Signs of Too Much Testosterone

Somebody's noticing these signs. You're Somebody's noticing these signs. You're going to lose hair in your temples. You going to lose hair in your temples. You feel like, "I'm getting more acne on my feel like, "I'm getting more acne on my face." But if you're noticing, "I'm face.

Podcast Introduction and Topic Setup

" But if you're noticing, "I'm is my testosterone dose too high?" is my testosterone dose too high?" Hi, I'm Dr. Valerie Davidson from the Hi, I'm Dr. Valerie Davidson from the Progress Your Health podcast.

Progress Your Health podcast. >> Dr. Mackie from the Progress Your Health >> Dr. Mackie from the Progress Your Health podcast. Uh so, the last episode we podcast. Uh so, the last episode we talked about progest- uh testosterone talked about progest- uh testosterone being too low. Yeah, and now remember, being too low. Yeah, and now remember, this is for women.

this is for women.

Symptoms of High Testosterone in Women

>> So, now we're going to talk about if >> So, now we're going to talk about if your testosterone dose is too high. your testosterone dose is too high.

>> Yeah, the dosing for men and women is >> Yeah, the dosing for men and women is completely different. You know, they're completely different. You know, they're not even in the same ballpark. Women not even in the same ballpark. Women need to be a little careful with men's need to be a little careful with men's testosterone dosing. Um but we're testosterone dosing. Um but we're talking about how to tell or determine talking about how to tell or determine if your testosterone is too high.

if your testosterone is too high. >> So, let's go over the symptoms first, >> So, let's go over the symptoms first, which of course would be more androgen which of course would be more androgen symptoms. The big one is hair loss. So, symptoms. The big one is hair loss.

Hair Loss and Acne Patterns

So, women will notice that they're losing if women will notice that they're losing if it's about the testosterone, they're it's about the testosterone, they're losing it more in the temples or the top losing it more in the temples or the top of the head. They'll say, "Oh, you know, of the head. They'll say, "Oh, you know, the back of the hair is actually pretty the back of the hair is actually pretty pretty thick. You know, it's not bad.

pretty thick. You know, it's not bad. It's that top and that temple." And It's that top and that temple." And that's because that could be if your that's because that could be if your testosterone dose is too high.

testosterone dose is too high. >> Yeah. So, if they already if a woman is >> Yeah. So, if they already if a woman is already having some hair issues, already having some hair issues, thinning, shedding, you know, whatever, thinning, shedding, you know, whatever, you want to be a little careful with you want to be a little careful with even using testosterone if she's already even using testosterone if she's already having a problem. Now, if the dosing having a problem. Now, if the dosing starts out pretty low and you're, you starts out pretty low and you're, you know, know, know, just kind of easing into it, we haven't just kind of easing into it, we haven't I haven't seen too much hair loss I haven't seen too much hair loss directly. Have you?

directly. Have you? >> No, I mean, if they're doing too Like I >> No, I mean, if they're doing too Like I said, if it's too high, then we need to said, if it's too high, then we need to back it down. There's other um back it down. There's other um concepts that go along with that. So, concepts that go along with that. So, not just the total testosterone. If not just the total testosterone. If you're testing their sex hormone binding you're testing their sex hormone binding globulin might be binding up their free globulin might be binding up their free testosterone. So, if someone is showing testosterone.

Cream Application and Local Hair Growth

So, if someone is showing those signs of having higher those signs of having higher testosterone levels, then I always do testosterone levels, then I always do the free testosterone, the the free testosterone, the dihydrotestosterone, the DHT, and we do dihydrotestosterone, the DHT, and we do the sex hormone binding globulin. But we the sex hormone binding globulin. But we can talk about that a little bit later.

can talk about that a little bit later. But I have seen women that have uh But I have seen women that have uh have lost hair. Like, I remember I was have lost hair. Like, I remember I was at my dentist's office, this was a at my dentist's office, this was a number of years ago, and she was and she number of years ago, and she was and she knew that I did hormones, but she was knew that I did hormones, but she was getting her she was doing her HRT from a getting her she was doing her HRT from a from another physician, and we're just from another physician, and we're just kind of talking about it. And I she said kind of talking about it. And I she said something about her testosterone. I something about her testosterone. I said, "Well, if it's too high, you're said, "Well, if it's too high, you're going to lose hair in your temples." And going to lose hair in your temples." And she lifted up her hair, and she she lifted up her hair, and she literally had no hair on her temples.

