Testosterone and menopause basics

our adrenal glands to provide DHEA to our adrenal glands to provide DHEA to convert to testosterone for us. But once convert to testosterone for us. But once you hit menopause and those ovaries you hit menopause and those ovaries aren't working, those ovaries are not aren't working, those ovaries are not going to be producing any testosterone.

going to be producing any testosterone. So that's why you'll see a drop in So that's why you'll see a drop in menopause. Is my testosterone dose too low? Signs Is my testosterone dose too low?

Introducing the podcast and testosterone for women

Signs for women. Hi, I'm Dr. Valerie Davidson for women. Hi, I'm Dr. Valerie Davidson from the Progressive Health Podcast. from the Progressive Health Podcast.

>> I'm Dr. Mackey from the Progressive >> I'm Dr. Mackey from the Progressive Health Podcast. Uh so testosterone of Health Podcast. Uh so testosterone of course, um you know, that's really the course, um you know, that's really the only only option for men as far as only only option for men as far as hormones go. Um but women uh I mean hormones go.

Benefits of testosterone HRT

Um but women uh I mean there's a lot of other ones, but uh there's a lot of other ones, but uh women uh certainly have gotten around to women uh certainly have gotten around to the idea that testosterone is helpful.

the idea that testosterone is helpful. >> Oh yeah, testosterone HRT for women is a >> Oh yeah, testosterone HRT for women is a beautiful kind of I call it like an beautiful kind of I call it like an accoutrement to your HRT like if you're accoutrement to your HRT like if you're doing estradiol or a biest and and doing estradiol or a biest and and progesterone. Yeah, testosterone can be progesterone. Yeah, testosterone can be like the frosting on the cake. I think like the frosting on the cake.

What low testosterone looks like

I think that that's really helpful for women, that that's really helpful for women, but if it's too low, um there's not but if it's too low, um there's not you're not going to get the benefit from you're not going to get the benefit from it, right?

it, right? >> Yeah, so what is a without any >> Yeah, so what is a without any testosterone, what is a typical blood testosterone, what is a typical blood level that a woman would see on her on a level that a woman would see on her on a blood test?

blood test? >> Now we don't want to chase the blood >> Now we don't want to chase the blood tests that way. I want to preface that. tests that way. I want to preface that.

But if I see someone's testosterone less But if I see someone's testosterone less than 20, especially less than 10, the than 20, especially less than 10, the total testosterone, then yeah, I'm total testosterone, then yeah, I'm thinking that testosterone is too low.

thinking that testosterone is too low. We'll do another podcast after this We'll do another podcast after this about testosterone um being too high, if about testosterone um being too high, if your dose is too high, that's where your dose is too high, that's where we're incorporating it in a little bit we're incorporating it in a little bit more with the

blood testing. But more with the blood testing. But definitely if a woman has, you know, a definitely if a woman has, you know, a testosterone total under 20, I'm like, testosterone total under 20, I'm like, okay, we got to let's let's let's work okay, we got to let's let's let's work on this. But then it's not just the on this. But then it's not just the numbers, right? It's the symptoms, numbers, right?

Symptoms of low testosterone in women

It's the symptoms, right? What symptoms would you say you right? What symptoms would you say you would notice if a woman has low would notice if a woman has low testosterone or her dose is a little bit testosterone or her dose is a little bit too low?

too low? >> Certainly it can be on uh more on the >> Certainly it can be on uh more on the subjective side. So, you know, mood, subjective side. So, you know, mood, energy, motivation. Uh when a woman hits energy, motivation. Uh when a woman hits that um late perimenopause and they're that um late perimenopause and they're they just say their motivation kind of they just say their motivation kind of drops off, you know, that's one where um drops off, you know, that's one where um testosterone can be pretty helpful. Um testosterone can be pretty helpful. Um more you like I said, more so on the more you like I said, more so on the subjective mood side. Uh of course, the subjective mood side. Uh of course, the obvious one is libido.

obvious one is libido. But sometimes, as you've always said in But sometimes, as you've always said in the past, sometimes the testosterone the past, sometimes the testosterone doesn't do the trick. Uh one especially doesn't do the trick. Uh one especially if they're really stressed out and if if they're really stressed out and if their estrogen isn't in place, then their estrogen isn't in place, then giving them a bunch of testosterone giving them a bunch of testosterone might not make them feel any better.

might not make them feel any better.

