Intro to Low Estradiol Symptoms

about estradiol and the lubrication. So, about estradiol and the lubrication. So, you're talking about the joints, vaginal you're talking about the joints, vaginal tissues, dry eye. Dry eye is a big tissues, dry eye.

Common Menopause Symptoms Beyond Hot Flashes

Dry eye is a big symptom of your estrogen being a little symptom of your estrogen being a little How to tell if your estradiol dose is How to tell if your estradiol dose is too low. Hi, I'm Dr. Valerie Davidson too low. Hi, I'm Dr. Valerie Davidson from the Progressive Health podcast.

from the Progressive Health podcast. >> Dr. Mackey from the Progressive Health >> Dr. Mackey from the Progressive Health podcast. Uh so, let's dive right in. So, podcast. Uh so, let's dive right in. So, uh what are examples or symptoms that uh what are examples or symptoms that women would experience if their women would experience if their estradiol level's too low?

estradiol level's too low? >> Well, obviously, you know, hot flashes >> Well, obviously, you know, hot flashes and night sweats is a trigger. So, we're and night sweats is a trigger. So, we're going to talk about symptoms and going to talk about symptoms and probably dive into a little bit of blood probably dive into a little bit of blood work in a bit. But, there's so much more work in a bit. But, there's so much more to it than just hot flashes and night to it than just hot flashes and night sweats when your estradiol dose is too sweats when your estradiol dose is too low.

low. low.

Joint Pain, Headaches, and Migraines

>> Certainly, uh >> Certainly, uh you know, things have changed over the you know, things have changed over the last number of years, right? Because it last number of years, right? Because it used to be uh those women that were used to be uh those women that were having the hot flashes and night sweats, having the hot flashes and night sweats, those would be the ones that were easy those would be the ones that were easy to spot, and they were desperate to for to spot, and they were desperate to for some relief. But, now because there's so some relief. But, now because there's so much more information about um just much more information about um just menopause in general, menopause in general, now the reasons why women uh you know, now the reasons why women uh you know, come in is quite a bit different.

come in is quite a bit different. >> For example, um we've always talked >> For example, um we've always talked about joint pain or having joint issues.

about joint pain or having joint issues. In fact, I had a patient not that long In fact, I had a patient not that long ago. I raised up her estradiol level cuz ago. I raised up her estradiol level cuz she was getting headaches. That's she was getting headaches. That's another symptom of having low estradiol another symptom of having low estradiol is getting headaches, or if you're prone is getting headaches, or if you're prone to migraines, getting more migraines.

to migraines, getting more migraines. But, I ran went ahead and raised up her But, I ran went ahead and raised up her estradiol, and she said, "You know, I estradiol, and she said, "You know, I didn't mention it to you, but my didn't mention it to you, but my knees knees got better." The joints in my knees, got better." The joints in my knees, which had been bothering her, got which had been bothering her, got better. So, it's not just hot flashes better. So, it's not just hot flashes and night sweats, which is important.

and night sweats, which is important. You know, it is important to address You know, it is important to address that. But, we're looking at other that. But, we're looking at other aspects of the body, like I said, the aspects of the body,

like I said, the joint issue, headaches, migraines. What joint issue, headaches, migraines. What other symptoms would you say would point other symptoms would you say would point towards low um estradiol doses?

towards low um estradiol doses?

Sleep Problems and Night Anxiety

>> Uh certainly, insomnia or not being able >> Uh certainly, insomnia or not being able to fall asleep. Now, the staying asleep to fall asleep. Now, the staying asleep one can be a little bit complicated. Um one can be a little bit complicated. Um perimenopausal women and menopausal perimenopausal women and menopausal women have that problem. But, a classic women have that problem. But, a classic menopausal symptom is like you're just menopausal symptom is like you're just staring at the ceiling and you can't staring at the ceiling and you can't turn the brain power off.

turn the brain power off. >> Or even just having anxiety at night. >> Or even just having anxiety at night. Like I just had a patient uh the other Like I just had a patient uh the other week and she was having a tremendous week and she was having a tremendous amount of anxiety at night and she would amount of anxiety at night and she would fall asleep then wake up a couple hours fall asleep then wake up a couple hours later with anxiety not not really hot later with anxiety not not really hot though. And I wanted to make sure that though. And I wanted to make sure that she did she wasn't hyperthyroid that her she did she wasn't hyperthyroid that her thyroid dose wasn't too high. So I thyroid dose wasn't too high. So I had her do some blood work and sure enough her do some blood work and sure enough her estradiol level had went from 89 to her estradiol level had went from 89 to 44. And then once we raised up that 44. And then once we raised up that estrogen at night, raised up the estrogen at night, raised up the estradiol at night and and I did a estradiol at night and and I did a little bit in the morning too cuz we little bit in the morning too cuz we wanted to level it out. Her waking she's wanted to level it out. Her waking she's been sleeping great. She you know, she been sleeping great. She you know, she actually has been sleeping like a baby.

actually has been sleeping like a baby. That's what she said. So that definitely That's what she said. So that definitely is an issue is with the sleep. Any other is an issue is with the sleep.