literally had no hair on her temples. And I go, And I go, "You can just kind of, you know, cut "You can just kind of, you know, cut some bangs, you know, it's not But it some bangs, you know, it's not But it But it was, you know, it can happen." But it was, you know, it can happen." And then also acne. So, you can Now, And then also acne. So, you can Now, granted, some women are just more prone granted, some women are just more prone to a little bit more acne or pimples, to a little bit more acne or pimples, and that's totally normal. But, if you and that's totally normal. But, if you feel like, "I'm getting more feel like, "I'm getting more acne on my face, especially the chin and acne on my face, especially the chin and the jawline," that can be that the the jawline," that can be that the testosterone level is too high. Or and testosterone level is too high. Or and we're humans, we all have hair all over we're humans, we all have hair all over our body, but if you're noticing, "I'm our body, but if you're noticing, "I'm getting black hair sprouting like on my getting black hair sprouting like on my face and face and then that could be a sign that your then that could be a sign that your testosterone is too high.

testosterone is too high. >> Yeah, so if you're just starting >> Yeah, so if you're just starting testosterone, it's always going to go testosterone, it's always going to go from the breakouts to the hair growth to from the breakouts to the hair growth to the hair loss in sort of a kind of a the hair loss in sort of a kind of a chronological order almost.

chronological order almost. >> But, that's if your dose is too high. >> But, that's if your dose is too high. Right? It's not going to happen if your Right? It's not going to happen if your dose isn't too high. I will say, when dose isn't too high. I will say, when you do testosterone, you always want to you do testosterone, you always want to do it transdermally. You never want to do it transdermally. You never want to take oral take oral testosterone. It's just not good for testosterone. It's just not good for you, and you don't absorb it anyway.

you, and you don't absorb it anyway. But, if you're going to do it, you want But, if you're going to do it, you want to do it as a cream. to do it as a cream.

If you put it on your arms, you could If you put it on your arms, you could wherever there's a hair follicle, it can wherever there's a hair follicle, it can cause hair growth.

cause hair growth. >> Mhm.

Interpreting Labs and Free Testosterone

>> Mhm. >> Mhm. >> I had a patient not too long ago, her >> I had a patient not too long ago, her testosterone level looks great. She says testosterone level looks great. She says she feels great. I have her putting it she feels great. I have her putting it on the inner thigh, and she's kind of on the inner thigh, and she's kind of dark and hairy like me. As she started dark and hairy like me. As she started to get a lot of hair growth on that to get a lot of hair growth on that thigh.

thigh. thigh. >> Yeah. >> Yeah. >> Yeah. >> You can switch it to the back of the >> You can switch it to the back of the knee because there's no hair follicles knee because there's no hair follicles there, but know that, you know, as with there, but know that, you know, as with all creams, it's going to matriculate.

all creams, it's going to matriculate. It might go down or might go up, so it It might go down or might go up, so it could cause a little hair growth on the could cause a little hair growth on the back of the thigh or the or the back of back of the thigh or the or the back of the calf. Now, if you're getting hair the calf. Now, if you're getting hair growth from your testosterone cream, growth from your testosterone cream, applying it where you apply it, it applying it where you apply it, it doesn't mean that your testosterone is doesn't mean that your testosterone is too high. Some of us just grow hair more too high. Some of us just grow hair more easily.

easily. easily. >> Yeah, it's kind of inevitable. You can't >> Yeah, it's kind of inevitable. You can't There's really not not much you can There's really not not much you can really do about it.

