## Estradiol and Early Water Retention

Oh, the skin on my arms, my forearms so Oh, the skin on my arms, my forearms so um thin or creepy because it actually um thin or creepy because it actually looks a little bit more plump because looks a little bit more plump because it's holding on to that water into the it's holding on to that water into the muscle cell.

muscle cell. Does estradile cause weight gain? What Does estradile cause weight gain? What women on HRT need to know? Hi, I'm Dr. women on HRT need to know? Hi, I'm Dr.

Valerie Davidson from the Progress Your Valerie Davidson from the Progress Your Health podcast. Health podcast. >> And I'm Dr. Mackey from the Progressive >> And I'm Dr. Mackey from the Progressive Health podcast. Uh now, if there's ever Health podcast. Uh now, if there's ever a more um need to know or want to know a more um need to know or want to know controversial topic, I think this one's controversial topic, I think this one's it. Oh, absolutely. I know when I'm it. Oh, absolutely. I know when I'm talking with a patient and we might be talking with a patient and we might be talking about possibly introducing HRT, talking about possibly introducing HRT, their first question is, "Am I going to their first question is, "Am I going to gain weight?" And I always say, "No, gain weight?" And I always say, "No, that's the goal is not to gain weight, that's the goal is not to gain weight, maybe to to lose weight, you know, maybe to to lose weight, you know, because estradile can be a very slimming because estradile can be a very slimming hormone." But I think sometimes it gets hormone." But I think sometimes it gets a bad rap where people think that it a bad rap where people think that it causes weight gain. But that's where we causes weight gain. But that's where we kind of wanted to break down a few of kind of wanted to break down a few of the fundamentals here. I mean, there's the fundamentals here. I mean, there's so much more we could go into, but a few so much more we could go into, but a few few concepts that might make it seem few concepts that might make it seem like it's causing weight gain, but it's like it's causing weight gain, but it's probably may not be. Now, everybody's probably may not be. Now, everybody's different. Every individual varies, but different. Every individual varies, but I do know with estradiol is it has an I do know with estradiol is it has an effect on the kidneys and the kidneys effect on the kidneys and the kidneys will retain sodium. And with sodium, will retain sodium. And with sodium, water follows sodium. So, you'll get water follows sodium. So, you'll get some water weight. That's why women will some water weight.

## Why Estradiol Can Seem Like Weight Gain

That's why women will say their rings are tight or their face say their rings are tight or their face looks fuller or they can notice lines on looks fuller or they can notice lines on their where their socks were, you know, their where their socks were, you know, on their ankles and that's because there on their ankles and that's because there can be some aspect of water weight when can be some aspect of water weight when you're first introducing estradiol.

you're first introducing estradiol. >> Yeah. Now, you want to be careful and >> Yeah. Now, you want to be careful and not reduce sodium too much. Sodium is not reduce sodium too much. Sodium is >> Oh, don't reduce any sodium. Yeah.

>> Oh, don't reduce any sodium. Yeah. >> Sodium is uh sodium is necessary. This >> Sodium is uh sodium is necessary. This is just more of a response to the is just more of a response to the introduction of the estradiol which you introduction of the estradiol which you don't really have a lot of control over.

don't really have a lot of control over. Um, some women are going to gain a Um, some women are going to gain a little bit of weight, um, water little bit of weight, um, water retention weight, and some are not.

retention weight, and some are not. >> Yep. That's why the >> Yep. That's why the >> You can't Sorry. You can't predict on >> You can't Sorry. You can't predict on who's that who that's going to be who's that who that's going to be >> because I forgot to mention the breasts >> because I forgot to mention the breasts can feel a little bit fuller

