Oral Progesterone HRT Sensitivity | Dr. Valorie and Dr. Maki Explain Transcript

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Introduction to progesterone sensitivity

What oral progesterone intolerance feels like

protect that uterine lining and protect that uterine lining and cuz if you're having a thickening of the cuz if you're having a thickening of the uterine lining cuz of that estrogen and uterine lining cuz of that estrogen and you don't have enough progesterone that you don't have enough progesterone that Oral progesterone sensitivity and what Oral progesterone sensitivity and what you can do about it. Hi, I'm Dr. Valerie you can do about it. Hi, I'm Dr. Valerie Davidson from the Progressive Health Davidson from the Progressive Health podcast.

podcast. podcast. >> I'm Dr. Mackey from the Progressive >> I'm Dr. Mackey from the Progressive Health podcast. Uh so this is one that Health podcast. Uh so this is one that comes up all the time. Um you know, comes up all the time. Um you know, tolerance to progesterone. So what is tolerance to progesterone. So what is your experience been over the last 25 your experience been over the last 25 years?

years? years?

Common side effects and dose issues

>> Um definitely the oral progesterone. >> Um definitely the oral progesterone. Some women love it. They say I sleep Some women love it. They say I sleep like a baby. My mood is awesome. And like a baby. My mood is awesome. And then there's other women then there's other women don't love it. So that's where you want don't love it. So that's where you want to find some alternatives to women that to find some alternatives to women that can't take the oral progesterone. Cuz I can't take the oral progesterone.

Why oral progesterone can cause symptoms

Cuz I do feel really bad for a lot of women do feel really bad for a lot of women that have written in or they've come in that have written in or they've come in to see us as new patients and they're to see us as new patients and they're like their doctor won't do anything like their doctor won't do anything different, but they feel terrible on it.

different, but they feel terrible on it. Then they try not to take it, which Then they try not to take it, which probably isn't a good idea if you have a probably isn't a good idea if you have a uterus and you're taking estradiol. So uterus and you're taking estradiol. So they always feel like they're kind of they always feel like they're kind of stuck, you know, like stuck in a corner.

stuck, you know, like stuck in a corner. But maybe we'll go over a little bit of But maybe we'll go over a little bit of the symptoms that you can have from the symptoms that you can have from having a progesterone or oral having a progesterone or oral progesterone sensitivity.

progesterone sensitivity. >> Now again, this is a man telling women >> Now again, this is a man telling women how they're going to feel on their how they're going to feel on their female hormones. So take that with a female hormones. So take that with a grain of salt, but we've been doing this grain of salt, but we've been doing this a long time.

a long time. If you don't tolerate oral progesterone, If you don't tolerate oral progesterone, you're going to you're going to note it you're going to you're going to note it right you notice it right away. I mean, right you notice it right away. I mean, it's not something that you have to like it's not something that you have to like wait, you know, and find out, you know, wait, you know, and find out, you know, relatively quickly if you're one of relatively quickly if you're one of those women that don't tolerate. It's those women that don't tolerate. It's going to show up relative relatively going to show up relative relatively quick, but it does depend on the quick, but it does depend on the

starting doses.

starting doses. >> Let's talk about what they would feel. >> Let's talk about what they would feel. >> Sure. >> Sure. >> Sure. Go ahead. Go ahead. >> No, I'm just kidding. No, [laughter] one >> No, I'm just kidding. No, [laughter] one of the biggest things I would say is and of the biggest things I would say is and and those of you probably know too is and those of you probably know too is feeling tired and groggy.

feeling tired and groggy. >> Yeah, yeah. >> Yeah, yeah. >> That's the big one. Some women say they >> That's the big one.

Alternatives to oral progesterone

Some women say they feel like they're drugged. feel like they're drugged. >> Sure, yeah. They take it the night >> Sure, yeah. They take it the night before to help them sleep. They wake up before to help them sleep. They wake up in the morning and they're just like a in the morning and they're just like a little bit of a zombie trying to get the little bit of a zombie trying to get the day started.

day started. You know, now what we have seen a few You know, now what we have seen a few times though, some doctors or times though, some doctors or practitioners will start women out right practitioners will start women out right out of the gate at 200 mg. We don't out of the gate at 200 mg. We don't usually start out at 200 mg. We always usually start out at 200 mg. We always start out at 100 and then work our way start out at 100 and then work our way up from there. Maybe it's 125, maybe up from there. Maybe it's 125, maybe it's 150, maybe 175, you know, 200. Um it's 150, maybe 175, you know, 200. Um we don't usually have to go beyond 200, we don't usually have to go beyond 200, but starting right off the bat at 200 but starting right off the bat at 200 can be a pretty hefty dosage.

can be a pretty hefty dosage. >> Yeah, so dose-dependent could create >> Yeah, so dose-dependent could create some of the symptoms like that some of the symptoms like that grogginess, feeling drugged. Women will grogginess, feeling drugged. Women will say they're so tired in the morning that say they're so tired in the morning that they can't get to the gym. They'll also they can't get to the gym.