really do about it. >> There's some women that don't. They're >> There's some women that don't. They're like, "Yeah, I put it on my thigh and no like, "Yeah, I put it on my thigh and no big deal. I I shave normally. There's big deal. I I shave normally. There's It's not like there's more hair growth." It's not like there's more hair growth." I always ask, but there's some women I always ask, but there's some women that doesn't do it, too. And then that doesn't do it, too. And then there's some women that do. So, don't there's some women that do. So, don't use where you apply it, the hair growth use where you apply it, the hair growth as an as saying my testosterone dose is as an as saying my testosterone dose is too high. It really would be more with too high. It really would be more with the dark hairs on the face starting to the dark hairs on the face starting to grow in, even though you didn't put your grow in, even though you didn't put your testosterone on your face. Don't put testosterone on your face. Don't put testosterone on your face.

testosterone on your face. Or if you're getting breakout Yeah, Or if you're getting breakout Yeah, breakouts or the the hair loss. Like I breakouts or the the hair loss. Like I had a patient She told me that she did had a patient She told me that she did testosterone injections and, you know, testosterone injections and, you know, her level went up so high She started her level went up so high She started with another practitioner that when she with another practitioner that when she was swimming, she was noticing the hair was swimming, she was noticing the hair was just falling out off into the water.

was just falling out off into the water. >> Yeah, cuz a testosterone a vial, if >> Yeah, cuz a testosterone a vial, if you're injecting it, is either going to you're injecting it, is either going to be a 100 mg per mil or 200 mg per mil.

be a 100 mg per mil or 200 mg per mil.

A Patient Case With Unexpectedly High Levels

The amount that a woman would have to The amount that a woman would have to inject to not be too much is such a tiny inject to not be too much is such a tiny amount um that that is, at least in my amount um that that is, at least in my opinion, uh and I know yours, too, that opinion, uh and I know yours, too, that it's only going to potentially cause it's only going to potentially cause some problems. Now, there might be a few some problems. Now, there might be a few women that could tolerate that.

women that could tolerate that. >> And if you can, please write us a >> And if you can, please write us a message. message. >> Absolutely. Yeah, there's Yeah, there's >> Absolutely. Yeah, there's Yeah, there's a few women that can totally tolerate, a few women that can totally tolerate, um but when it comes to testosterone, um but when it comes to testosterone, especially if you're starting it for the especially if you're starting it for the first

time, and I learned this from you, first time, and I learned this from you, too, is that you always want to start a too, is that you always want to start a little low to see what your tolerance little low to see what your tolerance actually is. And then that dose can actually is. And then that dose can actually start to work up over time actually start to work up over time later. Uh later. Uh on the last episode, you were talking on the last episode, you were talking about sometimes you'll use it either about sometimes you'll use it either daily daily daily or you might use it a few times a week.

or you might use it a few times a week. Um when that dose starts to rise is when Um when that dose starts to rise is when you potentially want to think about you potentially want to think about taking a couple of days off. Uh because taking a couple of days off. Uh because that's going to minimize some of those that's going to minimize some of those cosmetic side effects.

cosmetic side effects. >> Yeah, if they're having the cosmetic >> Yeah, if they're having the cosmetic side effects or um some women that like side effects or um some women that like to work out, maybe I'll have them do it to work out, maybe I'll have them do it on their workout days to help with on their workout days to help with recovery. But, if the dose if somebody's recovery. But, if the dose if somebody's noticing these signs noticing these signs that oh, you know, I feel like, you that oh, you know, I feel like, you know, I'm breaking out, or I'm getting, know, I'm breaking out, or I'm getting, you know, sometimes people can get a you know, sometimes people can get a little puffy. I wouldn't say it's as little puffy. I wouldn't say it's as much um from the testosterone, but much um from the testosterone, but sometimes women will notice that. Some sometimes women will notice that. Some Like I said, the hair loss Like I said, the hair loss is their dose might actually be pretty is their dose might actually be pretty low. So, some women can tolerate it, and low. So, some women can tolerate it, and some women can't. That's where you would some women can't. That's where you would do like a, you know, check their sex do like a, you know, check their sex hormone binding globulin, check their hormone binding globulin, check their DHT, cuz some women will take their DHT, cuz some women will take their testosterone, and it converts right into testosterone, and it converts right into DHT, and they're going to have hair DHT, and they're going to have hair loss. And then some women don't have loss. And then some women don't have that pathway. You know, everybody's that pathway. You know, everybody's different genetically. We're all different genetically. We're all different with our lifestyles, with what different with our lifestyles, with what we're doing. And then there's some women we're doing. And then there's some women that might have um, you know, that that that might have um, you know, that that free their total doesn't convert into free their total doesn't convert into their free. Like, for example, I said on their free. Like, for example, I said on the last podcast that I typically have the last podcast that I typically have high testosterone levels. I always have.

