Does Progesterone Cause Weight Gain? | Dr. Valorie and Dr. Maki Explain Transcript

(Transcripts are generated by AI and may contain errors)

Sleep, Insulin Sensitivity, and Weight

Introduction to Progesterone and Weight Gain

If your sleep is bad, you actually your If your sleep is bad, you actually your insulin sensitivity starts to go down insulin sensitivity starts to go down and you're already in sort of a in a and you're already in sort of a in a >> Does progesterone cause weight gain?

>> Does progesterone cause weight gain? What women on HRT need to know. Hi, I'm What women on HRT need to know. Hi, I'm Dr. Valerie Davidson from the Dr. Valerie Davidson from the Progressive Health Podcast.

Progressive Health Podcast. >> I'm Dr. Mackie from the Progressive >> I'm Dr. Mackie from the Progressive Health Podcast. Uh so on the last Health Podcast. Uh so on the last episode, which you can find up here, we episode, which you can find up here, we talked about estradiol and weight gain.

talked about estradiol and weight gain. Uh and now we're going to talk about Uh and now we're going to talk about progesterone and weight gain. Now, progesterone and weight gain.

Oral Micronized Progesterone Basics

Now, weight gain is such a huge topic, so weight gain is such a huge topic, so we're just kind of hitting a few we're just kind of hitting a few fundamentals here about progesterone.

fundamentals here about progesterone. Now, oral progesterone has probably been Now, oral progesterone has probably been the most common form of progesterone, the most common form of progesterone, HRT, for years, but there's a lot of HRT, for years, but there's a lot of other types of progesterone, HRT, as other types of progesterone, HRT, as well. Right now, we're going to kind of well. Right now, we're going to kind of talk about just the oral micronized talk about just the oral micronized progesterone. So, of course, it's bio progesterone.

Sleep Benefits vs Morning Grogginess

So, of course, it's bio identical is how that influences identical is how that influences possible weight gain. Now, there's kind possible weight gain. Now, there's kind of two aspects to this because some of two aspects to this because some women when they take their oral women when they take their oral progesterone, they love it. They say, "I progesterone, they love it. They say, "I sleep great. My stress is better the sleep great. My stress is better the next day. My mood is better. I'm well next day. My mood is better. I'm well rested." And they actually lose weight rested." And they actually lose weight because then they go to the gym. They because then they go to the gym. They make different choices. They feel really make different choices. They feel really good. Their cortisol is going down good. Their cortisol is going down because they feel like they're able to because they feel like they're able to balance their stress better. So, that's balance their stress better. So, that's one aspect. And then there's another one aspect. And then there's another aspect of women where they just say they aspect of women where they just say they actually start to gain weight taking actually start to gain weight taking orally.

orally. orally. >> Yeah. you know now >> Yeah. you know now especially in par menopause um you know especially in par menopause um you know not sleeping is going to make you gain not sleeping is going to make you gain weight right if your sleep is if your weight right if your sleep is if your sleep is bad you actually your insulin sleep is bad you actually your insulin sensitivity starts to go down and then sensitivity starts to go down and then that just starts to spiral and then you that just starts to spiral and then you go into menopause and you're already in go into menopause and you're already in sort of a you know in a worse situation.

sort of a you know in a worse situation. Okay. And for all the women that we Okay. And for all the women that we

worked with over the years, that sleep worked with over the years, that sleep disruption happens, you know, somewhere disruption happens, you know, somewhere in the early 40s to the, you know, mid in the early 40s to the, you know, mid to late 40s. Uh, and you know, sometimes to late 40s. Uh, and you know, sometimes their stress levels are super high and their stress levels are super high and they can't, you know, their deep sleep they can't, you know, their deep sleep or their res restorative restful sleep or their res restorative restful sleep is just non-existent. So that oral is just non-existent. So that oral progesterone can be really beneficial progesterone can be really beneficial for that because that progesterone will for that because that progesterone will convert into alopregolone which is a convert into alopregolone which is a metabolite of progesterone and that can metabolite of progesterone and that can really help kind of modulate your GABA really help kind of modulate your GABA receptors. People sleep through the receptors. People sleep through the night better. But there's this other night better. But there's this other aspect where that alopregenolone or the aspect where that alopregenolone or the progesterone metabolites cause them to progesterone metabolites cause them to feel really groggy the next day. They're feel really groggy the next day. They're like, "Oh, I'm tired." In fact, I had a like, "Oh, I'm tired.