Brain Fog and Mental Fatigue

Any other symptoms you can think of with your symptoms you can think of with your estradiol dose is too low? estradiol dose is too low? >> Well, you like you said you mentioned >> Well, you like you said you mentioned joint pain, right? So you think of it as joint pain, right? So you think of it as estrogen as being kind of like the estrogen as being kind of like the lubricant for the joints.

lubricant for the joints. Uh so you know, osteoarthritis which is Uh so you know, osteoarthritis which is joint pain or just arthritis in general, joint pain or just arthritis in general, that's going to tend to go up during that's going to tend to go up during menopause. So if you're still having menopause. So if you're still having some some joint issues, knees, hips, some some joint issues, knees, hips, um um um shoulders.

shoulders. shoulders. Uh I you know, there's a lot of talk in Uh I you know, there's a lot of talk in these days about frozen shoulder and these days about frozen shoulder and menopause. Um so those are all different menopause. Um so those are all different things to think about. Like you said things to think about. Like you said it's more than just hot flashes and it's more than just hot flashes and night sweats.

night sweats. >> And of course we can't forget brain >> And of course we can't forget brain function. You know, the brain fog, the function. You know, the brain fog, the words not coming out well, not being words not coming out well, not being able to retrieve the word from your able to retrieve the word from your brain. Like I know that person's name.

brain. Like I know that person's name. I've known them for 20 years. I can't I've known them for 20 years. I can't get it out. Or what's the name of the get it out. Or what's the name of the university I used to go to? Like you university I used to go to? Like you just can't get the words out. So that's just can't get the words out. So that's a big one when

it comes to having your a big one when it comes to having your estradiol dose a little bit too low.

estradiol dose a little bit too low. Also just kind of the brain power in Also just kind of the brain power in general. Women will find when their general. Women will find when their estradiol dose is too low that they get estradiol dose is too low that they get tired quicker or cognitively. We always tired quicker or cognitively. We always talk about like the mental energy. You talk about like the mental energy. You know, what's your mental energy like?

know, what's your mental energy like? They feel like the bandwidth starts to They feel like the bandwidth starts to get shorter or they're getting get shorter or they're getting distracted or their working memory which distracted or their working memory which is trying to reme- you know, remember is trying to reme- you know, remember five things at once. Like you go into five things at once. Like you go into the grocery store, you want to remember the grocery store, you want to remember the the items on your list is if you the the items on your list is if you can't remember it, that's your working can't remember it, that's your working memory goes down. So, that's a big sign memory goes down.

Weight Gain and Libido Changes

So, that's a big sign when your estradiol dose is too low. when your estradiol dose is too low. >> Yeah, I mean those are um you know, >> Yeah, I mean those are um you know, those are all sort of at least in our those are all sort of at least in our world sort of classic menopausal world sort of classic menopausal symptoms. Uh and I think a lot of people symptoms. Uh and I think a lot of people are aware of those. Certainly uh it does are aware of those. Certainly uh it does go beyond just um beyond just hot go beyond just um beyond just hot flashes and night sweats.

flashes and night sweats. >> And of course, I think we're forgetting >> And of course, I think we're forgetting and not touching on the biggest one when and not touching on the biggest one when your estradiol dose is low. Also, on your estradiol dose is low. Also, on another podcast we did with your another podcast we did with your estradiol dose is too high, this is the estradiol dose is too high, this is the same thing, weight gain.

same thing, weight gain. >> Oh, sure. Yeah, yeah. Uh well, I mean >> Oh, sure. Yeah, yeah. Uh well, I mean that's just a classic for menopause that's just a classic for menopause anyways. Uh anyways. Uh not so much if the dose is too much um not so much if the dose is too much um because as we've talked about before, because as we've talked about before, most of the time, you know, the dose most of the time, you know, the dose usually needs to increase most of the usually needs to increase most of the time.

