Why Isn’t My HRT Working? 7 Reasons You Still Don’t Feel Better | Dr. Valorie and Dr. Maki Explain Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to HRT Troubleshooting

So, it really depends on what fits for So, it really depends on what fits for you. you. you. >> And then if you feel worse, obviously, >> And then if you feel worse, obviously, >> Why isn't my HRT working? Seven reasons >> Why isn't my HRT working? Seven reasons why you still don't feel better. Hi, I'm why you still don't feel better. Hi, I'm Dr. Valarie Davidson from the Dr. Valarie Davidson from the Progressive Health Podcast.

Progressive Health Podcast. >> And I'm Dr. Mackey from the Progressive >> And I'm Dr. Mackey from the Progressive Health Podcast. Uh so, these types of uh Health Podcast. Uh so, these types of uh you know uh you know uh issues come up all the time.

issues come up all the time. >> probably like way more than seven, but >> probably like way more than seven, but we're going to dial it in to seven. we're going to dial it in to seven.

>> Yeah, just uh kind of a nice condensed >> Yeah, just uh kind of a nice condensed list uh and just some things to think list uh and just some things to think about as you are sort of trying to about as you are sort of trying to figure out where your optimal dose figure out where your optimal dose should be.

should be.

Estradiol Dose Too Low

>> So, number one is your estradiol dose is >> So, number one is your estradiol dose is too low. Right? too low. Right? >> Yeah, now um that is we just did an >> Yeah, now um that is we just did an episode about that um you know exact episode about that um you know exact thing. It comes It happens all the time.

thing. It comes It happens all the time. Uh right, so that's the first place to Uh right, so that's the first place to look because uh estrogen's what makes a look because uh estrogen's what makes a woman a woman.

woman a woman. You know, the the the higher her You know, the the the higher her estradiol level, the better she's estradiol level, the better she's typically going to feel. Uh and uh typically going to feel. Uh and uh that's always so what we've noticed is a that's always so what we've noticed is a trend and it's always first place to trend and it's always first place to start.

start. start. >> And the one thing with estradiol is you >> And the one thing with estradiol is you can start a little lower initially when can start a little lower initially when you're starting HRT, but work your way you're starting HRT, but work your way up. Don't just keep it there cuz women up.

Progesterone Form and Delivery

Don't just keep it there cuz women do feel better, so that would be the do feel better, so that would be the first place to start. The second one is first place to start. The second one is perhaps the progesterone, which we did perhaps the progesterone, which we did another podcast on that, but the form of another podcast on that, but the form of progesterone that you're taking is not progesterone that you're taking is not the right form for you.

the right form for you. >> Yeah, uh now that's uh you know, that's >> Yeah, uh now that's uh you know, that's Usually there's always there has If Usually there's always there has If you're on estrogen, there has to be some you're on estrogen, there has to be some form of progesterone that you're taking.

form of progesterone that you're taking. >> Especially if you have a uterus. >> Especially if you have a uterus. >> Yeah, yeah. Um if you have a uterus, uh >> Yeah, yeah. Um if you have a uterus, uh so you just got to find the right one so you just got to find the right one and uh you know, usually nowadays and uh you know, usually nowadays there's a lot of just talk and there's a lot of just talk and discussion that last episode you can go discussion that last episode you can go back and look at uh gives you some back and look at uh gives you some options of what's possible. Um some options of what's possible. Um some women uh you know, it seems obvious that women uh you know, it seems obvious that you could just go from a capsule to a you could just go from a capsule to a cream, but that's not as easy as that cream, but that's not as easy as that for most women for for some women.

for most women for for some women.