Appetite, Cravings, and Hormone Balance

" In fact, I had a patient uh a couple of weeks ago and she patient uh a couple of weeks ago and she was waking. She couldn't get going. She was waking. She couldn't get going. She goes, "I couldn't get up, go to the gym.

goes, "I couldn't get up, go to the gym. I was just really tired. Felt like I was I was just really tired. Felt like I was getting a headache. And then right getting a headache. And then right around, you know, noon to 1, she started around, you know, noon to 1, she started to pick up. And that was because of the to pick up. And that was because of the oral progesterone was just that oral progesterone was just that alopregen alolone was just making her alopregen alolone was just making her really super tired the next morning. So really super tired the next morning. So I switched her to a vaginal I switched her to a vaginal progesterone. So we could try to bypass progesterone. So we could try to bypass that first pass through the liver and that first pass through the liver and not have her feel so groggy the next not have her feel so groggy the next morning. So that's one aspect is if morning. So that's one aspect is if you're tired morning you're not hitting you're tired morning you're not hitting the ground running maybe you're pressing the ground running maybe you're pressing snooze you're not going to the gym so snooze you're not going to the gym so you could have less activity so then you could have less activity so then you're going to be gaining weight and you're going to be gaining weight and then there was the other aspect that then there was the other aspect that progesterone is so let me back up a progesterone is so let me back up a little bit. So estradile actually helps little bit. So estradile actually helps reduce your appetite. That's that's reduce your appetite. That's that's actually a good thing. You know in some actually a good thing. You know in some respects you know you want to make sure respects you know you want to make sure you're getting your macros and your you're getting your macros and your protein in. But if that estradile is protein in. But if that estradile is reducing the appetite, sometimes reducing the appetite, sometimes progesterone progesterone progesterone blocks that where progesterone can cause blocks that where progesterone can cause your appetite to go up or your cravings your appetite to go up or your cravings to go up.

to go up. >> Yeah. If you think about the menstrual >> Yeah. If you think about the menstrual cycle, you know, the 7 to 10 days before cycle, you know, the 7 to 10 days before a woman's going to get her period, you a woman's going to get her period, you know, she wants a little bit of know, she wants a little bit of chocolate, she wants something sweet, chocolate, she wants something sweet, she wants, you know, there's, you know, she wants, you know, there's, you know, the mechanism that's kind of, you know, the mechanism that's kind of, you know, creating that environment. And now you creating that environment. And now you might be munching a little bit more than might be munching a little bit more than you really want to. or your desire for you really want to. or your desire for refined carbohydrates might go up. You refined carbohydrates might go up. You know, of course, that's going to know, of course, that's going to potentially contribute to the weight potentially contribute to the weight gain.

gain. gain. >> Yeah. So, that's one one aspect with >> Yeah. So, that's one one aspect with that progesterone is that it's going to that progesterone is that it's going to increase up the cravings. A lot of increase up the cravings. A lot of people say, "Yeah, cravings for carbs or people say, "Yeah, cravings for carbs or their appetite is a little bit bigger." their appetite is a little bit bigger." So, they want to instead of eating a So, they want to instead of eating a certain portion like, "Oh, I'm going to certain portion like, "Oh, I'm going to go back for seconds." So, that's one way

go back for seconds." So, that's one way you might want to readjust your you might want to readjust your progesterone and estrogen balance. So, progesterone and estrogen balance. So, maybe that estradiol is a little bit too maybe that estradiol is a little bit too low. So that progesterone is influencing low. So that progesterone is influencing more of a higher appetite. Maybe you more of a higher appetite. Maybe you need either either raise the estradile.

need either either raise the estradile. Oh, wait. This is for medical, not this Oh, wait.

Progesterone, Insulin Resistance, and Weight Gain

This is for medical, not this is for educational advice, not for is for educational advice, not for medical advice. Just got to preface medical advice. Just got to preface that. But maybe if that were the case, that. But maybe if that were the case, you'd want to raise your estradile or you'd want to raise your estradile or lower that progesterone level. So lower that progesterone level. So because of the appetite.

because of the appetite. >> Yeah. Right. And uh now the last one was >> Yeah. Right. And uh now the last one was on estradile. This one's on on estradile. This one's on progesterone. we're going to do sort of progesterone. we're going to do sort of how to, you know, how to mitigate some how to, you know, how to mitigate some of that weight gain, uh, you know, of that weight gain, uh, you know, either the next episode or the one either the next episode or the one after. Um, so we'll come back around after. Um, so we'll come back around with some solutions around that. Um, with some solutions around that. Um, but, but, but, uh, you know, does it gain does it make uh, you know, does it gain does it make you gain weight directly?