Mood, libido, and recovery benefits

>> Well, there is some crossover with >> Well, there is some crossover with estrogen um when you're looking at estrogen um when you're looking at testosterone cuz you know, low levels of testosterone cuz you know, low levels of estrogen can cause a lot of these estrogen can cause a lot of these symptoms, too. But I will say that, you symptoms, too. But I will say that, you know, testosterone and libido do go know, testosterone and libido do go together. Just make sure that the the together. Just make sure that the the estrogen is optimized, their estrogen estrogen is optimized, their estrogen HRT is optimized. But really, a lot of HRT is optimized. But really, a lot of women tell me with that testosterone, women tell me with that testosterone, it's getting their to-do list done. When it's getting their to-do list done. When they have a when they start feeling they have a when they start feeling like, "I'm just not motivated. I'm not like, "I'm just not motivated. I'm not finishing my list. I have a list or finishing my list. I have a list or maybe I'm not even I'm not even maybe I'm not even I'm not even motivated to make a list." That's when I motivated to make a list." That's when I know, "Okay, well, we could probably add know, "Okay, well, we could probably add in a little testosterone because just in a little testosterone because just from having, you know, experience with from having, you know, experience with working with patients is when we have working with patients is when we have that testosterone dialed in, that testosterone dialed in, the first thing they say is, "I get my the first thing they say is, "I get my to-do list done. I'm I'm getting my to-do list done. I'm I'm getting my to-do list done. I'm getting it done.

to-do list done. I'm getting it done. I'm writing it down. I'm going to the I'm writing it down. I'm going to the store. I'm doing all this." And then store. I'm doing all this." And then also um exercise, that motivation to go also um exercise, that motivation to go exercise in the recovery period. So, um exercise in the recovery period. So, um I had a patient not too long ago, she I had a patient not too long ago, she had worked out really hard with her had worked out really hard with her trainer and took forever to recover from trainer and took forever to recover from that. And of course, trainers can be that. And of course, trainers can be pretty brutal. We love them, but they pretty brutal. We love them, but they can be pretty brutal. But we raised up can be pretty brutal. But we raised up her testosterone and she noticed that her testosterone and she noticed that she was improving, she was enjoying the she was improving, she was enjoying the gym, she was building that lean muscle.

gym, she was building that lean muscle. You don't get bulky with a lot of You don't get bulky with a lot of testosterone. You'd have to have a ton testosterone. You'd have to have a ton of testosterone really to get bulky. But of testosterone really to get bulky.

Optimizing hormones and avoiding excess

But you know, she had building that lean you know, she had building that lean muscle and then having that recovery so muscle and then having that recovery so she could go back to the gym.

she could go back to the gym. >> Sure. I've had a another patient that >> Sure. I've had a another patient that was um having some recovery issues and was um having some recovery issues and we're experimenting with a you know with we're experimenting with a you know with a little bit of testosterone just to see a little bit of testosterone just to see if she's able to bounce back a little if she's able to bounce back a little faster. Uh and uh for my patient it was faster. Uh and uh for my patient it was like she like she uh she sort of hit a wall uh and all of uh she sort of hit a wall uh and all of a sudden now her recovery was just a a sudden now her recovery was just a little bit obnoxious.

little bit obnoxious. Uh and you know maybe a little bit to do Uh and you know maybe a little bit to do with her volume and how much she was with her volume and how much she was training. Uh you know so you know you training. Uh you know so you know you know you're going to say something.