Estradiol Form and Individual Response

>> And some women do better vaginally, some >> And some women do better vaginally, some women do better with a trokey, some women do better with a trokey, some women do better with rhythmic dosing or women do better with rhythmic dosing or cycling their progesterone. So that's cycling their progesterone. So that's number two, which would lead us to number two, which would lead us to number three, which would be maybe your number three, which would be maybe your estradiol form, the form of estradiol estradiol form, the form of estradiol you're taking isn't the right one for you're taking isn't the right one for you.

you. you. >> Yeah. Now that one I think of all of >> Yeah. Now that one I think of all of them, either the estradiol them, either the estradiol dose is too low or the form of it isn't dose is too low or the form of it isn't right. Okay, there's no way to know right. Okay, there's no way to know ahead of time before a woman, let's say ahead of time before a woman, let's say she's 51, she's going to start HRT, she's 51, she's going to start HRT, there's no way to know ahead of time there's no way to know ahead of time which form of estradiol is going to be which form of estradiol is going to be the best for her. Okay, it does have to the best for her. Okay, it does have to be a little bit of a trial by fire be a little bit of a trial by fire process where you start somewhere process where you start somewhere and evaluate over time to see if you and evaluate over time to see if you feel better or worse. And then if you feel better or worse. And then if you feel worse, obviously then the form or feel worse, obviously then the form or the dose needs to change.

the dose needs to change. >> I do initially take a >> I do initially take a big background on a patient. I'll ask big background on a patient. I'll ask them what were their periods like when them what were their periods like when they were younger, when did they start they were younger, when did they start their periods, if they had a pregnancy, their periods, if they had a pregnancy, what was the birth story like, what how what was the birth story like, what how did they feel while they were pregnant did they feel while they were pregnant cuz there's so many hormones there, how cuz there's so many hormones there, how how heavy were their periods, how how heavy were their periods, how infrequent or frequent or on time. So infrequent or frequent or on time. So there's a lot you can get as an intake there's a lot you can get as an intake to decide where you want to start and to decide where you want to start and what form, but some women love the what form, but some women love the patch, the estradiol patch or like this patch, the estradiol patch or like this is it. And some women hate it. Some is it. And some women hate it. Some women love the transdermal biest with women love the transdermal biest with the estradiol and the estriol. And some the estradiol and the estriol.

Underdosing Estradiol and Timing

And some women just like the estradiol as their women just like the estradiol as their as transdermally on their own, you know, as transdermally on their own, you know, just putting it on the skin. Everybody's just putting it on the skin. Everybody's different. A lot of women love the different. A lot of women love the rhythmic dosing. I'll say I love the rhythmic dosing. I'll say I love the rhythmic dosing. I cycle my estradiol rhythmic dosing. I cycle my estradiol and my progesterone. So I have a, you and my progesterone. So I have a, you know, a protocol there that I follow the know, a protocol there that I follow the ovarian cycle. But a lot of women don't ovarian cycle. But a lot of women don't like it and they'll say I hate this. So like it and they'll say I hate this. So it really depends on what fits for you.

it really depends on what fits for you. But do know that there are lots of But do know that there are lots of different forms and deliveries and different forms and deliveries and routes to be able to do the estradiol.

routes to be able to do the estradiol. So that's number number three. And then So that's number number three. And then number four is something that we've run number four is something that we've run across a we run across a lot with across a we run across a lot with patients new patients coming to us is patients new patients coming to us is they're not taking the estradiol often they're not taking the estradiol often enough.

enough. enough. >> Yeah. Yeah, you know you're trying to >> Yeah. Yeah, you know you're trying to literally you're trying to build up literally you're trying to build up somewhat of a blood level especially of somewhat of a blood level especially of the the the of the estrogen whatever form it is.

of the estrogen whatever form it is. So you know again couple of consults So you know again couple of consults I've had recently women are taking are I've had recently women are taking are told to take it once a day. We have told to take it once a day. We have always our default always our default this is not medical advice. This is for this is not medical advice. This is for educational purposes educational purposes our default using biest or some type of our default using biest or some type of transdermal cream is to dose that transdermal cream is to dose that basically every 12 hours. It doesn't basically every 12 hours. It doesn't have to be exactly every 12 hours but have to be exactly every 12 hours but you're going to apply it in the morning you're going to apply it in the morning and you're going to apply it in the and you're going to apply it in the evening. A lot of women are told to evening. A lot of women are told to apply it once a day apply it once a day and now your blood levels are kind of and now your blood levels are kind of starting over every 24 hours. That that starting over every 24 hours. That that estrogen does not stay in your system estrogen does not stay in your system very long or in your bloodstream very very long or in your bloodstream very long. Your body is soaking up that long. Your body is soaking up that estrogen really quickly. So applying it estrogen really quickly. So applying it twice you get a morning dose to get you twice you get a morning dose to get you through the day and you get an evening through the day and you get an evening dose to get you through the night.