and they'll can feel a little bit fuller and they'll say, "Oh, you know, I have some breast say, "Oh, you know, I have some breast tenderness." It might not be that the tenderness." It might not be that the estradiol dose is too high because it's estradiol dose is too high because it's just starting. Is it could be because of just starting. Is it could be because of that water retention? But like, yeah, that water retention? But like, yeah, like Dr. Mackey says, please have your like Dr. Mackey says, please have your goods your electrolytes, your good sea goods your electrolytes, your good sea salt. Don't don't stop that. it might be salt. Don't don't stop that. it might be a little bit more about dosage. So if a little bit more about dosage. So if you're just introducing estradiol into a you're just introducing estradiol into a woman that hasn't had any estradi or woman that hasn't had any estradi or hasn't done any HR HRT, then they might hasn't done any HR HRT, then they might have a more exaggerated response of that have a more exaggerated response of that water weight. So you might want to go a water weight. So you might want to go a little low and slow and work your way little low and slow and work your way up. Oh, again this is for educational up. Oh, again this is for educational purposes, not for medical advice. We purposes, not for medical advice. We have that out there. But just some ideas have that out there. But just some ideas when you're trying to avoid or minimize when you're trying to avoid or minimize that water weight. Now women in that water weight.

## Insulin Sensitivity, Glycogen, and Body Composition

Now women in pmenopause because their estradile is pmenopause because their estradile is going up and down from their own ovaries going up and down from their own ovaries they might notice water weight going up they might notice water weight going up down and that is from their own estrogen down and that is from their own estrogen but when you're doing HRT introducing but when you're doing HRT introducing estradiol you can have that water estradiol you can have that water weight.

weight. weight. >> Yeah. Uh now >> Yeah. Uh now uh overall like you said estro estrogen uh overall like you said estro estrogen is very uh a very uh weight a weight is very uh a very uh weight a weight positive hormone right that's why a positive hormone right that's why a woman's going to weigh less at 25 than woman's going to weigh less at 25 than she does at 55 so it keeps you insulin she does at 55 so it keeps you insulin sensitive now as you are transitioning sensitive now as you are transitioning into menopause you are automatically into menopause you are automatically without even trying you're becoming more without even trying you're becoming more insulin resistant so starting HRT is insulin resistant so starting HRT is actually a very good thing starting actually a very good thing starting estrogen is going to minimize some of estrogen is going to minimize some of that um uh you know u that um uh you know u increase in insulin resistance.

increase in insulin resistance. >> And speaking of that, that's another >> And speaking of that, that's another aspect that women will notice in terms aspect that women will notice in terms of the scale going up and saying, "I'm of the scale going up and saying, "I'm gaining weight on this estradile because gaining weight on this estradile because what happens is the estradile helps your what happens is the estradile helps your or it basically directs or it improves or it basically directs or it improves your insulin sensitivity in your muscle your insulin sensitivity in your muscle cells. So your muscles can those cells cells. So your muscles can those cells can grab glucose, blood sugar, right out can grab glucose, blood sugar, right out of your bloodstream and put it right of your bloodstream and put it right into the muscle cell and store it as into the muscle cell and store it as glycogen. It's not fat. It's stored glycogen. It's not fat. It's stored fuel, but it's not fat. Then your fuel, but it's not fat. Then your pancreas doesn't have to pump out so pancreas doesn't have to pump out so much insulin, which is then going to much insulin, which is then going to further propagate weight gain because further propagate weight gain because insulin is the only hormone that causes insulin is the only hormone that causes direct weight gain. But let's say you're direct weight gain. But let's say you're pulling in that glyco, you're pulling in pulling in that glyco, you're pulling in that glucose into that muscle cell. You that glucose into that muscle cell. You know, you're lowering your blood sugar, know, you're lowering your blood sugar, which is a really good thing. But at the which is a really good thing. But at the same time, glycogen holds on to water.

same time, glycogen holds on to water. So women will notice over time. They're So women will notice over time. They're like, "The scale is still up five pounds like, "The scale is still up five pounds or three pounds." I'm telling them, it's or three pounds." I'm telling them, it's not fat. It's really because you're able not fat. It's really because you're able to pull that glucose into your muscle to pull that glucose into your muscle cell and you can use it. Go work out, cell and you can use it. Go work out, you know, go exercise. It's a good you know, go exercise. It's a

good thing. It's actually increasing or being thing. It's actually increasing or being beneficial to your metabolic health beneficial to your metabolic health overall. But there is that aspect of overall. But there is that aspect of again water weight in your muscles. I again water weight in your muscles.