you gain weight directly? Not really. Uh, now if you think about Not really. Uh, now if you think about it, the only fattorring hormone in the it, the only fattorring hormone in the body is insulin, right? So progesterone body is insulin, right? So progesterone doesn't have a mechanism to store fat doesn't have a mechanism to store fat directly. Estrogen does not have a directly. Estrogen does not have a mechanism to store fat directly.

mechanism to store fat directly. um you know so um does it does it cause um you know so um does it does it cause weight gain you know maybe a little bit weight gain you know maybe a little bit >> well maybe indirectly so just to flip on >> well maybe indirectly so just to flip on the flip side on a side note what about the flip side on a side note what about like progesterines so you know oral like progesterines so you know oral micronized progesterone is bio identical micronized progesterone is bio identical what about these synthetic progesterines what about these synthetic progesterines and their effect on insulin resistance and their effect on insulin resistance or insulin sensitivity or insulin sensitivity >> yeah right so proestines not >> yeah right so proestines not progesterone progesterines have a much progesterone progesterines have a much more pronounced effect uh on reducing more pronounced effect uh on reducing insulin sensitivity, which essentially insulin sensitivity, which essentially means that your body is going to end up means that your body is going to end up producing more of more insulin.

producing more of more insulin. >> Pancreas has to pump out more insulin to >> Pancreas has to pump out more insulin to keep that blood sugar level, more keep that blood sugar level, more insulin, which is a direct fat storage insulin, which is a direct fat storage hormone, is going to cause weight gain.

hormone, is going to cause weight gain. So, is that why So, is that why >> when women in their 20s go on birth >> when women in their 20s go on birth control pills, they gain 10 pounds?

control pills, they gain 10 pounds? >> Yeah, pretty much. I mean, that's a it's >> Yeah, pretty much. I mean, that's a it's a much more um if you compare them side a much more um if you compare them side by side, you know, oral contraception to by side, you know, oral contraception to um oral micronized progesterone, the the um oral micronized progesterone, the the contraception is going to cause much contraception is going to cause much more consistency. I mean, how many women more consistency. I mean, how many women have um that are watching that have have um that are watching that have taken birth control in their life and taken birth control in their life and did not gain weight. Okay, that number did not gain weight. Okay, that number is very small. You know, maybe not is very small. You know, maybe not everyone gains the same amount, but you everyone gains the same amount, but you know, usually it was about 8 to 12 know, usually it was about 8 to 12 pounds, you know, per individual. um

pounds, you know, per individual. um micronized progesterone does not across micronized progesterone does not across the board have as much consistency as the board have as much consistency as the progesterines do.

the progesterines do. >> So the progesterone the bio identical >> So the progesterone the bio identical oral progesterone definitely is a little oral progesterone definitely is a little bit more metabolically inert when it bit more metabolically inert when it comes to that.

comes to that. >> Yeah. Right. Uh now granted like we >> Yeah. Right. Uh now granted like we talked about on the last episode talked about on the last episode certainly your status going into certainly your status going into menopause or when you're starting HRT of menopause or when you're starting HRT of course that's going to have an impact course that's going to have an impact right. So the more insulin sensitivity right.

Bloating, Dosage, and Individual Tolerance

So the more insulin sensitivity you are, the lower your fasting insulin, you are, the lower your fasting insulin, you know, the better off you're going to you know, the better off you're going to be because we've given women, you know, be because we've given women, you know, over the years, lots of women over the years, lots of women progesterone and a lot of them tend to progesterone and a lot of them tend to do pretty well. There's that small do pretty well. There's that small subset that just does not.

subset that just does not. >> Yeah. So it's really finding that >> Yeah. So it's really finding that balance for that particular individual. balance for that particular individual.

So if they don't tolerate the oral So if they don't tolerate the oral progesterone, maybe there might be some progesterone, maybe there might be some other um ways to offset it, which like other um ways to offset it, which like you said, we'll we'll go into a little you said, we'll we'll go into a little more solutions in a different podcast. I more solutions in a different podcast. I do know that some women will say that do know that some women will say that progesterone makes them bloat. We don't progesterone makes them bloat. We don't know the exact mechanism. There's some know the exact mechanism. There's some proposed theories that maybe it's a proposed theories that maybe it's a smooth muscle in the GI or maybe the gut smooth muscle in the GI or maybe the gut microbiome is being altered with microbiome is being altered with beneficial bacteria. We don't know that, beneficial bacteria. We don't know that, you know, there's some working theories you know, there's some working theories out there, but some women when they take out there, but some women when they take oral progesterone, they will get some oral progesterone, they will get some bloating. Nobody wants to feel bloated.

