Need More Estradiol? What to Know Before Increasing Your Dose Transcript

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Why Estradiol Dose Increases Aren't Always the Answer

The woman really The woman really gets it. The levels gets it. The levels are rising and she are rising and she feels as if feels as if the estradiol is too the estradiol is too high and needs high and needs more estradiol? What more estradiol? What you should know before you should know before increasing your dose.

increasing your dose. Hi, I'm Dr. Hi, I'm Dr. Valerie Davidson from the Valerie Davidson from the Progressive Health Podcast. Progressive Health Podcast.

I'm Dr. Mackie from the I'm Dr. Mackie from the Progressive Health podcast. And Progressive Health podcast. And now we're pretty sure that now we're pretty sure that many women don't many women don't get get get enough enough enough estrogen, right?

Finding the Right HRT Delivery Method

However, there is another side to the However, there is another side to the coin. When you coin. When you use a certain use a certain static dose, you static dose, you can only increase it can only increase it to a certain level. This is a very arbitrary. This is a very arbitrary number that depends number that depends on the woman herself. You don't on the woman herself. You don't know where that line is know where that line is until you start until you start spotting spotting spotting.

.. Oh, definitely. So Oh, definitely. So when you think about the when you think about the patch, I have patch, I have a lot of women who are a lot of women who are on on on the highest dose of 0.1 mg and the highest dose of 0.1 mg and they feel like they feel like it's not enough it's not enough but they don't know what to but they don't know what to do next. Have do next. Have they reached the ceiling? And they reached the ceiling? And then there are other women who then there are other women who may may may be using be using be using estradiol gel estradiol gel or creams and or creams and feel that the dose is feel that the dose is too low.

too low. Should they just take it Should they just take it and make it bigger? There are and make it bigger? There are a few more nuances here.

When Creams, Patches, and Absorption Become the Issue

For example, I had For example, I had a patient who a patient who was using was using was using estradiol cream, and I had to, and I had to switch her to a switch her to a patch because she was patch because she was constantly smearing constantly smearing it on things and other it on things and other people. I tell people. I tell patients to apply the patients to apply the cream to their inner cream to their inner thighs, but thighs, but if they do that if they do that and walk around in shorts, the and walk around in shorts, the cream can get cream can get on pets, on pets, children, or everywhere else children, or everywhere else. I'm saying this won't work for. I'm saying this won't work for you. So, it's you. So, it's not necessarily not necessarily about increasing the dose.

about increasing the dose. More important was More important was changing the way changing the way hormone replacement hormone replacement therapy was delivered. I think some therapy was delivered. I think some people think people think there is only one there is only one way to do way to do HRT, but there are actually HRT, but there are actually many more.

Sometimes if we Sometimes if we feel the dose is feel the dose is not high enough, not high enough, like with the patch, or like with the patch, or if they are on a if they are on a static dose of gel and static dose of gel and start start start bleeding but bleeding but have symptoms of have symptoms of low low low estradiol, we can estradiol, we can switch them to switch them to rhythmic dosing rhythmic dosing or cyclical or cyclical hormone use.

So, there are many So, there are many different ways.

Why Dose Changes Can Create New Problems

So, before we just, before we just say, "let's say, "let's increase the dose," which increase the dose," which can cause can cause side effects, it's worth side effects, it's worth considering other considering other dosing strategies dosing strategies we could we could employ.

employ. Yeah, you know, ultimately it Yeah, you know, ultimately it all comes down to the all comes down to the bleeding issue. bleeding issue. If you If you use use any of the usual any of the usual options, at some options, at some point, if the dose point, if the dose continues to increase, continues to increase, you will reach a certain you will reach a certain limit. Again, as limit. Again, as I said, this is an I said, this is an arbitrary arbitrary arbitrary dosage amount. For some dosage amount. For some women, this is a relatively women, this is a relatively low threshold. For low threshold. For other women, this is a very other women, this is a very high threshold. You know, when the threshold is low,, when the threshold is low, for long-term for long-term security you need to security you need to find another option.

And what And what option would that be? Usually, as option would that be? Usually, as you said, it you said, it needs to needs to be changed somehow. Also, be changed somehow. Also, you know, children, you know, children, pets, and partners.

pets, and partners. That's a big problem with That's a big problem with men, isn't it? men, isn't it? Because they Because they use use use a lot of testosterone a lot of testosterone if they use a if they use a transdermal cream.