Protecting the uterine lining on estrogen

They'll also increase appetite can happen from the increase appetite can happen from the oral progesterone. You can and anxiety. oral progesterone. You can and anxiety.

You'd be surprised at how women how many You'd be surprised at how women how many women get anxiety from taking oral women get anxiety from taking oral progesterone, which anxiety is the worst progesterone, which anxiety is the worst feeling in the world. So and bloating, feeling in the world. So and bloating, I've seen a lot in my clinical I've seen a lot in my clinical experience. They start that progesterone experience. They start that progesterone and they immediately bloat. So of course and they immediately bloat. So of course it could definitely be a dosing issue.

it could definitely be a dosing issue. >> Yeah. >> Yeah. >> Yeah. >> So a dosing issue, but then I think >> So a dosing issue, but then I think partly too is when you take an oral partly too is when you take an oral progesterone, it has to go through that progesterone, it has to go through that first pass in the liver that it'll first pass in the liver that it'll create that allopregnanolone, you know, create that allopregnanolone, you know, all this fun science stuff, but all this fun science stuff, but ultimately that can modulate GABA, which ultimately that can modulate GABA, which is supposed to help you sleep better and is supposed to help you sleep better and feel, you know, calm and relaxed and my feel, you know, calm and relaxed and my mood is good, but other women some women mood is good, but other women some women are really sensitive to that GABA are really sensitive to that GABA response and they'll get anxiety.

response and they'll get anxiety. They'll get, you know, a lot of anxiety They'll get, you know, a lot of anxiety or they'll feel so tired the next or they'll feel so tired the next morning from that allopregnanolone, um morning from

that allopregnanolone, um you know, the metabolites from the you know, the metabolites from the progesterone going through the liver.

progesterone going through the liver.

Monitoring bleeding and uterine safety

I find that two um progesterone itself I find that two um progesterone itself through a whole big process and valley through a whole big process and valley can, you know, through can, you know, through 17-hydroxyprogesterone 17-hydroxyprogesterone 17-hydroxyprogesterone in a few different ways, it can turn in a few different ways, it can turn into cortisol. It's not supposed to go into cortisol. It's not supposed to go that way. That's not the natural that way. That's not the natural direction that the body wants to promote direction that the body wants to promote progesterone to go through, but I think progesterone to go through, but I think that might be one of the issues that that might be one of the issues that I've run across with women that get that I've run across with women that get that terrible anxiety with oral progesterone.

terrible anxiety with oral progesterone. >> Yeah. Uh and that, you know, I think >> Yeah. Uh and that, you know, I think we've He's using oral progesterone for a we've He's using oral progesterone for a very long time. If there's one tool that very long time. If there's one tool that you're going to at least try, it's going you're going to at least try, it's going to be oral progesterone. Okay, it's not to be oral progesterone. Okay, it's not as we're talking about it, it's not as we're talking about it, it's not 100% effective in everyone. There is a 100% effective in everyone. There is a little bit of intolerance, and that little bit of intolerance, and that seems like the more women that are using seems like the more women that are using HRT these days, now that population of HRT these days, now that population of women that don't tolerate well has sort women that don't tolerate well has sort of gone up a little bit. You know, so of gone up a little bit. You know, so now it's it's sort of a theme that you now it's it's sort of a theme that you see on social media and on YouTube.

see on social media and on YouTube.

Rhythmic dosing and cyclic progesterone use

Now, let's should we transition to Now, let's should we transition to what other options there are if they what other options there are if they don't if they don't tolerate oral don't if they don't tolerate oral progesterone?

progesterone? progesterone? >> you said, the dosing is an issue, so >> you said, the dosing is an issue, so maybe the dose was too high out of the maybe the dose was too high out of the gate. There is also the option of gate. There is also the option of vaginal capsules. So, the suppositories vaginal capsules. So, the suppositories progesterone suppositories can be a progesterone suppositories can be a little messy and a little um little messy and a little um you know, you have to wear panty liner.

