# How to Know when your Progesterone Dose is Too High | Drs. Valorie & Maki Symptoms Explained Transcript

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## Introduction and episode topic

I do notice that a lot of patients that I do notice that a lot of patients that I have there, you know, it's easy for I have there, you know, it's easy for them to take their thyroid capsule in them to take their thyroid capsule in the morning or their progesterone the morning or their progesterone capsule at night, but sometimes they capsule at night, but sometimes they forget to put that biest or that forget to put that biest or that How do I know my progesterone dose is How do I know my progesterone dose is too high? Hi, I'm Dr. Valerie Davidson too high? Hi, I'm Dr. Valerie Davidson from the Progress Your Health Podcast.

from the Progress Your Health Podcast. >> And I'm Dr. Robert Mackey from the >> And I'm Dr. Robert Mackey from the Progress Your Health Podcast. Uh so, Progress Your Health Podcast. Uh so, today we're going to talk the last one today we're going to talk the last one we did was about high estrogen or we did was about high estrogen or estradiol or how to know if your estradiol or how to know if your estradiol dose is too high. So, now we estradiol dose is too high.

## How to tell if progesterone is too high

So, now we thought we would talk about uh the same thought we would talk about uh the same thing for progesterone. thing for progesterone. And usually, to be honest, and we've And usually, to be honest, and we've been uh obviously um giving women been uh obviously um giving women progesterone for a progesterone for a number of years, and usually the woman number of years, and usually the woman sort of can always tell when the sort of can always tell when the progesterone dose is too much.

progesterone dose is too much. >> Mhm. >> Mhm. >> Mhm. >> Uh and understanding what that looks >> Uh and understanding what that looks like or what she would feel is sort of like or what she would feel is sort of uh a good idea because a blood test uh a good idea because a blood test might not tell you enough.

might not tell you enough. >> It No, exactly. A blood test is just a >> It No, exactly.

## Using symptoms instead of blood tests alone

A blood test is just a snapshot. It gives you a little bit of snapshot. It gives you a little bit of data. We want to get the whole picture data. We want to get the whole picture by getting those symptoms. So, for by getting those symptoms. So, for example, the oral progesterone, so an example, the oral progesterone, so an oral progesterone capsule, you might oral progesterone capsule, you might take that in the evening cuz take that in the evening cuz progesterone orally can make you a progesterone orally can make you a little more tired or groggy cuz it helps little more tired or groggy cuz it helps upregulate GABA. Now, there's two upregulate GABA. Now, there's two different types of progesterone oral different types of progesterone oral capsules. There's instant release and capsules. There's instant release and there's sustained release. So, the there's sustained release. So, the instant release goes right into your instant release goes right into your system pretty quickly. So, that helps system pretty quickly. So, that helps somebody if they if they're having somebody if they if they're having trouble falling asleep. Now, if they're trouble falling asleep. Now, if they're having having trouble staying asleep, having having trouble staying asleep, which has always been kind of my issue which has always been kind of my issue and I think a lot of my patients that and I think a lot of my patients that I've talked to, too, that's kind of a I've talked to, too, that's kind of a bigger picture as being able to stay bigger picture as being able to stay asleep, is we might do a progesterone asleep, is we might do a progesterone sustained release. So, when they take sustained release.

## Oral progesterone: instant vs sustained release

So, when they take it, it stays in their system a little it, it stays in their system a little bit longer. Now, ideally, that bit longer. Now, ideally, that progesterone is supposed to be mostly progesterone is supposed to be mostly out of their system by the morning.

out of their system by the morning. There still can be a little bit, but There still can be a little bit, but mostly out. So, if that progesterone mostly out. So, if that progesterone isn't coming out of their system and isn't coming out of their system and it's still elevated in in morning, then it's still elevated in in morning, then that can make you feel tired. So, women that can make you feel tired. So, women will say in the morning, "Oh, it's hard will say in the morning, "Oh, it's hard for me to get up. Um it's hard for me to for me to get up. Um it's hard for me to get going. I kind of feel sort of get going. I kind of feel sort of groggy. Uh groggy. Uh and you know, I want to have some coffee and you know, I want to have some coffee or some caffeine." So, that Then, you or some caffeine." So, that Then, you can also test the blood to kind of pair can also test the blood to kind of pair with that, which we can talk about. I with that, which we can talk about. I don't know if you want to switch that don't know if you want to switch that apart, but I will definitely say one of apart, but I will definitely say one of the biggest symptoms is somebody feeling the biggest symptoms is somebody feeling tired the next day. Now, if they are and tired the next day. Now, if they are and they're on sustained release, then a they're on sustained release, then a really quick, easy fix to that is just really quick, easy fix to that is just switch them over to an instant release.

switch them over to an instant release.