.. You mean You mean men who men who use use use testosterone cream, which testosterone cream, which can get into can get into their family. Yes, their family. Yes, definitely. This is another definitely. This is another factor I was factor I was talking about with women: talking about with women: if they apply if they apply hormone cream, hormone cream, touch things, or touch things, or hug people. And I hug people.

Rhythmic Dosing and Cyclical Hormone Therapy

And I know that some women know that some women just can't do just can't do anything about it. anything about it. This is normal. This is where This is normal. This is where we think: maybe we think: maybe we should choose a different we should choose a different strategy. Or I have strategy. Or I have a lot of women who a lot of women who like to swim, so like to swim, so they can put on a they can put on a hormone cream and hormone cream and not want to wait a couple of not want to wait a couple of hours before hours before swimming, and it swimming, and it just washes off.

just washes off. Of course. Yes. With our Of course. Yes. With our lifestyle and lifestyle and different circumstances, there different circumstances, there are always nuances that are always nuances that should be considered should be considered to find the right to find the right solution.

solution. Or even with creams, Or even with creams, they need to be they need to be rubbed in very thoroughly. rubbed in very thoroughly. I had patients I had patients who didn't rub the cream in who didn't rub the cream in completely or immediately completely or immediately put on tight put on tight leggings, and everything leggings, and everything rubbed off. So the rubbed off. So the main thing is to ensure main thing is to ensure proper suction. If they have. If they have problems with this, we problems with this, we switch them to a switch them to a patch, because it patch, because it can be simply can be simply stuck on. But then stuck on. But then a lot of women say, " Oh, this patch doesn't Oh, this patch doesn't stick," or stick," or some say, "It some say, "It sticks too sticks too well, and when I well, and when I take it off, it feels like the skin is like the skin is coming off." So you coming off." So you really need to really need to find a balance for find a balance for each person, not each person, not just increase just increase the dose.

the dose. Yes, that's right. Because over Yes, that's right. Because over time, you know, this will time, you know, this will eventually cause eventually cause certain problems. Not certain problems. Not always, as I already said,,,

women's tolerance threshold for estradiol women's tolerance threshold for estradiol varies greatly. It's varies greatly. It's just incredible how just incredible how one woman can one woman can endure very little, endure very little, while another can endure a whole lot.

while another can endure a whole lot. Do you know how Do you know how to determine this to determine this to determine this in advance? And even regarding And even regarding absorption: two women absorption: two women can take can take the same dose of, the same dose of, say, say, say, estrogen gel, estrogen gel, but one woman but one woman absorbs it well, the level absorbs it well, the level in her blood is high, and in her blood is high, and she feels like there's too much estradiol, while the other woman's too much estradiol, while the other woman's levels are low. Do levels are low. Do they absorb it?

they absorb it? Why don't they Why don't they learn it? And if learn it? And if they consistently don't they consistently don't absorb it, and we can't absorb it, and we can't fix the fix the problem—whether it's problem—whether it's the way they apply it or their the way they apply it or their skin— skin— then it's worth switching then it's worth switching them to a different them to a different dosing schedule or a different dosing schedule or a different strategy. As I strategy. As I said, there are even lozenges.

lozenges. For some women who can't For some women who can't tolerate the patch and tolerate the patch and the cream gets the cream gets everywhere, or who don't everywhere, or who don't want to want to want to use the cream, I can prescribe a, I can prescribe a sublingual sublingual sublingual tablet, the main thing is tablet, the main thing is that they that they dissolve it under dissolve it under the tongue and not swallow it.

the tongue and not swallow it. This is another option This is another option that I have also that I have also used in used in working with women. working with women. Lozenges Lozenges Lozenges are absorbed very are absorbed very well, so if well, so if someone does not absorb someone does not absorb transdermals, sublingual or sublingual or rhythmic dosing may be another option.

rhythmic dosing may be another option. Because rhythmic Because rhythmic dosing dosing dosing is fundamentally different from is fundamentally different from static dosing: you static dosing: you maintain good maintain good estradiol levels estradiol levels by changing them throughout the by changing them throughout the 28-day cycle, and you 28-day cycle, and you can also can also clearly see the level of clearly see the level of absorption.

absorption. Yes, and this is where you Yes, and this is where you have a little more have a little more control over how control over how the dosing is done. So, the dosing is done. So, you know, based on you know, based on patient feedback, patient feedback, you can now you can now pick a very pick a very specific level, specific level, which is not possible which is not possible with some of the with some of the other other other dosing methods. Do dosing methods. Do you mean you mean rhythmic dosing?

