HRT Not Working? 5 Signs Your Dose Is Wrong (OB/GYN Explains) Transcript

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Why your HRT may not be working

If you've finally If you've finally started started started hormone therapy hormone therapy but still don't but still don't feel the way you feel the way you hoped, don't hoped, don't assume that assume that hormone replacement hormone replacement therapy isn't therapy isn't right for you. Because right for you. Because most often the problem is most often the problem is not whether not whether you are taking hormones, you are taking hormones, but their dose, type, but their dose, type, or method of administration.

So in this video, I So in this video, I want to show you want to show you five clear signs five clear signs that your HRT dose that your HRT dose is wrong, and is wrong, and specific questions specific questions for your for your next visit to your next visit to your gynecologist or gynecologist or family doctor to get family doctor to get things right. I'm things right. I'm Dr. Jen, a Dr. Jen, a gynecologist and integrative integrative medicine specialist, and over the course of my medicine specialist, and over the course of my 20 years of 20 years of medical practice, medical practice, I've helped thousands of I've helped thousands of women navigate women navigate hormone therapy.

hormone therapy. And I want to help And I want to help you choose the you choose the right HRT regimen. right HRT regimen.

HRT is a DIAL, not a switch

Here is a view that Here is a view that changes everything. HRT is not a changes everything. HRT is not a switch, but rather a switch, but rather a regulator, and regulator, and almost no one almost no one talks about it. People talks about it. People think that just think that just starting treatment and everything starting treatment and everything will magically work will magically work, but in reality,, but in reality, a lot of a lot of adjustments are needed. You may adjustments are needed. You may suffer from suffer from symptoms, think your symptoms, think your condition is improving condition is improving but not enough, and but not enough, and decide that decide that hormone replacement therapy is not for you. So, not for you.

Sign #1 u2014 Partial relief (dose too low)

So, let's look at let's look at the signs that HRT the signs that HRT needs adjustment. Sign number one, and. Sign number one, and it's the most common.

it's the most common. Your symptoms become Your symptoms become slightly less slightly less severe, but do not severe, but do not disappear completely. You disappear completely. You start HRT, start HRT, feel feel feel relief, and relief, and notice that your notice that your hot flashes are happening, hot flashes are happening, say, twice a say, twice a day instead of ten.

day instead of ten. But you still But you still feel that the feel that the symptoms are causing symptoms are causing you distress. You you distress. You may wake up may wake up in the morning feeling in the morning feeling exhausted throughout exhausted throughout the day or still be the day or still be dealing with vaginal dealing with vaginal dryness or frequent dryness or frequent urges. Here is the rule I use I use for my patients.

for my patients. Progesterone begins to Progesterone begins to work in about work in about two days. You two days. You sleep better. sleep better. Estrogen takes Estrogen takes two to three two to three weeks to start weeks to start working. And testosterone working. And testosterone can take can take several months, several months, even up to three even up to three months, to show its months, to show its effects. With a stable effects. With a stable dose of any dose of any medication, your medication, your main symptoms main symptoms should begin to should begin to subside. Maybe not subside. Maybe not completely, but the completely, but the dynamics should be dynamics should be positive. So if positive. So if you don't notice any you don't notice any relief from your symptoms, it's possible that your, it's possible that your estrogen or estrogen or progesterone dose is too

progesterone dose is too low, or the method of low, or the method of administration just is administration just is n't right for you. So, n't right for you. So, if you're if you're using a using a using a patch and it doesn't patch and it doesn't stick well, stick well, you may not be getting the you may not be getting the right dose. Or right dose. Or if it's a gel if it's a gel applied to too applied to too large an area of ??skin, large an area of ??skin, or you sweat a lot, gels may not be the, gels may not be the best option best option for you. Or maybe for you. Or maybe your dose was very your dose was very low to low to begin with, and because of the begin with, and because of the cautious " slow and incremental" approach slow and incremental" approach that that that most of us take, you are most of us take, you are still not getting the still not getting the proper treatment.

proper treatment.

Sign #2 u2014 Over-treatment side effects

Partial relief is not the end, it is a is not the end, it is a signal that you need to signal that you need to continue and continue and adjust the therapy adjust the therapy until you until you feel like yourself again and that feel like yourself again and that everything is everything is great. The second sign is the complete is the complete opposite.

opposite. opposite. Instead of being Instead of being Instead of being undertreated, women undertreated, women may be given may be given too much. too much.