know you're going to say something. >> I was going to say also kind of that >> I was going to say also kind of that that mood too. Sometimes when that that mood too. Sometimes when that testosterone's low people feel a little testosterone's low people feel a little like tired, not really with it, just like tired, not really with it, just kind of um like that zest just isn't kind of um like that zest just isn't there.

there. there. >> Yeah, right. Uh well, that's where you >> Yeah, right. Uh well, that's where you know now are they really deficient in know now are they really deficient in testosterone? I mean testosterone's testosterone? I mean testosterone's going to probably change a little bit going to probably change a little bit into menopause anyways, but you're using into menopause anyways, but you're using you're using testosterone as a way to you're using testosterone as a way to help them feel better.

help them feel better. >> Yeah, we're optimizing the hormones. So >> Yeah, we're optimizing the hormones. So you're you don't want to do too much of you're you don't want to do too much of a good thing which we'll talk about a good thing which we'll talk about later in another podcast, but it's later in another podcast, but it's helping to you know if you're getting helping to you know if you're getting you're motivated, you feel good, your you're motivated, you feel good, your libido's better, you're getting into the libido's better, you're getting into the gym, you're recovering well and getting gym, you're recovering well and getting back to the gym, you're building some back to the gym, you're building some muscle, having that resilience, I'm able muscle, having that resilience, I'm able to deal with stress better. That's when to deal with stress better.

Testing, DHEA, and menopause changes

That's when that testosterone's up you can have more that testosterone's up you can have more stress resiliency is that that's only stress resiliency is that that's only going to help propel the health, you going to help propel the health, you know, cuz that's what we're looking at.

know, cuz that's what we're looking at. Anything we can any tool we can use Anything we can any tool we can use that's safe and helps our health and our that's safe and helps our health and our longevity.

longevity. longevity. >> Yeah. Uh now um so uh what about a >> Yeah. Uh now um so uh what about a testosterone dose if it's too high? How testosterone dose if it's too high? How do we go the other uh determine if do we go the other uh determine if something is the other something is the other >> That's our next podcast. We're going to >> That's our next podcast. We're going to talk about testosterone dose too high talk about testosterone dose too high cuz there's a little bit more nuance cuz there's a little bit more nuance with that. But if it's too low with that. But if it's too low you know, I do feel like women do do you know, I do feel like women do do feel it. You know,

when I and when I do feel it. You know, when I and when I do HRT with um with women is especially in HRT with um with women is especially in menopause is I will start with you know menopause is I will start with you know the estrogen and the progesterone. So we the estrogen and the progesterone. So we make sure we get that optimized. Then we make sure we get that optimized. Then we add the testosterone in later. I feel add the testosterone in later. I feel like that's a really good way of doing like that's a really good way of doing it. Some women do really great on higher it. Some women do really great on higher levels of testosterone and some women levels of testosterone and some women don't. Like, for example, don't. Like, for example, I you know, I don't take uh testosterone I you know, I don't take uh testosterone HRT cuz I don't need to. I'm my HRT cuz I don't need to. I'm my testosterone kind of naturally runs a testosterone kind of naturally runs a little bit high.

little bit high. >> Yeah, it always it always has. >> Yeah, it always it always has. >> But so you know, exactly. Not like out >> But so you know, exactly. Not like out of range, but usually I mine runs around of range, but usually I mine runs around 40 to 60. Where um if somebody's like I 40 to 60. Where um if somebody's like I said under 20 and they're having some of said under 20 and they're having some of these symptoms that we're talking about, these symptoms that we're talking about, we want to implement it then we can test we want to implement it then we can test it. There's you know, testing the blood, it. There's you know, testing the blood, but then also see how they feel but then also see how they feel subjectively. I feel like that's super subjectively. I feel like that's super important.

important. important. >> Uh and uh we'll save this for the next >> Uh and uh we'll save this for the next episode, but there's some things episode, but there's some things cosmetically that'll happen. Um but it cosmetically that'll happen.