rhythmic dosing? Yes, yes, definitely. Yes, yes, definitely. Rhythmic dosing is a protocol where is a protocol where you you you essentially recreate the essentially recreate the ovarian cycle, like ovarian cycle, like during menstruation, during menstruation, where where where estrogen levels start to estrogen levels start to rise from rise from day one to day twelve, day one to day twelve, peak, and then peak, and then begin to gradually begin to gradually decline.

decline. decline. Progesterone begins Progesterone begins to be produced only on the 14th day, after 14th day, after ovulation, so to speak, and ovulation, so to speak, and reaches its peak on the 21st reaches its peak on the 21st day and begins to day and begins to decline. This is something that is decline. This is something that is inherent in inherent in nature itself. This is another nature itself. This is another method I method I use for women use for women to get truly to get truly physiological levels of physiological levels of estradiol and estradiol and progesterone, progesterone, progesterone, especially when we are especially when we are working with “fog” working with “fog” in our heads. Because sometimes with in our heads. Because sometimes with static doses of static doses of estradiol there is estradiol there is a risk of irritation of the uterine mucosa, if it is present, uterine mucosa, if it is present, or women are very or women are very sensitive to sensitive to fluid retention from estrogen, fluid retention from estrogen, but still but still feel this " fog." Therefore, I believe fog." Therefore, I believe that

rhythmic that rhythmic dosing is great dosing is great for for for mental fatigue, mental fatigue, libido, and also for bone density concerns bone density concerns if there is a family history of if there is a family history of osteoporosis, osteoporosis, osteoporosis, dementia, or dementia, or brain health issues. These are brain health issues. These are simply ways simply ways to maintain the to maintain the to maintain the necessary necessary necessary therapeutic level. By the way, I. By the way, I was talking to a woman was talking to a woman who was on who was on rhythmic dosing, and she asked, " So, technically, I'm So, technically, I'm not in menopause, right?" » I replied: “Your » I replied: “Your age is menopausal.

age is menopausal. Of course. "But yes, your Of course. "But yes, your levels are levels are levels are consistent with those of a consistent with those of a person who is having a person who is having a menstrual cycle." menstrual cycle." Yes. This is precisely what is the Yes. This is precisely what is the subject of controversy. A subject of controversy.

Research Limits and Real-World Clinical Experience

A woman who is 55 or 60 woman who is 55 or 60 years old is years old is not technically in menopause on paper. This menopause on paper. This makes this approach makes this approach somewhat controversial. But somewhat controversial. But as a practitioner, you quickly as a practitioner, you quickly notice when a woman notice when a woman starts telling you starts telling you how much better she how much better she feels with this particular feels with this particular method. You only need to method. You only need to see see see it a few times to it a few times to realize it realize it objectively, simply objectively, simply by observation. As for research,. As for research, someone in the comments the other someone in the comments the other day asked about the day asked about the scientific basis of scientific basis of rhythmic dosing. Unfortunately, there are. Unfortunately, there are few such studies.

few such studies. Research Research Research is always conducted for is always conducted for profit. profit. profit. And conducting And conducting research costs research costs money.

money. money. Money. So if you can't Money. So if you can't profit profit profit from this research, from this research, it will never be it will never be done. Unfortunately, done. Unfortunately, many pharmaceutical many pharmaceutical drugs of this drugs of this type still have a scientific type still have a scientific basis. Behind every basis. Behind every therapy are therapy are doctors, scientists, and doctors, scientists, and real research real research that supports it.

But, you know, double- But, you know, double- blind placebo- controlled controlled controlled studies—that's very studies—that's very difficult. And, as you difficult. And, as you said, they are very said, they are very expensive. And if someone expensive. And if someone doesn't directly doesn't directly benefit from these benefit from these expenses, then the expenses, then the research will never…

research will never… Where will the Where will the money come from? Yes. money come from? Yes. Yes, exactly. Yes, exactly. There are grants and much There are grants and much more. So I'm more. So I'm sure many sure many of you listening are of you listening are probably well-versed in probably well-versed in research. So research. So please leave please leave us comments. But, us comments. But, you know, we have been in you know, we have been in clinical practice for clinical practice for over 20 years, since over 20 years, since 2003-2004. So we 2003-2004. So we see the big see the big picture and what picture and what really works for really works for women in terms of HRT, women in terms of HRT, longevity, longevity, longevity, metabolic metabolic metabolic health, and even health, and even quality of life at the quality of life at the moment—how moment—how moment—how important HRT is for important HRT is for every woman. We every woman. We just want you to just want you to know: there are many know: there are many different HRT methods, and different HRT methods, and if you feel like if you feel like your method isn't working, there your method isn't working, there is always an is always an alternative.

alternative. alternative. Yes. Yes. Ultimately, Yes. Yes. Ultimately, at the end of the day… at the end of the day… There is an alternative. There is an alternative.