## Signs of excess progesterone and morning grogginess

>> Uh when they haven't been sleeping well >> Uh when they haven't been sleeping well and now they start sleeping, they might and now they start sleeping, they might get a little bit more groggy in the get a little bit more groggy in the short term as their sleep sort of They short term as their sleep sort of They might have a little bit more uh might have a little bit more uh grogginess uh initially. Um but if it grogginess uh initially. Um but if it persists after a few days, then you know persists after a few days, then you know that the dose is probably a little too that the dose is probably a little too much.

much. much. >> Now, if you're doing HRT and you're >> Now, if you're doing HRT and you're taking any form of estradiol, you really taking any form of estradiol, you really want to take progesterone, absolutely, want to take progesterone, absolutely, to protect that uterine lining from that to protect that uterine lining from that increasing the risk of of uterine increasing the risk of of uterine cancer. But, depending on what your cancer. But, depending on what your level of progesterone dose is, you could level of progesterone dose is, you could reduce it down if you're having that reduce it down if you're having that grogginess. Now, I know some other grogginess.

## Progesterone dosing, HRT, and estrogen protection

Now, I know some other symptoms that we've talked about before symptoms that we've talked about before with the progesterone dose being too with the progesterone dose being too high or somebody might be a little bit high or somebody might be a little bit sensitive to it is getting puffy.

sensitive to it is getting puffy. They'll say, "Oh, you know, I get kind They'll say, "Oh, you know, I get kind of puffy and bloated." of puffy and bloated." >> Yeah. Now, almost like they're >> Yeah. Now, almost like they're coming up to a period like uh coming up to a period like uh I Now, tell a man telling a woman I Now, tell a man telling a woman Excuse me, what? Yeah, yeah, a little Excuse me, what? Yeah, yeah, a little bit. Uh a man telling a woman what bit. Uh a man telling a woman what progesterone's going to feel like, you progesterone's going to feel like, you know, I've never taken a progesterone.

know, I've never taken a progesterone. Uh but I said, you know, to over the Uh but I said, you know, to over the years I've said, "You you'll sort of years I've said, "You you'll sort of know it if you feel it." All right? Uh know it if you feel it." All right? Uh it'll feel like you're getting your it'll feel like you're getting your period, but you're not really going to period, but you're not really going to get one. You get some of that, like I get one. You get some of that, like I said, the puffy feeling. Uh or they just said, the puffy feeling. Uh or they just feel a little uncomfortable.

feel a little uncomfortable. Uh and that's how you know if the Uh and that's how you know if the progesterone dose is a little too much. progesterone dose is a little too much.

>> Now, I will say, you know, I take >> Now, I will say, you know, I take progesterone, so I'm 53 years old at the progesterone, so I'm 53 years old at the time we're doing this podcast, and I time we're doing this podcast, and I take progesterone as part of my HRT. And take progesterone as part of my HRT.

## Transvaginal progesterone and patient preferences

And I was doing the sustained release, and I was doing the sustained release, and then when I tested my blood that love then when I tested my blood that love the next morning so you take your the next morning so you take your sustained release progesterone oral sustained release progesterone oral capsule the night before go in for your capsule the night before go in for your blood test you know I think I went in blood test you know I think I went in probably it was probably like maybe 12 probably it was probably like maybe 12 or or or 13 hours after I'd taken my progesterone 13 hours after I'd taken my progesterone capsule cuz I slept all night woke up capsule cuz I slept all night woke up went to the lab at 9:30 and my went to the lab at 9:30 and my progesterone blood level was a little progesterone blood level was a little high was definitely in the high teens high was definitely in the high teens and I think that might be part of the and I think that might be part of the bloating because it's holding on to some bloating because it's holding on to some of the water weight.

of the water weight. >> Yeah. >> Yeah. >> Yeah. >> So that I could say could be but mainly >> So that I could say could be but mainly when the estradiol level is a little too when the estradiol level is a little too high or somebody's sensitive to it high or somebody's sensitive to it that's where they'll notice the breast that's where they'll notice the breast tenderness specifically as opposed to tenderness specifically as opposed to that bloating with that progesterone.

that bloating with that progesterone. Some people will also report with the Some people will also report with the low progesterone is a low mood that they low progesterone is a low mood that they just don't feel as jazzed you know not just don't feel as jazzed you know not that they're sad but some people can that they're sad but some people can feel like their mood is a little bit feel like their mood is a little bit lower if that progesterone level is a lower if that progesterone level is a little bit too high.