you know, you have to wear panty liner. Even with the vaginal capsules, you have Even with the vaginal capsules, you have to as well. But using vaginally using to as well. But using vaginally using vaginal capsules of progesterone you vaginal capsules of progesterone you know, inserting it vaginally in the know, inserting it vaginally in the vaginal vault at night can be a great vaginal vault at night can be a great way to bypass that liver and causing way to bypass that liver and causing those metabolites that are going to make those metabolites that are going to make you tired. And it can also, like I said, you tired. And it can also, like I said, sometimes that progesterone oral can sometimes that progesterone oral can affect the hypothalamus and increase up affect the hypothalamus and increase up the appetite. So, by doing it vaginally, the appetite. So, by doing it vaginally, you can bypass that. But I have had some you can bypass that. But I have had some women when we're you know, using vaginal women when we're you know, using vaginal capsules of progesterone still feel capsules of progesterone still feel tired the next morning.

tired the next morning. >> Yeah. So, it's just really kind of >> Yeah. So, it's just really kind of finding out what fits for you in terms finding out what fits for you in terms of that.

of that. >> Now, let's put that in context with >> Now, let's put that in context with using some estrogen, some form of using some estrogen, some form of estrogen. So, let's say a woman is on, estrogen. So, let's say a woman is on, you know, bioest, the patch, it doesn't you know, bioest, the patch, it doesn't really matter. And now she does not really matter.

Tailoring treatment and other delivery methods

And now she does not tolerate oral progesterone. Can she just tolerate oral progesterone. Can she just go to a cream? go to a cream? >> Well, that's the thing is if you have a >> Well, that's the thing is if you have a uterus, you want to protect that uterine uterus, you want to protect that uterine lining lining lining cuz if you're having a thickening of the cuz if you're having a thickening of the uterine lining cuz of that estrogen and uterine lining cuz of that estrogen and you don't have enough progesterone, that you don't have enough progesterone, that can put you at risk for uterine cancer.

can put you at risk for uterine cancer. So, that's where we know the studies So, that's where we know the studies have so many more studies on oral have so many more studies on oral progesterone and protecting the uterine progesterone and protecting the uterine lining with using estradiol as HRT lining with using estradiol as HRT because it's been around for so long.

because it's been around for so long. There's not as many studies on There's not as many studies on progesterone cream, probably because progesterone cream, probably because it's, you know, maybe there's, you know, it's, you know, maybe there's, you know, hasn't been around as long or it hasn't hasn't been around as long or it hasn't been utilized as often. I feel like in been utilized as often. I feel like in some women using the progesterone cream, some women using the progesterone cream, now this is not for medical advice, this now this is not for medical advice, this is for education only, we always have to is for education only, we always have to say that, but some women can tolerate say that, but some women can tolerate progesterone cream, progesterone cream, you know, even using it vaginally if you know, even using it vaginally if they're doing estradiol as part of their they're doing estradiol as part of their HRT regime. And then there's some women HRT regime. And then there's some women that just can't. They just start that just can't. They just start bleeding.

bleeding. bleeding. >> Yeah. Uh and that's really the the >> Yeah. Uh and that's really the the distinction there. You could use it in distinction there. You could use it in theory and potentially, but it just theory and potentially, but it just depends if your uterus is going to allow depends if your uterus is going to allow you to use it or not. And there's no way you to use it or not. And there's no way to know ahead of time, oh I took oral to know ahead of time, oh I took oral progesterone, it didn't do I didn't feel progesterone, it didn't do I didn't feel well, I'm going to switch to a cream, well, I'm going to switch to a cream, it's not that easy. Uh you know, so you it's not that easy. Uh you know, so you have to do that uh and then and kind of have to do that uh and then and kind of keep your fingers crossed that it keep your fingers crossed that it doesn't cause any bleeding. Now, you doesn't cause any bleeding. Now, you mentioned uterine cancer. You're not mentioned uterine cancer. You're not going to get uterine cancer in a week.

going to get uterine cancer in a week. >> Yeah, no. >> Yeah, no. >> No, you're not going to get it in a >> No, you're not going to get it in a month, you're not going to get it, but month, you're not going to get it, but the job of the practitioner is to keep the job of the practitioner is to keep the patient safe. So, we have to figure the patient safe. So, we have to figure that out relatively quickly. Um so that that out relatively quickly.

When progesterone is not tolerated

Um so that way uh you know, um now in some ways way uh you know, um now in some ways bleeding right off the bat is sort of a bleeding right off the bat is sort of a good thing because it good thing because it >> I don't think so.