bloating. Nobody wants to feel bloated. >> Yeah. Right. Uh now, that might not >> Yeah. Right. Uh now, that might not contribute to the scale necessarily, but contribute to the scale necessarily, but you know, so there there are at least a you know, so there there are at least a couple of, you know, proposed um uh ways couple of, you know, proposed um uh ways that the scale can go up.

that the scale can go up. >> Yeah. So, but you know, the scale is >> Yeah. So, but you know, the scale is elusive and it's kind of evil because elusive and it's kind of evil because one day it looks this way and the other one day it looks this way and the other day it's different. You know, we're all, day it's different. You know, we're all, you know, so definitely take the scale you know, so definitely take the scale with a grain of salt. It's really more with a grain of salt. It's really more about measurements. But if you feel about measurements. But if you feel like, oh, my pants are tight after like, oh, my pants are tight after taking the progesterone. It could be taking the progesterone. It could be some bloating. Yeah.

some bloating. Yeah. >> Or if you feel like you're craving more >> Or if you feel like you're craving more foods, it could be that balance between foods, it could be that balance between the estrogen and the progesterone or the estrogen and the progesterone or that that Alo pregnant is just making that that Alo pregnant is just making you super tired. Some people are super you super tired. Some people are super sensitive to that and some people love sensitive to that and some people love the effects of that. It really depends the effects of that. It really depends on the person.

on the person. >> Yeah. Now, the other thing is too is the >> Yeah. Now, the other thing is too is the starting dosage. If you're So, if you're starting dosage. If you're So, if you're starting HRT or have just started HRT, starting HRT or have just started HRT, like we would never put a woman freshly like we would never put a woman freshly into menopause or her first time on on into menopause or her first time on on hormones, but around 200 milligrams, hormones, but around 200 milligrams, we'd start her at a at a lower dose and we'd start her at a at a lower dose and then work that dose up over time.

then work that dose up over time. >> Exactly. Because, you know, progesterone >> Exactly. Because, you know, progesterone is a a beautiful hormone. It's great for is a a beautiful hormone. It's great for your bones and for your hair. Some your bones and for your hair. Some people really love it. It just depends people really love it. It just depends on the dosage and how it fits for them.

on the dosage and how it fits for them. So, like you said, maybe start at 100 So, like you said, maybe start at 100 and work your way up. I had a patient and work your way up. I had a patient the other week, I ended up raising up the other week, I ended up raising up her progesterone because just was she her progesterone because just was she couldn't get past that 3:00 and then we couldn't get past that 3:00 and then we raise that up and now she could sleep raise that up and now she could sleep till 6 or 5:36. So, it's perfect. You till 6 or 5:36. So, it's perfect. You know, it's perfect raising that up, but know, it's perfect raising that up, but you got to start somewhere and then work you got to start somewhere and then work your way up then do too much of a good your way up then do too much of a good thing and try to back your way out of thing and try to back your way out of these side effects.

these side effects. >> Yeah. Right. So, uh again, there's some >> Yeah. Right.

Summary and Closing Remarks

So, uh again, there's some potential, you know, mechanisms there. potential, you know, mechanisms there. Uh long story short or to summarize, the Uh long story short or to summarize, the estrogen plays a pretty good role and estrogen plays a pretty good role and progesterone can sort of offset some of progesterone can sort of offset some of that, but you can't not take the that, but you can't not take the progesterone. The progesterone in this progesterone. The progesterone in this context when you're on HRT, the context when you're on HRT, the progesterone is necessary. So, it's, progesterone is necessary. So, it's, >> you know, you can't just not take your >> you know, you can't just not take your progesterone to not gain any weight.

progesterone to not gain any weight. Yeah. You have to do both because your Yeah. You have to do both because your practitioner won't like it if you stop practitioner won't like it if you stop your progesterone if you have a uterus.

your progesterone if you have a uterus. So, um, any other things you want to So, um, any other things you want to add? add? add? >> Nope. I think this is great. If anybody >> Nope. I think this is great. If anybody has their own experience or their own has their own experience or their own comments, please put them in the comments, please put them in the comments section below.

comments section below. >> Yeah. Uh, until next time, I'm Dr. >> Yeah. Uh, until next time, I'm Dr. Mackey Mackey Mackey >> and I'm Dr. Valerie. >> and I'm Dr. Valerie.