little bit too high. >> Yeah. Uh what I've now granted again >> Yeah. Uh what I've now granted again like I said this is a man telling women like I said this is a man telling women how they're supposed to feel on the how they're supposed to feel on the hormones hormones hormones Um but usually when a woman's starting Um but usually when a woman's starting progesterone 100 milligrams even 50 progesterone 100 milligrams even 50 milligrams depending if she's on any milligrams depending if she's on any estrogen or not uh yeah she says if the estrogen or not uh yeah she says if the dose is too much you'll sort of you'll dose is too much you'll sort of you'll sort of know it when it happens. Um you sort of know it when it happens. Um you know almost like you're going to get a know almost like you're going to get a period um you know like it's just going period um you know like it's just going to start but it never really quite to start but it never really quite starts um you know um um but it's uh starts um you know um um but it's uh like I said it's more subjective like like I said it's more subjective like you know they just feel a certain way as you know they just feel a certain way as opposed to like you said being related opposed to like you said being related to a blood level.

to a blood level. Unless their level. Uh so what would you Unless their level. Uh so what would you expect they'd take the progesterone the expect they'd take the progesterone the night before right they go to the lab night before right they go to the lab the following day uh you said between the following day uh you said between two to five is where you typically see two to five is where you typically see progesterone. Uh so it really does sort progesterone. Uh so it really does sort of depend on the person. I know there's of depend on the person. I know there's a percentage some women just don't a percentage some women just don't tolerate progesterone very well uh you tolerate progesterone very well uh you know as far as oral progesterone.

know as far as oral progesterone. The other one that I has been popular as The other one that I has been popular as of the last maybe the last couple of of the last maybe the last couple of years, uh at least online, is using um

years, uh at least online, is using um vaginal progesterone or a progesterone vaginal progesterone or a progesterone suppository. What do you think about suppository. What do you think about that?

that? that? >> Oh, I love um transvaginal progesterone. >> Oh, I love um transvaginal progesterone. I've used that with women, especially I've used that with women, especially women in early pregnancy, we might use women in early pregnancy, we might use that. A lot of women, like you said, you that. A lot of women, like you said, you don't tolerate the oral. We can do it don't tolerate the oral. We can do it transvaginally, or you can do it transvaginally, or you can do it transdermally on the inner thigh. It's transdermally on the inner thigh. It's everybody's, uh you know, a little bit everybody's, uh you know, a little bit different. Some Some women really like different. Some Some women really like the transvaginal progesterone. It's a the transvaginal progesterone. It's a way to really kind of get into that way to really kind of get into that bloodstream really quickly. It's good bloodstream really quickly. It's good for the uterine, you know, the uterus.

for the uterine, you know, the uterus. That's why I use it a lot with women That's why I use it a lot with women that might be um we're worried about a that might be um we're worried about a miscarriage and they're recently miscarriage and they're recently pregnant. That's a That's a good idea.

pregnant. That's a That's a good idea.

## Blood levels, tolerance, and symptom-based dosing

But then, of course, when you're putting But then, of course, when you're putting on transvaginal progesterone every day, on transvaginal progesterone every day, it can be a little, you know, it's just it can be a little, you know, it's just like one more thing to do.

like one more thing to do. >> Sure. >> Sure. >> Sure. >> Some I do notice that a lot of patients >> Some I do notice that a lot of patients that I have, they're, you know, that that I have, they're, you know, that it's easy for them to take their thyroid it's easy for them to take their thyroid capsule in the morning or their capsule in the morning or their progesterone capsule at night, but progesterone capsule at night, but sometimes they forget to put that Biest sometimes they forget to put that Biest or that estradiol cream on because it's or that estradiol cream on because it's one more step. So, thinking about, "Oh, one more step. So, thinking about, "Oh, I have to do this transvaginal." It's I have to do this transvaginal." It's like like like Just I'm just saying it's, you know, Just I'm just saying it's, you know, from from from a gal's point of view, you know, it's a gal's point of view, you know, it's just enough to wash off your makeup and just enough to wash off your makeup and brush your teeth and floss your teeth brush your teeth and floss your teeth and take your contacts out and then I've and take your contacts out and then I've got it, you know, it's like one more got it, you know, it's like one more step to do. So, I do like the idea of step to do. So, I do like the idea of it. It just depends on the person on it. It just depends on the person on whether they feel like, "Yes, I'm going whether they feel like, "Yes, I'm going to make this a part of my routine." or to make this a part of my routine." or that just seems like too much work.