time. time. >> Yeah, cuz we get a lot of questions from >> Yeah, cuz we get a lot of questions from people all over the world and they'll be people all over the world and they'll be putting their doses down and we'll say, putting their doses down and we'll say, you know, they they seem like the doses you know, they they seem like the doses are low. I mean, us women, we need the are low. I mean, us women, we need the estradiol. Sure, if it's too high, estradiol. Sure, if it's too high, there's some issues, that's why you want there's some issues, that's why you want to monitor it, you know, and work with to monitor it, you know, and work with your practitioner. But a lot of times your practitioner. But a lot of times we'll see these doses are way too low or we'll see these doses are way too low or whether they're doing an estradiol patch whether they're doing an estradiol patch or they're doing a biased or just an or they're doing a biased or just an estradiol transdermal cream or gel, I'll estradiol transdermal cream or gel, I'll notice that the doses are low. And when notice that the doses are low. And when they're low, cuz estrogen helps sort of they're low, cuz estrogen helps sort of balance cortisol and buffers cortisol.

balance cortisol and buffers cortisol. We need cortisol, but too much of We need cortisol, but too much of cortisol can be a runaway train and that cortisol can be a runaway train and that cortisol will cause the weight gain. So, cortisol will cause the weight gain. So, when that estradiol drops, it's really when that estradiol drops, it's really easy to pack on a few pounds even if easy to pack on a few pounds even if you're doing everything right.

you're doing everything right. >> Yeah, I mean that's one of those things >> Yeah, I mean that's one of those things we've seen over the years where, you we've seen over the years where, you know, that that and the hot flashes and know, that that and the hot flashes and night sweats used to be and sort of night sweats used to be and sort of

still is at least the weight gain still is at least the weight gain anyways are the main reasons that anyways are the main reasons that motivates someone to change it because motivates someone to change it because lifestyle doesn't change, diet doesn't lifestyle doesn't change, diet doesn't change, all of a sudden now they've put change, all of a sudden now they've put on, you know, 10 to 20 lb in a on, you know, 10 to 20 lb in a relatively short amount of time.

relatively short amount of time. >> And then of course libido is a big one. >> And then of course libido is a big one. I know testosterone's important for I know testosterone's important for libido, especially for men and for women libido, especially for men and for women also, but really the estradiol is also, but really the estradiol is probably the big game player when it probably the big game player when it comes to female libido.

comes to female libido. >> Yeah, I mean uh >> Yeah, I mean uh testosterone is what sort of drives uh testosterone is what sort of drives uh men uh and estradiol is what sort of men uh and estradiol is what sort of drives women in that respect. So, you drives women in that respect. So, you can't you can't ignore the estradiol if can't you can't ignore the estradiol if there's any libido issues.

there's any libido issues. >> And when that estradiol's low, it's like >> And when that estradiol's low, it's like the sex isn't on the brain. That's what the sex isn't on the brain. That's what women will say is I'm I'm not even women will say is I'm I'm not even initiating, it's not my partner, it's initiating, it's not my partner, it's just not on my brain. And then that of just not on my brain. And then that of course, like I was mentioning about course, like I was mentioning about cortisol, so when that estrogen's low, cortisol, so when that estrogen's low, that cortisol can kind of go, you know, that cortisol can kind of go, you know, it's not being buffered. And cortisol, it's not being buffered. And cortisol, high cortisol, is terrible for a libido.

high cortisol, is terrible for a libido. Like that'll just turn the sex drive Like that'll just turn the sex drive right off. So, you're thinking about, right off.

Vaginal Atrophy and GSM

So, you're thinking about, you know, libido on the brain, but also you know, libido on the brain, but also down south if that if that estradiol down south if that if that estradiol level is too low, you can have the level is too low, you can have the vaginal atrophy or what they call it vaginal atrophy or what they call it now, GSM.

now, GSM. >> Now, GSM, uh I mean that's honestly >> Now, GSM, uh I mean that's honestly there's lots of things that that could there's lots of things that that could be a whole separate episode be a whole separate episode uh talking about estradiol and or just uh talking about estradiol and or just estrogen in general and the GSM estrogen in general and the GSM symptoms. Uh this is one where you might symptoms. Uh this is one where you might need two prescriptions. You might need need two prescriptions. You might need one for your menopausal symptoms and one for your menopausal symptoms and then need a separate one for your GSM then need a separate one for your GSM symptoms.

symptoms. symptoms.