Ultimately, at the end of Ultimately, at the end of the day, that's the whole point. the day, that's the whole point. It's not that It's not that one method is better than one method is better than another. It's all about another. It's all about finding the finding the right one for a right one for a particular woman. And particular woman.

Choosing the Best HRT Option for Each Woman

And that's, you know, the main that's, you know, the main goal, because it goal, because it will improve your will improve your quality of life. This quality of life. This will improve your will improve your symptom profile at the symptom profile at the moment. This will moment. This will help you in help you in the future when, the future when, you know, you know, age-related age-related age-related problems start to appear in most problems start to appear in most people. So, actually, that's why people. So, actually, that's why we're doing we're doing this podcast—to this podcast—to talk about other talk about other possibilities.

possibilities. possibilities. So, that's why in this So, that's why in this podcast we talk podcast we talk about before you about before you increase your dose, increase your dose, figure out why you figure out why you might need might need more. Have more. Have your symptoms worsened? Do your symptoms worsened? Do you feel pain in your you feel pain in your joints? Do joints? Do you feel "foggy " in your head? What about " in your head? What about libido? Are libido? Are you gaining weight? Also you gaining weight? Also, find out if the drug is not the drug is not being absorbed, because being absorbed, because we have several we have several podcasts about podcasts about tricks that tricks that will help an will help an will help an estradiol estradiol estradiol patch or cream with patch or cream with estriol or estriol or estradiol estradiol estradiol work better.

Maybe it's just a Maybe it's just a simple trick, like in the simple trick, like in the case of a patient I case of a patient I saw the other day —I noticed that she had —I noticed that she had very dry skin. I very dry skin. I said, "You really said, "You really should maybe should maybe use a loofah use a loofah or, you know, get or, you know, get that dry skin off." that dry skin off." Otherwise, you know, a Otherwise, you know, a layer forms that layer forms that your cream your cream or patch cannot or patch cannot penetrate. I know penetrate. I know other women who other women who like to like to like to use soap use soap with added with added moisturizing moisturizing moisturizing ingredients. I kind of like that too. But if like that too. But if you have moisturizer on your skin and you put a and you put a patch on or apply patch on or apply cream, it won't penetrate properly.

properly. Yes, exactly. Yes, exactly. Little tips and Little tips and tricks, so we tricks, so we wanted to let you know that wanted to let you know that we have options before we we have options before we just say, " Oh, let me Oh, let me increase the dose." increase the dose." Yes, exactly. Of course, because Yes, exactly. Of course, because you can only do this a you can only do this a limited number of limited number of times before it times before it turns into turns into another separate problem.

another separate problem. The doctor doesn't want The doctor doesn't want to increase the dose. I've had a lot of people contact me, and I know you have too, who too, who said their said their doctor doesn't want to doctor doesn't want to increase the dose.

increase the dose. Additionally, increasing the Additionally, increasing the dose may be dose may be more expensive. So, you know, more expensive. So, you know, there are a lot of different there are a lot of different options.

options. options. Yes. Yes. So Yes. Yes. So please leave us please leave us your feedback in the your feedback in the comments section below. We are comments section below. We are getting a lot of getting a lot of feedback and feedback and activity. This is very activity. This is very nice to see.

nice to see. It's clear that people, It's clear that people, especially women, especially women, like the videos like the videos we create. It's a we create. It's a nice feeling that nice feeling that we are doing something we are doing something important. Sometimes, when you work in a, when you work in a clinic with your own clinic with your own small circle of small circle of patients, you don't always patients, you don't always understand how people understand how people perceive or perceive or interpret your interpret your information, but so far so information, but so far so good. We are good. We are grateful to everyone who grateful to everyone who takes the time to takes

the time to watch our videos.

watch our videos. Do you want to add anything else??? No, everything was great. No, everything was great. Thank you. Thank you. Until the next Until the next meeting, and meeting, and I apologize, until the I apologize, until the next meeting. I am next meeting. I am Dr. Mackie.

Dr. Mackie. And I'm Dr. Valerie. And I'm Dr. Valerie. Take care of yourself. Take care of yourself.