Dosing approaches and transdermal cream

Um but it is amazing in how some women can is amazing in how some women can tolerate a good amount and some women tolerate a good amount and some women can tolerate none. Uh it really does can tolerate none. Uh it really does kind of run the gamut. Um you know, but kind of run the gamut. Um you know, but most women are going to average most women are going to average somewhere between 2 to 5 mg. Again, this somewhere between 2 to 5 mg. Again, this is is is >> Oh, as a again. Uh not for medical >> Oh, as a again. Uh not for medical advice, advice, advice, educational like educational like >> Uh but as a starting point and maybe >> Uh but as a starting point and maybe even as a you know, full amount, they're even as a you know, full amount, they're going to use 2 to 5 mg at some point or going to use 2 to 5 mg at some point or certain amount o- over the course of a certain amount o- over the course of a week.

week. week. >> Yeah, so with the testosterone it's >> Yeah, so with the testosterone it's different. Sometimes I'll have people do different. Sometimes I'll have people do it every day. Sometimes they do it a few it every day. Sometimes they do it a few times a week. That you can kind of work times a week. That you can kind of work with the patient to see how it's with the patient to see how it's tailored to them. But so and and then tailored to them. But so and and then you always want to do it really as a you always want to do it really as a cream. You want to do a transdermal cream. You want to do a transdermal cream. You don't ever want to take cream. You don't ever want to take testosterone orally. That's not good for testosterone orally. That's not good for the system. You don't really absorb it the system. You don't really absorb it anyway. But the neat thing with the anyway. But the neat thing with the cream is you can start off a little low cream is you can start off a little low and then work your way up. I always feel and then work your way up. I always feel like it's easier to do that. I have some like it's easier to do that. I have some women that take 1 mg of testosterone women that take 1 mg of testosterone just once a day. I have some women that just once a day. I have some women that take it twice a day and they do really take it twice a day and they do really well. I have some women that take 5 to well. I have some women that take 5 to 10 mg of testosterone daily. It really 10 mg of testosterone daily. It really you know, it really kind of depends on you know, it really kind of depends on on on the person.

on on the person.

Starting low and monitoring symptoms

>> Yeah, and it's always better to with >> Yeah, and it's always better to with testosterone that if you start lower testosterone that if you start lower because you want to make sure that because you want to make sure that there's some tolerance um cosmetically there's some tolerance um cosmetically and then from there you can always you and then from there you can always you know that's always been your philosophy know that's always been your philosophy or your approach is always to start low or your approach is always to start low and then just work it up over time.

and then just work it up over time. >> And then we go over the symptoms. I've >> And then we go over the symptoms. I've never had a woman get really never had a woman get really crabby on testosterone. I don't think crabby on testosterone. I don't think that that's really as much of an issue.

that that's really as much of an issue. >> So women don't get roid rage? >> So women don't get roid rage? >> No, I've never I've never seen that. >> No, I've never I've never seen that.

Like I've seen other symptoms like I Like I've seen other symptoms like I said we'll go over with too much said we'll go over with too much testosterone but I've never seen anybody testosterone but I've never seen anybody get get get crabby or snarky or angry or ragey. But crabby or snarky or angry or ragey. But they'll but you'll notice as you add they'll but you'll notice as you add that in like how was your energy? How that in like how was your energy? How was your motivation? How are you getting was your motivation? How are you getting your things done?

your things done? How's your libido? How's your libido? How's that the sex drive? Is it back on How's that the sex drive? Is it back on the brain or is it not? And then like I the brain or is it not? And then like I said there is a little crossover with said there is a little crossover with estrogen so you want to make sure that estrogen so you want to make sure that their estrogen's dialed in. And I know their estrogen's dialed in. And I know that a lot of you listeners are super that a lot of you listeners are super smart and I mean you know all this stuff smart and I mean you know all this stuff but that testosterone can aromatize to but that testosterone can aromatize to estradiol. So testosterone can turn into estradiol. So testosterone can turn into estrogen or turn into estradiol.

estrogen or turn into estradiol.

