodstream where I really like into the bloodstream where I really like it on the, you know, a nice fatty pad so it on the, you know, a nice fatty pad so it can take its time to accumulate and it can take its time to accumulate and go into the bloodstream and then always go into the bloodstream and then always I do it twice a day. I always do if I do it twice a day. I always do if you're going to do any kind of you're going to do any kind of transdermal cream, you want to do it transdermal cream, you want to do it twice a day, but you could always start twice a day, but you could always start off a little bit low and then work your off a little bit low and then work your way up. I do like blood testing. I feel way up. I do like blood testing. I feel like blood testing is probably one of like blood testing is probably one of the most easy accessible ways of testing the most easy accessible ways of testing the, you know, cuz there's your in test, the, you know, cuz there's your in test, there's saliva test, but blood testing there's saliva test, but blood testing is a little bit more accessible for most is a little bit more accessible for most people that you could put them on the people that you could put them on the hormones. Then you do the blood work hormones. Then you do the blood work after a few weeks, see how and also see after a few weeks, see how and also see how they're responding to it and then how they're responding to it and then you can increase it up. One thing that you can increase it up. One thing that we've always talked about, so we're we've always talked about, so we're talking about estradiol right now or a talking about estradiol right now or a biased or some kind of estrogen hormone biased or some kind of estrogen hormone replacement therapy is definitely don't replacement therapy is definitely don't want to exclude the progesterone. So, I want to exclude the progesterone. So, I feel like the progesterone's important, feel like the progesterone's important, especially if you have a uterus and we especially if you have a uterus and we don't because we don't want to that don't because we don't want to that unopposed estrogen causing the lining of unopposed estrogen causing the lining of the uterine lining to get too thick but the uterine lining to get too thick but the progesterone usually I'll use that the progesterone usually I'll use that as a transvaginal or as an oral.

as a transvaginal or as an oral. >> Right. Another example of where you >> Right. Another example of where you probably would not use a progesterone probably would not use a progesterone cream necessarily, right? We usually cream necessarily, right? We usually start with an oral progesterone just to start with an oral progesterone just to establish some tolerance. A woman's establish some tolerance. A woman's going to know right away whether she going to know right away whether she tolerates it or not. And that that is a tolerates it or not.

Starting HRT in Long-Postmenopausal Patients

And that that is a very necessary part of being on HRT. very necessary part of being on HRT. >> And now that's somebody with a uterus. >> And now that's somebody with a uterus.

Now there are a lot of women that have Now there are a lot of women that have had hysterectomies and they don't have had hysterectomies and they don't have their uterus.

their uterus. And in that case you can be a little bit And in that case you can be a little bit more you can you know for some women I more you can you know for some women I actually will use progesterone cream actually will use progesterone cream transdermal cream.

transdermal cream. >> don't have a But they don't have a >> don't have a But they don't have a >> But they don't have a uterus. >> But they don't have a uterus. >> Right.

>> Right. >> Right. >> And that cuz some women are sensitive to >> And that cuz some women are sensitive to that oral progesterone. It can make them that oral progesterone. It can make them groggy, it can make them feel a little groggy, it can make them feel a little tired the next day, it can mess with tired the next day, it can mess with their mood or their libido. And then their mood or their libido. And then other women love the oral progesterone.

other women love the oral progesterone. They're like this is the best thing that They're like this is the best thing that ever happened to me. So if somebody's ever happened to me. So if somebody's HRT after 60, they don't have a uterus, HRT after 60, they don't have a uterus, we can try the oral see how they we can try the oral see how they tolerate it. If they don't tolerate it tolerate it. If they don't tolerate it well, then we can do a cream or a well, then we can do a cream or a transvaginal. But if they have a uterus, transvaginal. But if they have a uterus, we want to be really um particular that we want to be really um particular that that lining's not going to thicken up.

that lining's not going to thicken up. Now kind of to circle back to estradiol, Now kind of to circle back to estradiol, you're thinking of a woman in their 60s, you're thinking of a woman in their 60s, you know, we start getting concerned, you know, we start getting concerned, you know, my bone density is showing you know, my bone density is showing osteopenia, you know, my you know, I'm osteopenia, you know, my you know, I'm worried about my cardiovascular health, worried about my cardiovascular health, I'm worried about my brain health. So I'm worried about my brain health. So that's why do feel like neglecting women that's why do feel like neglecting women over the age of 60 because they never over the age of 60 because they never started HRT is not not started HRT is not not not a good idea.

not a good idea. >> Well, and another thing that eventually >> Well, and another thing that eventually is going to come up and you know, maybe is going to come up and you know, maybe some of their classic menopausal some of their classic menopausal symptoms are gone the hot flashes and symptoms are gone the hot flashes and nightsweats but as we've talked about on nightsweats but as we've talked about on a few episodes ago, we talked about the a few episodes ago, we talked about the GSM symptoms.

GSM symptoms.