Dry Eye and Other Low Estrogen Signs

>> Yeah, we'll we'll definitely circle back >> Yeah, we'll we'll definitely circle back and do another one on that cuz I do and do another one on that cuz I do often find that you might need a little often find that you might need a little bit of like an estriol vaginally, which bit of like an estriol vaginally, which works really good, but we'll we'll talk works really good, but we'll we'll talk about that on a different podcast. When about that on a different podcast. When you're thinking about estradiol and the you're thinking about estradiol and the lubrication, so you're talking about the lubrication, so you're talking about the joints, the vaginal tissues, dry eye.

joints, the vaginal tissues, dry eye. Dry eye is a big symptom of your Dry eye is a big symptom of your estrogen being a little bit too low. A estrogen being a little bit too low. A lot lot women will be like, my vision lot lot women will be like, my vision was fine, I was great." Of course, you was fine, I was great." Of course, you know, after a while

you need the know, after a while you need the readers, but you know, that's readers, but you know, that's inevitable. But they'll say, "Oh, I went inevitable. But they'll say, "Oh, I went to my eye doctor and they said I have to my eye doctor and they said I have dry eye. What I have dry eye?" You know, dry eye. What I have dry eye?" You know, yeah, you know, it happens when that yeah, you know, it happens when that estrogen's too low.

estrogen's too low. >> Yeah, it's one of those things that um >> Yeah, it's one of those things that um you know, is almost like a I wouldn't you know, is almost like a I wouldn't say classic, but becoming much more say classic, but becoming much more common to have to use drops and common to have to use drops and everything when that estrogen drops off.

everything when that estrogen drops off.

Testing, Dosing, and Individualized HRT

>> So, those are some of the most common >> So, those are some of the most common symptoms that we'll see with the low symptoms that we'll see with the low estrogen. I'm sure there's We could talk estrogen. I'm sure there's We could talk probably for hours about this. So, probably for hours about this. So, definitely and I'm sure a lot of you definitely and I'm sure a lot of you will have some comments on that. But one will have some comments on that. But one thing when you're looking at that thing when you're looking at that estradiol level being too low is you're estradiol level being too low is you're thinking whether we're doing a static thinking whether we're doing a static dosing or rhythmic dosing. So, rhythmic dosing or rhythmic dosing. So, rhythmic dosing is looking at the you're dosing is looking at the you're basically recreating the ovarian 28-day basically recreating the ovarian 28-day cycle by doing varying amounts of cycle by doing varying amounts of estradiol throughout the 28 days and estradiol throughout the 28 days and then adding in that progesterone on day then adding in that progesterone on day 14. So, I love to test with the rhythmic 14. So, I love to test with the rhythmic dosing on day 12 or day 21. That's a dosing on day 12 or day 21. That's a good time to test to check for those good time to test to check for those levels. When you're doing rhythmic levels. When you're doing rhythmic dosing, you can really bump up the dosing, you can really bump up the estradiol levels. Like you can estradiol levels. Like you can sometimes, you know, I'll keep them sometimes, you know, I'll keep them easily at 150 and when you're going to easily at 150 and when you're going to um what is that? Picograms per um what is that? Picograms per milliliter.

milliliter. milliliter. When you're getting closer into like day When you're getting closer into like day 12 when the estradiol levels in nature 12 when the estradiol levels in nature go up at really high, you can get that go up at really high, you can get that up from 250 to 450 and then it comes up from 250 to 450 and then it comes back down. So, the rhythmic dosing is back down. So, the rhythmic dosing is different when you're checking for high different when you're checking for high estrogen as opposed to the static estrogen as opposed to the static dosing. That gets a little bit more dosing. That gets a little bit more tricky, which static dosing is taking tricky, which static dosing is taking the same dose every single day and not the same dose every single day and not without any deviation.

without any deviation. >> Yeah, and that's where there's, you >> Yeah, and that's where there's, you know, their philosophies between those know, their philosophies between those two different dosing strategies are just two different dosing strategies are just completely different. So, they have to completely different. So, they have to be evaluated different, that be be evaluated different, that be monitored different, you know, because monitored different, you know, because they're really technically not the same they're really technically not the same thing.

thing. thing. >> Mhm. >> Mhm. >> Mhm. >> Um but um you know, depending on the >> Um but um you know, depending on the woman, depending on the situation, woman, depending on the situation, you know, there's a there's a way to you know, there's a there's a way to customize and you know, pick a solution customize and you know, pick a solution that's going to help them with whatever that's going to help them with whatever they're dealing with.