dose to get you through the night. You know applying it once you're sort of You know applying it once you're sort of leaving a little bit on the table.

leaving a little bit on the table. >> Yeah cuz estrogen is telling the body to >> Yeah cuz estrogen is telling the body to do stuff. So it can connect into do stuff. So it can connect into receptors and there's a there's a you receptors and there's a there's a you know reaction that happens post post know reaction that happens post post that and that can happen usually that's that and that can happen usually that's where if you take it in the morning it's where if you take it in the morning it's you know having these great signaling you know having these great signaling molecules. It's having the body do all molecules. It's having the body do all this response to the estradiol but then this response to the estradiol but then 12 hours later the body's like where's 12 hours later the body's like where's that where'd that go? We need it. You that where'd that go? We need it. You know we need it to you know know we need it to you know >> fit into the receptor. So that is >> fit into the receptor. So that is definitely one thing is if you're on a definitely one thing is if you're on a transdermal estradiol or a biest is transdermal estradiol or a biest is doing it twice a day. It doesn't have to doing it twice a day.

Other Hormones: Thyroid, Testosterone, and DHEA

It doesn't have to be perfectly 12 hours apart but sometime be perfectly 12 hours apart but sometime in the morning when you wake up maybe in the morning when you wake up maybe after your shower or and then sometime after your shower or and then sometime before you go to bed. And then number before you go to bed. And then number five is forgetting about other hormones five is forgetting about other hormones like your thyroid like testosterone like like your thyroid like testosterone like DHEA.

DHEA. DHEA. >> Yeah, certainly thyroid when it comes to >> Yeah, certainly thyroid when it comes to women in menopause women in menopause Uh why uh hypothyroidism is Uh why uh hypothyroidism is predominantly a woman's problem, right?

predominantly a woman's problem, right? Because, you know, there's so much Because, you know, there's so much uh hormonal chaos that's going on when a uh hormonal chaos that's going on when a woman goes, you know, into from woman goes, you know, into from perimenopause into menopause, and then perimenopause into menopause, and then you go from uh having all this chaos to you go from uh having all this chaos to nothing. All right? You know, your nothing. All right? You know, your estradiol is, you know, bottomed out, estradiol is, you know, bottomed out, your progesterone's bottomed out, uh and your progesterone's bottomed out, uh and that pesky little thyroid can be there, that pesky little thyroid can be there, you know, causing some problems. Uh and you know, causing some problems. Uh and that's going to have a huge impact on that's going to have a huge impact on energy and mood and, you know, uh a few energy and mood and, you know, uh a few different things. So, um we'll do a different things. So, um we'll do a whole separate one on thyroid because whole separate one on thyroid because that's, you know, it sort of deserves that's, you know, it sort of deserves that kind of attention, but certainly that kind of attention, but certainly something to look take a look at. And something to look take a look at. And make sure your practitioner is running make sure your practitioner is running your free T3 level, okay? TSH, of your free T3 level, okay? TSH, of course, uh you know, but that doesn't course, uh you know, but that doesn't tell you the whole story. We want to tell you the whole story. We want to optimize that free T3 level. Uh we'll optimize that free T3 level. Uh we'll save that one for another episode.

save that one for another episode. >> Absolutely. And of course, like I said, >> Absolutely. And of course, like I said, the testosterone and the DHEA, cuz even the testosterone and the DHEA, cuz even though men make lots of testosterone, us though men make lots of testosterone, us ladies need a little, too. So, checking ladies need a little, too. So, checking on that. So, that which leads us to on that.