So, the main sign So, the main sign here is the symptoms or here is the symptoms or combination of symptoms that combination of symptoms that appeared after appeared after starting starting starting hormone replacement therapy. You may. You may notice swelling and notice swelling and tenderness of the tenderness of the breasts, nausea, breasts, nausea, weight gain, fluid retention, and headaches. A, and headaches. A short short short adjustment period, during adjustment period, during which we may which we may pause pause pause hormone therapy hormone therapy to allow to allow the drug to wear off, the drug to wear off, or change the dose, or change the dose, may last a month may last a month or two.

or two. Your body may Your body may need more need more progesterone to progesterone to counteract estrogen counteract estrogen if its levels are if its levels are too high, or you too high, or you may need to lower your may need to lower your progesterone dose progesterone dose if you if you feel excessively feel excessively tired and sleepy in the morning.

tired and sleepy in the morning. So the right So the right drug in drug in the right dose the right dose will eliminate these will eliminate these side effects.

side effects. For example, For example, taking taking taking estrogen orally may be estrogen orally may be a little more difficult for you a little more difficult for you than using a than using a patch or gel. Or patch or gel. Or maybe the maybe the progesterone dose is too progesterone dose is too high, you high, you wake up too wake up too tired, and it should be tired, and it should be taken earlier taken earlier in the evening. Therefore, some of in the evening.

Sign #3 u2014 Irregular or breakthrough bleeding

Therefore, some of these parameters these parameters need to need to need to be adjusted or be adjusted or changed together with changed together with your doctor; it is your doctor; it is important important important to consult to consult him. The third sign is him. The third sign is irregular irregular irregular bleeding. This is something you bleeding. This is something you shouldn't turn a blind shouldn't turn a blind eye to. Even if you eye to. Even if you have a uterus and still have have a uterus and still have menstrual cycles, menstrual cycles, if the bleeding if the bleeding becomes becomes becomes heavier or heavier or irregular, it irregular, it may indicate may indicate excess estrogen and excess estrogen and we need to we need to increase the increase the progesterone dose or progesterone dose or decrease the estrogen. But decrease the estrogen. But if you haven't if you haven't had a period in a long time and are already had a period in a long time and are already postmenopausal, postmenopausal, postmenopausal, any bleeding any bleeding should be taken should be taken seriously. We seriously. We need you to need you to see a doctor, see a doctor, have an have an have an ultrasound, and

ultrasound, and check how check how hormone replacement hormone replacement therapy is affecting therapy is affecting your uterus. Women your uterus. Women who still have a cycle and who, who still have a cycle and who, for example, for example, follow a follow a follow a cyclical regimen, cyclical regimen, may notice may notice changes in their cycles changes in their cycles and even their periods, and even their periods, but they should not but they should not become become become more intense, more intense, be accompanied by be accompanied by be accompanied by bleeding, or bleeding, or be perceived as be perceived as abnormal. If you are abnormal. If you are postmenopausal and do postmenopausal and do not have periods, you should report any bleeding to should report any bleeding to your doctor. This is your doctor. This is normal in the first three to four months after to four months after starting hormone replacement therapy, but replacement therapy, but is not typical once you is not typical once you are already on are already on HRT; This requires HRT; This requires examination, and it is important examination, and it is important to seek to seek help from a doctor.

help from a doctor.

Sign #4 u2014 Feeling worse on progesterone

So, sign number So, sign number four. You actually four. You actually feel worse feel worse after starting after starting something something something like progesterone.

like progesterone. Some women may Some women may notice a decrease in notice a decrease in mood, drowsiness, mood, drowsiness, feelings of feelings of feelings of depression, depression, depression, anxiety, anxiety, anxiety, increased increased increased worry, worry, worry, heavier periods, heavier periods, fatigue—things you might fatigue—things you might not have expected at all.

not have expected at all. They seem to have a They seem to have a general intolerance to general intolerance to progesterone from the progesterone from the very beginning.

very beginning. Maybe it's Maybe it's not about progesterone at all not about progesterone at all… It may be the It may be the wrong dose, wrong dose, the wrong time the wrong time of day, or the of day, or the wrong type of wrong type of progesterone.

progesterone. For example, if you For example, if you take it at night, you may want to, you may want to change the time to an change the time to an earlier bedtime.