GSM Symptoms and Local Vaginal Estrogen

Those tend to not get any better and Those tend to not get any better and potentially get worse as time goes potentially get worse as time goes forward.

forward. forward. >> Well, that's where if they're having the >> Well, that's where if they're having the GSM or genital urinary syndrome of GSM or genital urinary syndrome of menopause, some vaginal dryness, menopause, some vaginal dryness, then you could do it localized. You can then you could do it localized. You can do estradiol or estriol do estradiol or estriol um locally to the vaginal tissues easily um locally to the vaginal tissues easily with safety. You know, I think let's say with safety. You know, I think let's say somebody's over the age of 60 or 65 and somebody's over the age of 60 or 65 and they just don't want to take HRT. And they just don't want to take HRT. And that is their choice, absolutely. But that is their choice, absolutely. But they're having some vaginal dryness or they're having some vaginal dryness or pain with intercourse, the GSM symptoms.

pain with intercourse, the GSM symptoms. Then, you know, at that point it's very Then, you know, at that point it's very easy to you you know, to use a little easy to you you know, to use a little bit of some estradiol or estriol a bit of some estradiol or estriol a couple times a week to help with that.

couple times a week to help with that. So, that I don't feel there's any any So, that I don't feel there's any any issues

at all. I think that should be issues at all. I think that should be applicable or available to all women.

applicable or available to all women. >> Yeah, and you know, usually you're going >> Yeah, and you know, usually you're going to start out with uh you know, some kind to start out with uh you know, some kind of a localized application, you know, a of a localized application, you know, a week, you know, something like that, week, you know, something like that, every night for a week, and then you're every night for a week, and then you're going to reduce that frequency down to going to reduce that frequency down to one to three times a week anyways.

one to three times a week anyways. >> Now, remember, this is for educational >> Now, remember, this is for educational purposes, not for medical advice. We purposes, not for medical advice.

Practical Starting Doses and Follow-Up

We always have to say that. But yeah, the always have to say that. But yeah, the GSM I feel is um pretty GSM I feel is um pretty I don't want to say easy peasy, but kind I don't want to say easy peasy, but kind of like a no-brainer. You know, they're of like a no-brainer. You know, they're having GSM symptoms, give them some having GSM symptoms, give them some estrogen vaginally. Now, when it comes estrogen vaginally. Now, when it comes to systemic estrogen is where it gets a to systemic estrogen is where it gets a little more convoluted. Some doctors little more convoluted. Some doctors don't want to touch it, other doctors don't want to touch it, other doctors might give too much too quick too soon, might give too much too quick too soon, and then it gives it a bad name. Or even and then it gives it a bad name. Or even some women are underdosed, which and some women are underdosed, which and then they're like, this didn't do then they're like, this didn't do anything, so forget it. I'm not going to anything, so forget it. I'm not going to use it anymore. So, that's where I think use it anymore. So, that's where I think it comes between the actual patient and it comes between the actual patient and the practitioner to start somewhere and the practitioner to start somewhere and start to work their way up, maybe doing start to work their way up, maybe doing some lab testing and making sure to, you some lab testing and making sure to, you know, consult with them on their goals.

know, consult with them on their goals. >> Yeah, and you've always your philosophy >> Yeah, and you've always your philosophy has always been to start low and then has always been to start low and then just kind of gradually work up that just kind of gradually work up that dose. Because if you overshoot the mark, dose. Because if you overshoot the mark, you don't know where you are. You're you don't know where you are. You're sort of lost a little bit if you give sort of lost a little bit if you give too much too fast. Uh and just based on too much too fast. Uh and just based on age alone or how long it has been since age alone or how long it has been since their last menstrual cycle, it gives you their last menstrual cycle, it gives you an idea of how sort of an idea of how sort of uh you know, low and slow you should go.

uh you know, low and slow you should go. Now it doesn't have to be super slow. Now it doesn't have to be super slow. Uh it's just a starting point you know Uh it's just a starting point you know you're implementing something and then you're implementing something and then you know being able to you know ramp you know being able to you know ramp that up you know relatively quickly that up you know relatively quickly depending on what kind of symptoms depending on what kind of symptoms they're dealing with.

they're dealing with. >> Exactly but I would definitely say >> Exactly but I would definitely say somebody that hasn't had a period or somebody that hasn't had a period or they went through menopause maybe 10 they went through menopause maybe 10 years ago years ago just in my opinion I start off with you just in my opinion I start off with you know I don't jump right into the patch know I don't jump right into the patch unless maybe that's all we have unless maybe that's all we have available but we would do definitely the available but we would do definitely the lowest dose so we can just get that body lowest dose so we can just get that body introduced so we don't have any negative introduced so we don't have any negative symptoms.

symptoms. symptoms. >> Yeah. >> Yeah. >> Yeah. Uh so Uh so granted we're you know if you have any granted we're you know if you have any questions you can write them in the questions you can write them in the comments below. We also have a community comments below. We also have a community the Progeria Hormones community the link the Progeria Hormones community the link for that is also um below in the for that is also um

below in the description.

description. description. Uh you know feel free um we answer all Uh you know feel free um we answer all these kinds of questions inside the these kinds of questions inside the community so uh feel free to come and community so uh feel free to come and check us out. Uh do you have anything check us out. Uh do you have anything else to add?

else to add? >> Nope this is great. Thank you. >> Nope this is great. Thank you. >> Until next time I'm Dr. Mackey. >> Until next time I'm Dr. Mackey.

>> And I'm Dr. Valerie. >> And I'm Dr. Valerie.