Stress, Cortisol, and Estradiol Needs

So, that which leads us to number six, which is stress. Stress and number six, which is stress. Stress and cortisol can have an issue on your HR on cortisol can have an issue on your HR on your HRT.

your HRT. >> Yeah. And if you think about it, when a >> Yeah. And if you think about it, when a woman goes into menopause, and this woman goes into menopause, and this isn't exactly how it goes, but the isn't exactly how it goes, but the female hormones are a buffer while that female hormones are a buffer while that stress and cortisol that we're dealing stress and cortisol that we're dealing with in this complicated 21st century.

with in this complicated 21st century. Uh and when you go when you're in Uh and when you go when you're in menopause, you don't have that, you menopause, you don't have that, you know, that um buffer anymore.

know, that um buffer anymore. Um Um Um cortisol, you know, too much of a good cortisol, you know, too much of a good thing. We need cortisol to be alive, thing. We need cortisol to be alive, right? We need cortisol, it's important.

right? We need cortisol, it's important. Uh it can be very helpful in some ways, Uh it can be very helpful in some ways, but too much of a good thing can be but too much of a good thing can be become very quickly not a good thing.

become very quickly not a good thing. >> And I know we all have stress, that's >> And I know we all have stress, that's life, you know, that's the minutia of life, you know, that's the minutia of life, but some women that have a lot of life, but some women that have a lot of stress on their plate, I find that they stress on their plate, I find that they need more estradiol, cuz that estradiol need more estradiol, cuz that estradiol helps that bandwidth, that patience, helps that bandwidth, that patience, helps them be able to make decisions, to helps them be able to make decisions, to have that focus, to have that working have that focus, to have that working memory, to be able to prioritize. So, I memory, to be able to prioritize. So, I do find that when cortisol levels are do find that when cortisol levels are elevated, they do need more estradiol.

elevated, they do need more estradiol. So, that's one thing when you're looking So, that's one thing when you're looking at someone's or a patient, you know, at someone's or a patient, you know, when I'm looking at a patient, like I when I'm looking at a patient, like I said, this is not for medical advice, said, this is not for medical advice,

education only, is when I I love to hear education only, is when I I love to hear about their life. I want to get to know about their life. I want to get to know them, you know, I'm like, "Tell me, you them, you know, I'm like, "Tell me, you know, tell me about your life so I can know, tell me about your life so I can determine, you know, what's your stress determine, you know, what's your stress level at and what are we going to do level at and what are we going to do with that estradiol dose?" And then the with that estradiol dose?" And then the last one, which is one of Dr. Maki's last one, which is one of Dr. Maki's very favorite, is insulin. He's the very favorite, is insulin. He's the insulin doc.

insulin doc. >> [laughter] >> [laughter] >> [laughter] >> Uh well, hey, you're teasing me all the >> Uh well, hey, you're teasing me all the time. time.

time. >> Love the insulin. >> Love the insulin. >> Yeah, yeah, yeah. Uh sorry to be a >> Yeah, yeah, yeah. Uh sorry to be a broken record, but uh it has to be on broken record, but uh it has to be on the list because those two hormones, uh the list because those two hormones, uh cortisol and insulin, are major cortisol and insulin, are major metabolic hormones that they're going to metabolic hormones that they're going to have a huge impact on how we look and have a huge impact on how we look and feel on a daily basis.

Insulin Resistance and Weight Gain

Um so, it has to feel on a daily basis. Um so, it has to be part of the conversation. Uh like we be part of the conversation. Uh like we talked about a couple of episodes ago uh talked about a couple of episodes ago uh about weight gain, about weight gain, uh insulin is your main fat-storing uh insulin is your main fat-storing hormone. Okay? So, your insulin status, hormone. Okay? So, your insulin status, um meaning your fasting insulin, going um meaning your fasting insulin, going into menopause is going to have a huge into menopause is going to have a huge impact on how you look and feel once you impact on how you look and feel once you start HRT.

start HRT. >> Because estrogen actually helps with >> Because estrogen actually helps with insulin sensitivity. So, the cells insulin sensitivity. So, the cells become more sensitive to insulin, so become more sensitive to insulin, so your pancreas doesn't have to pump out your pancreas doesn't have to pump out so much insulin. So, the less insulin so much insulin. So, the less insulin your body your pancreas is pumping out, your body your pancreas is pumping out, the less likely you're going to gain the less likely you're going to gain weight. So, somebody that has a lot of weight. So, somebody that has a lot of insulin insulin insulin or they have this huge insulin response, or they have this huge insulin response, then the it's going to be really easy to then the it's going to be really easy to gain weight and really hard to lose it.