earlier bedtime. Instead of taking it at 10:00 PM Instead of taking it at 10:00 PM when you go to bed, try taking, try taking it at 9:00 PM or 8:00 PM, it at 9:00 PM or 8:00 PM, as the drug as the drug has a long has a long half-life, half-life, half-life, which can leave you feeling which can leave you feeling groggy when you wake up. You may. You may need a different dose.

need a different dose. There are many There are many FDA-approved doses of FDA-approved doses of progesterone, so progesterone, so some women may some women may benefit from certain doses, benefit from certain doses, while others may benefit from custom- custom- custom- made made made progesterone progesterone progesterone because it does not because it does not contain the additives contain the additives found in FDA-approved found in FDA-approved options. Or options. Or maybe you need a maybe you need a different different different input method.

input method. You might be able to use something You might be able to use something like Duavee, a special special special oral oral oral progesterone, or progesterone, or use an use an use an oral capsule oral capsule vaginally. So, don't vaginally. So, don't dismiss all dismiss all possibilities just because possibilities just because one dose didn't one dose didn't work for you. By the way, I work for you.

Sign #5 u2014 Energy, libido & muscle loss (testosterone)

By the way, I created a video created a video specifically about the specifically about the side effects of side effects of progesterone, so progesterone, so you can watch you can watch it here. So, it here. So, the last, fifth sign: the

last, fifth sign: the tides are getting the tides are getting weaker, but the energy is weaker, but the energy is still lacking.

still lacking. The feeling that something is The feeling that something is still missing. still missing. Many women Many women think it's think it's just aging, but just aging, but estrogen isn't the estrogen isn't the only piece of the puzzle.

only piece of the puzzle. Things like Things like motivation, libido, motivation, libido, stamina, muscle stamina, muscle mass—all of these can mass—all of these can be linked to a be linked to a lack of the hormone lack of the hormone testosterone, testosterone, testosterone, which I like to talk about because so many because so many women who women who need need need testosterone testosterone testosterone are denied its are denied its prescription.

prescription. prescription.

4 questions to ask your doctor

Testosterone is Testosterone is Testosterone is extremely important extremely important for our body, for our body, and it is worth and it is worth telling your doctor if telling your doctor if you you you are experiencing are experiencing are experiencing low low low energy, libido, energy, libido, concentration, loss of concentration, loss of muscle mass, or muscle mass, or a feeling of " a feeling of " head fog" that does not go away head fog" that does not go away even after taking even after taking estrogen. So, how do you estrogen. So, how do you discuss this with your discuss this with your doctor? Here are doctor? Here are the questions I the questions I recommend asking recommend asking your doctor so you your doctor so you can choose the can choose the right right right hormone replacement therapy.

hormone replacement therapy. First question: First question: can you discuss can you discuss my symptoms my symptoms and dosage with me? How and dosage with me? How will we track will we track progress, or in other progress, or in other words, can I words, can I make an appointment with you make an appointment with you in three in three months? Would months? Would another method of another method of administering the drug be suitable for me, administering the drug be suitable for me, such as a patch, such as a patch, gel, or pills?

gel, or pills? In other words, why did In other words, why did you choose this particular hormone replacement therapy option hormone replacement therapy option and why this particular and why this particular dosage? Last dosage? Last question: can question: can we adjust the type we adjust the type or time of reception? If it or time of reception? If it doesn't work for me, what should I doesn't work for me, what should I do? How do I do? How do I know what know what the monitoring will be like in the monitoring will be like in the future? And one the future? And one last question: last question: ask about ask about testosterone. If you testosterone. If you feel your feel your symptoms match, symptoms match, please ask please ask about it to know about it to know your doctor's opinion your doctor's opinion regarding testosterone.

regarding testosterone.

Key takeaway: HRT is a dial

If you remember If you remember only one thing from this only one thing from this video, let it video, let it be this: HRT is a be this: HRT is a regulator, not an regulator, not an on-off switch. You can't on-off switch. You can't just start HRT and just start HRT and let things take their let things take their course. If your course. If your symptoms do not symptoms do not completely resolve or you completely resolve or you notice side notice side effects, your therapy effects, your therapy needs to be adjusted needs to be adjusted and you should contact your and you should contact your doctor to doctor to discuss the correct discuss the correct dose, timing, and type of dose, timing, and type of medication that is medication that is right for you.

If you want to If you want to dig deeper into which is better dig deeper into which is better for you—the patch or the for you—the patch or the gel—I gel—I gel—I broke it down in detail in a video broke it down in detail in a video about

estrogen.

about estrogen. Watch it, and Watch it, and