high testosterone levels. I always have. That's just it kind of runs in my That's just it kind of runs in my family. And I don't have PMOS, but uh family. And I don't have PMOS, but uh I just recently did my uh testosterone, I just recently did my uh testosterone, and I'm not taking any, and my total was and I'm not taking any, and my total was 40, and then my free was 3.9. Which 40, and then my free was 3.9. Which that's a pretty good conversion. But, that's a pretty good conversion. But, let's say a woman's taking testosterone, let's say a woman's taking testosterone, you have them on the HRT cream, their you have them on the HRT cream, their testosterone level in their blood total testosterone level in their blood total is 40, but their free is like one. You is 40, but their free is like one.

Why Numbers Don't Tell the Whole Story

You know, then you'd know it's being they're know, then you'd know it's being they're not getting the benefit of the free not getting the benefit of the free testosterone. It might actually be testosterone. It might actually be diverting to um dihydrotest DHT, the diverting to um dihydrotest DHT, the dihydrotestosterone, or the sex um dihydrotestosterone, or the sex um hormone binding globulin might be hormone binding globulin might be elevated, which is blocking the total elevated, which is blocking the total from turning into the free T.

from turning into the free T. >> Yeah, so that the total testosterone is >> Yeah, so that the total testosterone is bound to the sex SHBG. bound to the sex SHBG.

>> Or it encompasses all of it, the free >> Or it encompasses all of it, the free and the and what's bound. and the

and what's bound. >> Right. Okay. Well, I'll I'll explain >> Right. Okay. Well, I'll I'll explain that. What do you mean by that. What do you mean by >> So, when you do a total testosterone on >> So, when you do a total testosterone on a blood draw, you'll you'll get the a blood draw, you'll you'll get the results back. That total is all the results back. That total is all the bound testosterone and all the free bound testosterone and all the free testosterone all in one pool. Where you testosterone all in one pool. Where you can do a separate test, a little more can do a separate test, a little more pricier, it really it really is, but if pricier, it really it really is, but if you're trying to determine why are their you're trying to determine why are their levels at 40 but they're having symptoms levels at 40 but they're having symptoms of it being too high. Or even at 20, of it being too high. Or even at 20, let's say their testosterone total was let's say their testosterone total was at 20 but they're still breaking out or at 20 but they're still breaking out or having, you know, back acne or having, you know, back acne or something, we want to find out why, then something, we want to find out why, then you would do the free testosterone to you would do the free testosterone to see how much of the total is converting see how much of the total is converting to the free and then you could do the to the free and then you could do the sex hormone binding globulin because sex hormone binding globulin because that binds the testosterone. If you have that binds the testosterone. If you have a lot of sex hormone binding globulin, a lot of sex hormone binding globulin, that's going to bind your testosterone that's going to bind your testosterone so it can't convert to free or like I so it can't convert to free or like I said some women that that their said some women that that their testosterone turns into testosterone turns into dihydrotestosterone. That happens in men dihydrotestosterone. That happens in men too.

too. too. You know, all the all those same factors You know, all the all those same factors happen in men and women but it's some happen in men and women but it's some way to give us a little bit more insight way to give us a little bit more insight or clues on how we can properly treat or clues on how we can properly treat this person.

this person. >> Right. Right. Right. All right, now I we >> Right. Right. Right.