## Fat Redistribution in Menopause and HRT

I will say just on a quick note, I know will say just on a quick note, I know I'm going on and on here, but that women I'm going on and on here, but that women like it when their glycogen is full from like it when their glycogen is full from that water, from that estradile. They'll that water, from that estradile. They'll say, "Oh, the skin on my arms here say, "Oh, the skin on my arms here looking at my forearms doesn't seem like looking at my forearms doesn't seem like so um thin or creepy because it actually so um thin or creepy because it actually looks a little bit more plump because looks a little bit more plump because it's holding on to that water into the it's holding on to that water into the muscle cell." muscle cell." >> Yeah. Now, um again, woman doesn't >> Yeah. Now, um again, woman doesn't necessarily care too much where the necessarily care too much where the weight is coming from. after you've gone weight is coming from. after you've gone from 135 or 140 and you've gained 5 lbs.

from 135 or 140 and you've gained 5 lbs. Either way, the scale has gone up. Okay. Either way, the scale has gone up. Okay. Um Um Um >> but they'll say, you know, my my body it >> but they'll say, you know, my my body it looks better. Like they'll say, even looks better. Like they'll say, even though the scale is different, my body though the scale is different, my body looks better. And that's because, you looks better. And that's because, you know, we're not chasing a number on the know, we're not chasing a number on the scale. Take it in the backyard, dig a scale. Take it in the backyard, dig a hole, and bury your scale because it's hole, and bury your scale because it's messes with our psychology. It's really messes with our psychology. It's really about being strong. Like what is it? Um about being strong. Like what is it? Um skinny is a new strong skinny is a new strong >> or strong is a new skinny.

>> or strong is a new skinny. >> Yeah. strong as it is getting especially >> Yeah. strong as it is getting especially now in the world and we'll talk about now in the world and we'll talk about this uh in a couple of episodes. We're this uh in a couple of episodes. We're going to talk about how to minimize some going to talk about how to minimize some of this weight gain and how to get rid of this weight gain and how to get rid of it if you have it. Um but in the of it if you have it. Um but in the world of GLPs, world of GLPs, some of those things, you know, you're some of those things, you know, you're trying to solve one problem but trying to solve one problem but potentially creating other problems, you potentially creating other problems, you know, depending on what's going on know, depending on what's going on there, that could be, you know, very there, that could be, you know, very detrimental down the road depending on, detrimental down the road depending on, you know, what the situation is.

you know, what the situation is. >> What What do you mean by that? Oh, as >> What What do you mean by that? Oh, as far as um how you lose weight and how far as um how you lose weight and how you approach that, whether you're using you approach that, whether you're using a GLP or not, you know, that's what one a GLP or not, you know, that's what one of our future episodes are going to be of our future episodes are going to be kind of discussing that.

kind of discussing that. >> We'll talk about menopause and GLPs and >> We'll talk about menopause and GLPs and you know, proper ways to do that. One you know, proper ways to do that. One other aspect that women will notice too other aspect that women will notice too when they're taking estradi is which is when they're taking estradi is which is a good thing is estradi redistributes a good thing is estradi redistributes where you're going to gain weight. So where you're going to gain weight. So when the estrogen goes down, this when the estrogen goes down, this happens in late pmenopause and happens in late pmenopause and pmenopause also and menopause that pmenopause also and menopause that estrogen goes down, the body, if you're estrogen goes down, the body, if you're going to gain weight, wants to put it going to gain weight, wants to put it around your organs in the form of around your organs in the form of visceral fat or visceral atapost tissue, visceral fat or visceral atapost tissue, which is a very inflammatory that's a which is a very inflammatory that's a high-risisk factor for reducing your high-risisk factor for reducing your metabolic health, for diabetes, for metabolic health, for diabetes, for cancer, for heart disease, for cancer, for heart disease, for osteoporosis. We do not want visceral osteoporosis. We do not want visceral fat. So when you have that estradiol in fat. So when you have that estradiol in your system, it's going to redirect it your system, it's going to redirect it more towards like your muffin top, your more towards like your muffin

top, your um your bum, your thighs, your hips.