>> I don't think so. >> Well, not a good thing, but it's a >> Well, not a good thing, but it's a warning sign that hey, this isn't warning sign that hey, this isn't working, so now you have to make an working, so now you have to make an adjustment. Okay, so now they can you adjustment. Okay, so now they can you know, you know, if a woman's 51 in know, you know, if a woman's 51 in menopause and now she's going to be menopause and now she's going to be using hormones for at least a decade if using hormones for at least a decade if not longer, you want to make

sure that not longer, you want to make sure that that uterine lining over time is that uterine lining over time is protected.

protected. protected. >> Yeah, so doing a transvaginal ultrasound >> Yeah, so doing a transvaginal ultrasound every once in a while, once a year is a every once in a while, once a year is a great option to look at or if they're great option to look at or if they're bleeding, then you do a transvaginal bleeding, then you do a transvaginal ultrasound right away to find out if ultrasound right away to find out if it's thickening, fibroids, polyps, that it's thickening, fibroids, polyps, that kind of thing. I do feel like the um kind of thing. I do feel like the um if you're if you're if you really want to get those if you really want to get those estradiol levels up cuz we love estradiol levels up cuz we love estradiol. I love to get the estradiol, estradiol. I love to get the estradiol, you know, levels really good for, you you know, levels really good for, you know, for a woman to feel really great know, for a woman to feel really great is you can consider rhythmic dosing. So, is you can consider rhythmic dosing. So, cuz when you're doing rhythmic dosing, cuz when you're doing rhythmic dosing, you're going to use a progesterone you're going to use a progesterone cream. You can put it on transdermally.

cream. You can put it on transdermally. Some people we do it vaginally. A lot of Some people we do it vaginally. A lot of times I do it more transdermally on the times I do it more transdermally on the inner thigh. They do that progesterone inner thigh. They do that progesterone from day 14 to day 28 and having a from day 14 to day 28 and having a uterus, they would have a period.

uterus, they would have a period. >> Yeah. >> Yeah. >> Yeah. >> So, that's where you're intentionally >> So, that's where you're intentionally thickening up that uterine lining, but thickening up that uterine lining, but you're sloughing it off at the end, you you're sloughing it off at the end, you know, at the end of your cycle like it know, at the end of your cycle like it was when we were getting our periods was when we were getting our periods when we were younger. You know, our when we were younger. You know, our estrogen would increase up that lining, estrogen would increase up that lining, we'd ovulate, the corpus luteum would we'd ovulate, the corpus luteum would produce progesterone for 14 days if produce progesterone for 14 days if there wasn't fertilization, you get you there wasn't fertilization, you get you get a period. So, you actually have get a period. So, you actually have these changing hormones that are these changing hormones that are mimicking exactly what you had when you mimicking exactly what you had when you were younger at that kind of proper were younger at that kind of proper manner.

manner. manner. >> And with rhythmic dosing, you're >> And with rhythmic dosing, you're purposely encouraging uh the period to purposely encouraging uh the period to to arrive every 25 days. So, in that to arrive every 25 days. So, in that context, that's the exception to the context, that's the exception to the rule where progesterone cream is rule where progesterone cream is actually okay. Okay, but you cannot do actually okay. Okay, but you cannot do that necessarily um you know, exactly if that necessarily um you know, exactly if you're using some kind of a static you're using some kind of a static dosing of some sort. Um bleeding is not dosing of some sort. Um bleeding is not an option when you're doing static an option when you're doing static dosing. Uh you know, um you know, so dosing. Uh you know, um you know, so like I said, it really there's no way to like I said, it really there's no way to predict that ahead of time. You cannot predict that ahead of time. You cannot look at blood work, you can't look at look at blood work, you can't look at anything that's going to tell you one anything that's going to tell you one way or the other. You have to implement way or the other. You have to implement some type of a treatment uh and and some type of a treatment uh and and then, you know, see what happens over a then, you know, see what happens over a period of time.

period of time. >> Yeah, absolutely. So, I'd say some good >> Yeah, absolutely. So, I'd say some good alternatives would be vaginal alternatives would be vaginal progesterone um as a capsule, you know, progesterone um as a capsule, you know, or as a tablet. You could do vaginal or as a tablet. You could do vaginal cream, monitor that uterine lining. You cream, monitor that uterine lining. You could do vaginal um or you could do could do vaginal um or you could do progesterone cream transdermally, progesterone cream transdermally, monitor that uterine lining if you're on monitor that uterine lining if you're on estradiol as part of your HRT. I've had estradiol as part of your HRT. I've had some women that I'll do progesterone some women that I'll do progesterone troches or sublingual or where put it on troches or sublingual or where put it on the inside of the cheek and it's the inside of the cheek and it's supposed to absorb try you know sort of supposed to absorb try you know sort of sublingually, but a lot of times

it ends sublingually, but a lot of times it ends up melting and it can be a little bit of up melting and it can be a little bit of an oral ingestion and so women will say, an oral ingestion and so women will say, I'm feeling groggy again or my anxiety I'm feeling groggy again or my anxiety is up or I'm getting bloated. So it is is up or I'm getting bloated. So it is an option to try, but I do feel like an option to try, but I do feel like women if you have progesterone women if you have progesterone sensitivity to oral HRT progesterone is sensitivity to oral HRT progesterone is you don't have to take it. There are you don't have to take it. There are other alternatives just work with your other alternatives just work with your practitioner to find the right thing for practitioner to find the right thing for you.