Exercise, DHEA, and Hormone Conversion

All right, now I we mentioned this on the last one so I have mentioned this on the last one so I have a patient that I saw maybe, you know, a patient that I saw maybe, you know, couple weeks ago and her she's only on 1 couple weeks ago and her she's only on 1 mg of testosterone. She's on some biased mg of testosterone. She's on some biased as well. She's only taking it once a day as well. She's only taking it once a day and her testosterone is like 180 189 or and her testosterone is like 180 189 or something like that.

something like that. >> Well, that's um >> Well, that's um That That I would say is probably more That That I would say is probably more of a zebra. Um it might, you know, it's of a zebra. Um it might, you know, it's probably not the You don't see that probably not the You don't see that commonly. Like this is more of like, oh, commonly. Like this is more of like, oh, this is interesting to see that.

this is interesting to see that. >> Sure. Sure. >> Sure. Sure. >> Does she have any signs or symptoms of >> Does she have any signs or symptoms of her testosterone being too high?

her testosterone being too high? >> I know I we kind of went through the >> I know I we kind of went through the gamut all that and she, you know, she gamut all that and she, you know, she feels relatively pretty good. She's feels relatively pretty good. She's working out on a regular basis.

working out on a regular basis. Uh you know, I asked her, you know, kind Uh you know, I asked her, you know, kind of clarifying over and over and uh it's of clarifying over and over and uh it's like that a little bit of a head like that a little bit of a head scratcher, why? And not only now this is scratcher, why? And not only now this is where I I, you know, it's a little fishy where I I, you know, it's a little fishy that both her testosterone and her that both her testosterone and her estradiol levels were both high.

estradiol levels were both high. And she's on such a small uh on such a And she's on such a small uh on such a small amount, and she's only taking it small amount, and she's only taking it once a day versus twice.

once a day versus twice. >> Well, she may have put her hormone >> Well, she may have put her hormone creams

on right before the blood test. creams on right before the blood test.

>> before? The night before? >> before? The night before? >> That's interesting. And then or maybe it >> That's interesting. And then or maybe it was on her arm or it touched her arm.

was on her arm or it touched her arm. You know, that like I said, that's You know, that like I said, that's probably not as common for 1 mg of probably not as common for 1 mg of testosterone to be well, almost 200.

testosterone to be well, almost 200. >> Sure. >> Sure. >> Sure. >> It would be >> It would be >> That That's the uh my point is that's >> That That's the uh my point is that's one of the reason why we don't one of the reason why we don't necessarily chase numbers too much. We necessarily chase numbers too much. We don't chase them if they're too low. We don't chase them if they're too low. We don't chase them if they're too high.

don't chase them if they're too high. But, when it's too high like that, now, But, when it's too high like that, now, granted, as long as she's not having any granted, as long as she's not having any of those cosmetic issues, and this is of those cosmetic issues, and this is the point of, you know, is your dose the point of, you know, is your dose high enough or, you know, too high, is high enough or, you know, too high, is if you're not having any of the cosmetic if you're not having any of the cosmetic things, then there's really no harm or things, then there's really no harm or you know, problem with those um with you know, problem with those um with that level being high as it is.

that level being high as it is. >> Ex- Exactly. Like some women love having >> Ex- Exactly. Like some women love having their testosterone up in the 80s. Like their testosterone up in the 80s. Like they're like, this feels great. And some they're like, this feels great. And some women like it, you know, don't like women like it, you know, don't like that. Ev- you know, everybody's that. Ev- you know, everybody's different. It could be cuz, you know, we different. It could be cuz, you know, we make our um DHEA, which is an adrenal make our um DHEA, which is an adrenal hormone that comes from the adrenals, as hormone that comes from the adrenals, as that's converting over to testosterone.

that's converting over to testosterone.

Final Takeaways on Testosterone in Women

So, that could be That's another way So, that could be That's another way that somebody might have a little bit that somebody might have a little bit higher levels of testosterone if they higher levels of testosterone if they have a good amount of DHEA that's have a good amount of DHEA that's converting to testosterone.

converting to testosterone. >> Sure. Uh for a woman, uh there's >> Sure. Uh for a woman, uh there's actually some benefit actually some benefit sort of long-term benefit um by having a sort of long-term benefit um by having a little bit of a higher testosterone.