that just seems like too much work. >> Right. Right. Right. Uh >> Right. Right. Right. Uh uh so, uh so, would you say that the would you say that the uh the blood level of progesterone uh the blood level of progesterone makes any difference or does it really makes any difference or does it really come down to I mean, it probably does to come down to I mean, it probably does to cer- certain extent. I'm sort of cer- certain extent. I'm sort of answering my own question, but it's more answering my own question, but it's more about how they feel with the about how they feel with the progesterone as opposed to what the progesterone as opposed to what the blood number shows. So, again, it still blood number shows. So, again, it still comes down to a little bit about the comes down to a little bit about the blood level, but a lot of it is blood level, but a lot of it is subjective. Like, you know, how they're subjective. Like, you know, how they're feeling on it um sort of determines feeling on it um sort of determines whether that, you know, and a woman sort whether that, you know, and a woman sort of can determine herself if that dose is of can determine herself if that dose is too high. Um but if she's on estrogen too high. Um but if she's on estrogen right now, there's um sometimes right now, there's um sometimes limitations on how low that progesterone limitations on how low that progesterone dose can go.

dose can go. >> Yeah, if they have a uterus because you >> Yeah, if they have a uterus because you want to

protect that uterine lining. want to protect that uterine lining.

Now, most you know, like you said, there Now, most you know, like you said, there are a few women that can't tolerate the are a few women that can't tolerate the oral progesterone. It just makes them oral progesterone. It just makes them feel very anxious. I will say there is a feel very anxious. I will say there is a population on that. I have a lot of population on that. I have a lot of patients like that, but a lot of people patients like that, but a lot of people do really like their progesterone. Like do really like their progesterone. Like they they love their progesterone that they they love their progesterone that they want to take their progesterone they want to take their progesterone every night cuz it's very relaxing. It every night cuz it's very relaxing. It helps them get a good night's sleep.

helps them get a good night's sleep. They wake up. It's just, you know, too They wake up. It's just, you know, too much of a good thing can be a good What much of a good thing can be a good What is could be not a good thing. So, if the is could be not a good thing.

## Wrap-up and listener comments

So, if the progesterone were too high, you could progesterone were too high, you could have some of those symptoms of the have some of those symptoms of the bloating, of the low libido, um maybe bloating, of the low libido, um maybe the breast fullness just from the water the breast fullness just from the water weight cuz they can notice some water weight cuz they can notice some water weight gain on that. And then of course, weight gain on that. And then of course, the um grogginess in the morning if the um grogginess in the morning if they're doing more of an oral.

they're doing more of an oral. >> Yeah. Uh so, the episode we did right >> Yeah. Uh so, the episode we did right before this was about um what how to before this was about um what how to know when your estradiol dose is too know when your estradiol dose is too high. So, you can probably find the link high. So, you can probably find the link for that one uh somewhere up above.

for that one uh somewhere up above. This one of course uh is you know, This one of course uh is you know, there's not as many dosing options um there's not as many dosing options um with I mean, sort of there is, but you with I mean, sort of there is, but you know, if someone's on HRT, they're going know, if someone's on HRT, they're going to be uh usually on a standard amount.

to be uh usually on a standard amount. So, So, So, um you can check out the estrogen one uh um you can check out the estrogen one uh in the you know, in the link or the area in the you know, in the link or the area up here somewhere or description down up here somewhere or description down below.

below. below. >> I think we kind of went over the main >> I think we kind of went over the main points. There could be a couple other points. There could be a couple other things that listeners might say, "Hey, things that listeners might say, "Hey, hey, I can chime in on this and tell you hey, I can chime in on this and tell you when my progesterone was too high and when my progesterone was too high and what I felt." You know, everybody's what I felt." You know, everybody's different. So, anyone that has any different. So, anyone that has any comments, please leave them. I'd love to comments, please leave them. I'd love to hear your experience.

hear your experience. >> Yeah. Yeah. So, uh feel free to write >> Yeah. Yeah. So, uh feel free to write down in the comments below. down in the comments below.

Um that would be uh really nice to uh to Um that would be uh really nice to uh to see pointing in weird see pointing in weird Yeah. Yeah. Uh give this way, that way, Yeah. Yeah. Uh give this way, that way, up up and down. Uh it'd be a great to up up and down. Uh it'd be a great to see uh you know, what people have to say see uh you know, what people have to say about that. Uh anything else to add or about that. Uh anything else to add or we uh we uh cut this one off?

cut this one off? >> Oh, I think this was good. Like I said, >> Oh, I think this was good. Like I said, any comments, I'd love to see what you any comments, I'd love to see what you have to say. Thank you. And I'm Dr.

have to say. Thank you. And I'm Dr.