you. you. >> No, I just speaking with someone just >> No, I just speaking with someone just the other day and they started noticing the other day and they started noticing a little bit of a weight gain with oral a little bit of a weight gain with oral progesterone. So they started taking the progesterone. So they started taking the oral progesterone with with estrogen oral progesterone with with estrogen taking it every other day. Is that is taking it every other day. Is that is that a possibility?

that a possibility? >> You know, I don't think so if you're >> You know, I don't think so if you're doing static dosing. I don't I wouldn't doing static dosing. I don't I wouldn't recommend it that way.

recommend it that way. >> Mhm. >> Mhm. >> Mhm. >> Because in some respects >> Because in some respects I'm going to feel gro gro I'm going to I'm going to feel gro gro I'm going to take my progesterone tonight. I'm going take my progesterone tonight. I'm going to feel groggy tomorrow. That's a real to feel groggy tomorrow. That's a real bummer. The next day I'm not. I mean, bummer. The next day I'm not. I mean, you don't want to live your life where you don't want to live your life where you're groggy or you're not feeling well you're groggy or you're not feeling well 50% of the time. It's really let's find 50% of the time. It's really let's find another alternative that's going to work another alternative that's going to work for you.

for you. >> Well, my point was if she's taking it >> Well, my point was if she's taking it every other day, is that enough uterine every other day, is that enough uterine protection if she's taking some form of protection if she's taking some form of estrogen?

estrogen? estrogen? >> You know, everybody's different. It >> You know, everybody's different. It might be it might be or it could be a might be it might be or it could be a lot of times I'll have women cuz their lot of times I'll have women cuz their uterus is the in the inside of their uterus is the in the inside of their uterine lining are so sensitive to the uterine lining are so sensitive to the estradiol or just hormone change estradiol or just hormone change whatsoever that if they took the whatsoever that if they took the progesterone or they even miss one of progesterone or they even miss one of their doses, they get a little spotting their doses, they get a little spotting or they don't feel well. So or they don't feel well. So I you know, it's one of those things I you know, it's one of those things where there are so many alternatives to where there are so many alternatives to fit for the right person that instead of fit for the right person that instead of just piecemealing it or dealing with it just piecemealing it or dealing with it is just finding the right way to tailor is just finding the right way to tailor it to you.

it to you. >> Absolutely. >> Absolutely. >> Absolutely. And that's where if there is any And that's where if there is any bleeding that's sort of hard to control bleeding that's sort of hard to control and you don't tolerate the progesterone and you don't tolerate the progesterone then you know, there are some other then you know, there are some other alternatives out there that you know, alternatives out there that you know, that make it that make it you know, cuz we don't want anybody to you know, cuz we don't want anybody to feel you know, sort of like they're feel you know, sort of like they're drugged or they're tired or anything drugged or they're tired or anything like that or they're bloated all the like that or they're bloated all the time or anxious. Yeah, those are You time or anxious. Yeah, those are You don't have to just um deal with it don't have to just um deal with it cuz there are you know, there are some cuz there are you know, there are some other still very effective but also very other still very effective but also very safe options for a woman when she's you safe options for a woman when she's you know, when she's using both estrogen and know, when she's using both estrogen and progesterone.

progesterone. progesterone. Okay. Uh anything else? Okay. Uh anything else? >> This was great. We'll probably come back >> This was great. We'll probably come back around and do one more about bleeding so around and do one more about bleeding so we can really deep dive into that.

we can really deep dive into that. >> Yeah, yeah. We'd love to hear your >> Yeah, yeah. We'd love to hear your comments down below with your experience comments down below with your experience with uh oral progesterone. Some love it, with uh oral progesterone. Some love it, some hate it. Uh some are in between. Um some hate it. Uh some are in between. Um so until next time, I'm Dr. Maki.

so until next time, I'm Dr. Maki. >> And I'm Dr. Valerie. >> And I'm Dr. Valerie.