little bit of a higher testosterone. Now, I'm certainly 189 wouldn't be my Now, I'm certainly 189 wouldn't be my choice. I'd like to see it maybe, you choice. I'd like to see it maybe, you know, I you know, in below 100. Um but, know, I you know, in below 100. Um but, she's not having any of the cosmetic she's not having any of the cosmetic issues or really any other indications issues or really any other indications of having too high of a testosterone of of having too high of a testosterone level.

level. level. >> And testosterone's great for your bone >> And testosterone's great for your bone density. density. density. >> As I'm saying, her bones, muscle. She is >> As I'm saying, her bones, muscle. She is working out on a regular basis. So, it's working out on a regular basis. So, it's one of those things that we're sort of one of those things that we're sort of monitoring. I mean, her dose is already monitoring. I mean, her dose is already We We did make a slight reduction to her We We did make a slight reduction to her dose. Um but, still a little a little dose. Um but, still a little a little bit of a head-scratcher why both of bit of a head-scratcher why both of those numbers would be on the high side.

those numbers would be on the high side. >> Mhm. >> Mhm. >> Mhm. Yeah, maybe. And you know, honestly,

Yeah, maybe. And you know, honestly, exercise is another way of upregulating exercise is another way of upregulating your own testosterone. You go and do your own testosterone. You go and do some weightlifting or resistance some weightlifting or resistance training it can't your own body will training it can't your own body will probably from from the conversion of probably from from the conversion of making the DHEA to testosterone but it making the DHEA to testosterone but it does upregulate so it's does upregulate so it's >> Well, that's the whole reason why we >> Well, that's the whole reason why we want you know, patients to exercise is want you know, patients to exercise is because of the androgen impact but at because of the androgen impact but at the same time it's not a little bit of the same time it's not a little bit of going to the gym every every you know, going to the gym every every you know, she does go to the gym like 5 days a she does go to the gym like 5 days a week maybe even 6 days a week and her week maybe even 6 days a week and her number um is still on the high side.

number um is still on the high side. >> feels good like you said it really don't >> feels good like you said it really don't chase the numbers see how you're feeling chase the numbers see how you're feeling and what your and what your you know, the signs and symptoms and you know, the signs and symptoms and then like I said there's different blood then like I said there's different blood tests you can also run to kind of tests you can also run to kind of uncover the clues.

uncover the clues. >> Yeah, anything else you want to add >> Yeah, anything else you want to add about about about high testosterone? high testosterone?

>> Yeah, so like like I said the acne the >> Yeah, so like like I said the acne the hair loss I've never had anybody get you hair loss I've never had anybody get you know, aggressive if their testosterone's know, aggressive if their testosterone's too high for a female I've never seen too high for a female I've never seen that. I have that. I have >> Usually there's some other factors in >> Usually there's some other factors in there that is making them a little bit there that is making them a little bit you know, irritable or you know, just you know, irritable or you know, just perimenopause in general they're going perimenopause in general they're going to be irritable menopause they're just to be irritable menopause they're just going to be irritable. Usually I mean going to be irritable. Usually I mean even for men testosterone usually makes even for men testosterone usually makes them mentally feel better.

them mentally feel better. >> Yeah, exactly. If the testosterone's if >> Yeah, exactly. If the testosterone's if somebody's applying it vaginally cuz you somebody's applying it vaginally cuz you can apply testosterone vaginally you can can apply testosterone vaginally you can go right into the bloodstream. It can go right into the bloodstream. It can you know, helps a lot with libido but it you know, helps a lot with libido but it can irritate the tissues depending on can irritate the tissues depending on what um what um what base you're using but I wouldn't I what base you're using but I wouldn't I wouldn't say um wouldn't say um like I said I I I think testosterone for like I said I I I think testosterone for women can be a game-changer.

women can be a game-changer. >> Absolutely. Yeah, yeah. >> Absolutely. Yeah, yeah. So So So any final comments or we any final comments or we >> I think this was great.

>> I think this was great. >> Yeah, so if you have any comments to >> Yeah, so if you have any comments to share you can write them in the comments share you can write them in the comments below otherwise we'll see you on next below otherwise we'll see you on next episode. I'm Dr. Maki.

episode. I'm Dr. Maki. >> And I'm Dr. Valerie. >> And I'm Dr. Valerie.