they're dealing with. >> Yeah, I mean, just to kind of, you know, >> Yeah, I mean, just to kind of, you know, every practitioner has their own every practitioner has their own philosophy and their own way of, you philosophy and their own way of, you know, treating and doing HRT, and that's know, treating and doing HRT, and that's totally cool. I I will say when totally cool. I I will say when someone's doing a static dose, I don't someone's doing a static

dose, I don't like to have that estradiol level too like to have that estradiol level too much higher than like 120 pg/mL.

much higher than like 120 pg/mL. Most Most women feel really good when Most Most women feel really good when it's around 60 to 80. Like, 80 is like a it's around 60 to 80. Like, 80 is like a really good number, maybe even a little really good number, maybe even a little shy of 100. They feel really good. Of shy of 100. They feel really good. Of course, if it's too low, in the 30s and course, if it's too low, in the 30s and the 40s, they may not feel they may have the 40s, they may not feel they may have some of these symptoms that we're some of these symptoms that we're talking about talking about >> Right.

>> Right. >> Right. >> um for determining if their estradiol >> um for determining if their estradiol level is too low or their dosing is too level is too low or their dosing is too low. Now, low. Now, there's always caveats. I have some there's always caveats. I have some women that feel fantastic with it, you women that feel fantastic with it, you know, with it at 30 pg/mL, know, with it at 30 pg/mL, where others feel great at 80 when where others feel great at 80 when you're doing a static dose. So, there is you're doing a static dose. So, there is that individual sort of variation that that individual sort of variation that you're going to tailor that HRT to.

you're going to tailor that HRT to. >> Now, we've never really been big fans of >> Now, we've never really been big fans of chasing a number. Like, getting a number chasing a number. Like, getting a number up up to a certain amount. If she's at a up up to a certain amount. If she's at a lower amount and her lower amount and her um her testing says, you know, that it's um her testing says, you know, that it's lower, there's no reason to change it as lower, there's no reason to change it as long as she's feeling good because long as she's feeling good because eventually, if you keep trying to raise eventually, if you keep trying to raise the dose to hit a certain target, it's the dose to hit a certain target, it's going to create some other problems at going to create some other problems at some point. At least At least some point. At least At least potentially.

potentially. potentially. >> Oh, absolutely. Absolutely. You don't >> Oh, absolutely. Absolutely. You don't want to chase the number. It's It's nice want to chase the number. It's It's nice to have that objective data. Now, when to have that objective data. Now, when you're thinking, you know, I know what you're thinking, you know, I know what you're thinking. You're thinking you're thinking. You're thinking long-term. Well, what about my brain, my long-term. Well, what about my brain, my bones, my heart if my estrogen's staying bones, my heart if my estrogen's staying too low, too consistently? And there's too low, too consistently? And there's so many other factors that we would work so many other factors that we would work on. So, if somebody felt really good on. So, if somebody felt really good with their estradiol level being, you with their estradiol level being, you know, 40 pg/mL, know, 40 pg/mL, then I'd say, "Okay, well, let's keep then I'd say, "Okay, well, let's keep Let's keep you where you feel good, and Let's keep you where you feel good, and then we'll work on the bone density with then we'll work on the bone density with lifestyle and supplementation and lifestyle and supplementation and nutrition." So, there's so many aspects nutrition." So, there's so many aspects to that. But, I know for this one, it to that. But, I know for this one, it was about if your estradiol level was was about if your estradiol level was too low.

too low. >> Right. Uh so, if you want to see the >> Right. Uh so, if you want to see the other video we did, there should be up other video we did, there should be up here, uh and the uh here, uh and the uh upper part of the upper part of the >> Which feather video?

>> Which feather video? >> Uh the one about estradiol being too >> Uh the one about estradiol being too high. high. We also did a progesterone being um too We also did a progesterone being um too low and too high. So, there's a few that low and too high. So, there's a few that you can choose from. Um cuz sometimes, you can choose from. Um cuz sometimes, to be honest, when it comes to HRT, um to be honest, when it comes to HRT, um uh uh uh high estrogen, low estrogen, high high estrogen, low estrogen, high progesterone, low low progesterone, the progesterone, low low progesterone, the the response you can get can be a little the response you can get can be a little bit paradoxical sometimes. Um so, check bit paradoxical sometimes. Um so, check those other videos out.

those other videos out. Uh until next time, I'm Dr. Mackey. Uh until next time, I'm Dr. Mackey. >> And I'm Dr. Valerie. >> And I'm Dr. Valerie.