um your bum, your thighs, your hips. >> Yeah. Um so it's it's really just how >> Yeah. Um so it's it's really just how where your body stores the fat. Now the where your body stores the fat. Now the big difference though, why that's big difference though, why that's important. Now granted just said a important. Now granted just said a little while ago, if the scale still little while ago, if the scale still goes up, we don't want that. But it's goes up, we don't want that. But it's better in the short term to have more better in the short term to have more subcutaneous fat than it is to have more subcutaneous fat than it is to have more visceral fat accumulation because the visceral fat accumulation because the longer that happens, the more uh longer that happens, the more uh delterious effects there could be from delterious effects there could be from that.

## Looking at the Big Picture on HRT and Weight

that. that. >> Yeah. And I'll have patients and we I >> Yeah. And I'll have patients and we I laugh with them a little bit because laugh with them a little bit because we'll look at their blood work, their we'll look at their blood work, their metabolic blood work, and it looks metabolic blood work, and it looks amazing and I'll say, "Well, that amazing and I'll say, "Well, that that's, you know, that vanity fat that that's, you know, that vanity fat that you have is just literally vanity fat.

you have is just literally vanity fat. It's not visceral fat, which is It's not visceral fat, which is inflammatory, which can create, you inflammatory, which can create, you know, long-term health conditions down know, long-term health conditions down the road.

the road. >> Yeah. Now, we're not trying to minimize >> Yeah. Now, we're not trying to minimize whether it's vanity fat or visceral fat. whether it's vanity fat or visceral fat.

Um fat accumulation is fat accumulation. Um fat accumulation is fat accumulation. Yeah. Right. We don't um uh not Yeah. Right. We don't um uh not minimizing the you know, the minimizing the you know, the significance of that. However, significance of that. However, metabolically and what it means um that metabolically and what it means um that you know, when it redistributes that you know, when it redistributes that way, um that's still a positive thing way, um that's still a positive thing even though the scale it might have even though the scale it might have might have gone up a little bit. And might have gone up a little bit. And some women are really sensitive to some women are really sensitive to estradi when I put them on a little bit estradi when I put them on a little bit of estradi. And all of a sudden they're of estradi. And all of a sudden they're like, I feel like I've gained weight.

like, I feel like I've gained weight. And I'm like, well, that's probably some And I'm like, well, that's probably some water weight because it's been a short water weight because it's been a short amount of time. Or they'll say, oh, in amount of time. Or they'll say, oh, in the six months I've been on HRT and, you the six months I've been on HRT and, you know, I gained weight. The HRT caused me know, I gained weight. The HRT caused me to gain weight.

to gain weight. >> And, you know, that's where we don't >> And, you know, that's where we don't want to, you know, put the blame all on want to, you know, put the blame all on the estradile. When you're starting with the estradile. When you're starting with a patient, you're considering HRT, you a patient, you're considering HRT, you want to look at their metabolic status want to look at their metabolic status in the moment.

in the moment. >> Got Yeah. And granted, that's why pretty >> Got Yeah. And granted, that's why pretty much in every patient, we go through much in every patient, we go through some metabolic and inflammatory markers some metabolic and inflammatory markers to see their status before starting HRT to see their status before starting HRT and then track that over time because and then track that over time because menopause in general, like you've said menopause in general, like you've said before, is the biggest, you know, risk before, is the biggest, you know, risk factor for age related disease. It's factor for age related disease. It's just going into menopause on its own just going into menopause on its own without anything. Uh, you throw life and without anything. Uh, you throw life and stress and sleep and all those things stress and sleep and all those things into it. So the woman's uh you know when into it. So the woman's uh you know when she's in her mid-4s going into her early she's in her mid-4s going into her early 50s, where is her metabolic status as 50s, where is her metabolic status as she's getting ready

to start HRT, the she's getting ready to start HRT, the more metabolically insensitive she is, more metabolically insensitive she is, meaning the more insulin resistant she meaning the more insulin resistant she is, uh the more potentially dangerous is, uh the more potentially dangerous that is or the more susceptible she that is or the more susceptible she could be to gaining weight.