Blood testing and subjective response

The doses do need to be pretty high to The doses do need to be pretty high to see it go that much but at the same time see it go that much but at the same time we're always like I said checking in we're always like I said checking in with their estradiol too make sure those with their estradiol too make sure those levels are staying where they should be.

levels are staying where they should be. >> Yeah. >> Yeah. >> Yeah. Uh Uh Uh Uh so is there anything else that you Uh so is there anything else that you want to talk about want to talk about testosterone dosing?

testosterone dosing? >> Um yeah this one was just more about >> Um yeah this one was just more about lower dosing. We could go and I talked a lower dosing. We could go and I talked a little bit about the the blood testing.

little bit about the the blood testing. If you're going to do a blood test If you're going to do a blood test there's other tests you can do free there's other tests you can do free testosterone, sex hormone binding testosterone, sex hormone binding globulin, DHEA. I like to do DHEA globulin, DHEA. I like to do DHEA sulfate if you're doing a blood test.

sulfate if you're doing a blood test. >> Yeah. >> Yeah. >> Yeah. >> DHEA is made from the adrenal glands it >> DHEA is made from the adrenal glands it does convert over to testosterone. So does convert over to testosterone. So that's as we go into menopause, I'm 53, that's as we go into menopause, I'm 53, I'm in menopause, we're relying on our I'm in menopause, we're relying on our adrenal glands to provide DHEA to adrenal glands to provide DHEA to convert to testosterone for us cuz convert to testosterone for us cuz you're not making as you know the you're not making as you know the ovaries aren't making it. You make a ovaries aren't making it. You make a little bit in the ovaries you don't you little bit in the ovaries you don't you make more of it from from DHEA make more of

it from from DHEA conversion. But once you hit menopause conversion. But once you hit menopause and those ovaries aren't working, you're and those ovaries aren't working, you're not going to um those ovaries are not not going to um those ovaries are not going to be producing any testosterone.

going to be producing any testosterone. So that's why you'll see a drop in So that's why you'll see a drop in menopause, not a huge drop, but you see menopause, not a huge drop, but you see that drop. So, like I said, there's a that drop. So, like I said, there's a lot of other testing you can do with lot of other testing you can do with that. But if I I really go by the that. But if I I really go by the symptoms and then also, you know, maybe symptoms and then also, you know, maybe checking that total if it's if we're checking that total if it's if we're feeling like it's too low.

feeling like it's too low. >> Yeah. Uh and I've seen some numbers, you >> Yeah. Uh and I've seen some numbers, you know, as far as checking total um uh know, as far as checking total um uh kind of all over the place. I had one kind of all over the place. I had one just the other day. She wasn't taking just the other day. She wasn't taking hardly any her number was kind of high.

hardly any her number was kind of high. She doesn't have any of the symptoms of She doesn't have any of the symptoms of having too much, which we'll talk about having too much, which we'll talk about on the next one. Maybe we'll use her as on the next one. Maybe we'll use her as almost like a I know you've had a bunch almost like a I know you've had a bunch of those as well, too. We'll talk about of those as well, too. We'll talk about that on the uh on the next or when we that on the uh on the next or when we get to that episode. I think we have get to that episode. I think we have another one in between.

another one in between. >> Yeah. >> Yeah. >> Yeah. >> Okay. Uh anything else you want to add? >> Okay. Uh anything else you want to add? >> No, I think this was great talking >> No, I think this was great talking about, you know, if your testosterone about, you know, if your testosterone dose is too low.

dose is too low. >> Yeah. Uh well, I don't know what's >> Yeah. Uh well, I don't know what's happening exactly, but um as of late, happening exactly, but um as of late, our channel is doing very well.

our channel is doing very well. >> It is. >> It is. >> Yeah, yeah. So, uh if you'd like to like >> Yeah, yeah. So, uh if you'd like to like and subscribe or um you know, write some and subscribe or um you know, write some comments down below, we really, really comments down below, we really, really appreciate that. Uh but until next time, appreciate that. Uh but until next time, uh I'm Dr. Maki.

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