could be to gaining weight. >> Yeah. And that's why when it's not just >> Yeah. And that's why when it's not just like here, take this estrogen and like here, take this estrogen and progesterone and go on your way. We'll progesterone and go on your way. We'll see you in a few years or something. No, see you in a few years or something. No, it's like, okay, we're going to use the it's like, okay, we're going to use the hormones as a tool. What else are we hormones as a tool. What else are we going to work on metabolically to help going to work on metabolically to help that person so they don't continue that person so they don't continue gaining weight over the next six months, gaining weight over the next six months, >> year, six years? You know, that's what >> year, six years? You know, that's what we're that's where we're looking at is we're that's where we're looking at is looking at it the big picture as opposed looking at it the big picture as opposed to someone which I've had people say, to someone which I've had people say, "Oh, I stopped the hormones because I "Oh, I stopped the hormones because I thought it made me gain weight." Like, thought it made me gain weight." Like, nope. You know, the we want to use it as nope. You know, the we want to use it as a tool or maybe switch you to a a tool or maybe switch you to a different form that might be more gentle different form that might be more gentle for you. There's so many different ways for you. There's so many different ways to do HRT. It's really trying to craft to do HRT. It's really trying to craft it for that particular individual, for it for that particular individual, for their goals and their body.

their goals and their body. >> Yeah. And that honestly at the end of >> Yeah. And that honestly at the end of the day that that we're not even talking the day that that we're not even talking right now about the form of HRT, whether right now about the form of HRT, whether you know estrogen, progesterone, those you know estrogen, progesterone, those do make a difference. Uh you know, but do make a difference. Uh you know, but this one is just kind of a big picture this one is just kind of a big picture view because there's no mechanism in the view because there's no mechanism in the body that tells uh that estrogen tells body that tells uh that estrogen tells the body or estradile tells the body to the body or estradile tells the body to store fat store fat >> directly.

>> directly. >> directly. >> Yeah. Directly. uh it just >> Yeah. Directly. uh it just >> there's some indirect little pathways, >> there's some indirect little pathways, but but but >> and that's what most women are >> and that's what most women are experiencing, you know, as you're experiencing, you know, as you're starting HRT, it's going to, you know, starting HRT, it's going to, you know, your body has to have a chance to your body has to have a chance to acclimate to some of those uh to that acclimate to some of those uh to that new addition of those hormones.

new addition of those hormones. >> So, I'd love to know any of you >> So, I'd love to know any of you listeners or viewers your story. So, if listeners or viewers your story. So, if you have any um if you feel comfortable, you have any um if you feel comfortable, you can write it on you can write it on you can write it on you can write it on the comments below your story about the comments below your story about weight gain or weight loss with weight gain or weight loss with Estradial. or if you don't, you know, if Estradial. or if you don't, you know, if you want to be more anonymous, you can you want to be more anonymous, you can go on our website, go on our website, progressyouhealth.com, and click on ask progressyouhealth.com, and click on ask the doctor and you can write your story the doctor and you can write your story in there because I love to hear from all in there because I love to hear from all of you.

of you. >> Yeah. Now, granted, this is a really >> Yeah. Now, granted, this is a really complicated topic and there's a lot more complicated topic and there's a lot more we could say about it. We just want to we could say about it. We just want to give an overview for now. Um, so yeah, give an overview for now. Um, so yeah, like she says, write down in the like she says, write down in the comments below and uh we'll uh see you comments below and uh we'll uh see you on the next on the next episode. So, on the next on the next episode. So, until next time, I'm Dr. Mackey until next time, I'm Dr. Mackey >> and I'm Dr. Valerie.

>> and I'm Dr. Valerie.