gain weight and really hard to lose it. And that's where that estradiol is so And that's where that estradiol is so really nice at helping curb insulin really nice at helping curb insulin resistance. Or it has, you know, there's resistance. Or it has, you know, there's so many other things, like Dr. Maki so many other things, like Dr. Maki could go on and on about how to work on could go on and on about how to work on your insulin resistance.

your insulin resistance. >> down over there. >> down over there. >> Estradiol can be part of that piece of >> Estradiol can be part of that piece of that puzzle, too.

that puzzle, too. >> Yeah, yeah. I mean, that's that's why uh >> Yeah, yeah. I mean, that's that's why uh HRT, um you know, or we just did the HRT, um you know, or we just did the episode about uh estradiol and weight episode about uh estradiol and weight gain, estradiol is a very much a gain, estradiol is a very much a slimming hormone, right? That's why you slimming hormone, right? That's why you weigh less when you're 25 than you do weigh less when you're 25 than you do when you're 55. And it estrogen plays a when you're 55. And it estrogen plays a pretty good role a role there. Um, but pretty good role a role there. Um, but it's the runaway train of insulin and it's the runaway train of insulin and the cortisol that sort of causes a lot the cortisol that sort of causes a lot of the problems. And the HRT sort of of the problems. And the HRT sort of helps again to buffer all that. So, you helps again to buffer all that. So, you can tease me all you want, but the can tease me all you want, but the insulin is a very significant part of insulin is a very significant part of that whole process.

that whole process. >> And now we're looking at this sort of >> And now we're looking at this sort of collectively. I do have to say a little collectively. I do have to say a little side note, and I know you've seen this, side note, and I

know you've seen this, too, is there are some women that are too, is there are some women that are really sensitive to estrogen HRT, and really sensitive to estrogen HRT, and they do start to gain weight.

they do start to gain weight. Uh, you know, when you're looking at the Uh, you know, when you're looking at the pathophysiology of their mechanism pathophysiology of their mechanism action from that, it's hard to determine action from that, it's hard to determine where that's coming from because where that's coming from because estrogen has so many effects on the estrogen has so many effects on the body, and people are so sensitive, and body, and people are so sensitive, and we're all very unique and individuals.

we're all very unique and individuals. So, those of you that are listening So, those of you that are listening like, "Oh my gosh, you know, estrogen like, "Oh my gosh, you know, estrogen made me gain 30 lb." I believe you.

made me gain 30 lb." I believe you. >> Oh, yeah. >> Oh, yeah. >> Because it can happen. But, >> Because it can happen. But, collectively, we're looking kind of collectively, we're looking kind of everybody's an an individual, so we want everybody's an an individual, so we want to take that into consideration.

to take that into consideration. >> Absolutely. Now, the the benefits that >> Absolutely. Now, the the benefits that you get from estrogen are wonderful as you get from estrogen are wonderful as far as, you know, slimming and mood and far as, you know, slimming and mood and all those things, but progesterone and all those things, but progesterone and estrogen together sort of kind of battle estrogen together sort of kind of battle back and forth, and progesterone sort of back and forth, and progesterone sort of negates some of the benefit of the negates some of the benefit of the estrogen.

estrogen. estrogen. >> Uh, well, particularly, um, you know, >> Uh, well, particularly, um, you know, where you where you where your uh, where your body where your uh, where your body distributes some of that, um, you know, distributes some of that, um, you know, talked about this in a couple of talked about this in a couple of episodes ago, so I'm not going to go episodes ago, so I'm not going to go back into it right now. Um, but, um, back into it right now. Um, but, um, certainly from a certainly from a cravings, appetite, munchy perspective, cravings, appetite, munchy perspective, progesterone can create some more of progesterone can create some more of that type of behavior, and now you're that type of behavior, and now you're sort of negating the positive benefit of sort of negating the positive benefit of the estrogen.

the estrogen. >> Yeah, so that's where if you do have >> Yeah, so that's where if you do have that progesterone sensitivity, it's that progesterone sensitivity, it's finding, you know, the right form of finding, you know, the right form of progesterone for you, the right progesterone for you, the right estradiol for you, so they can work estradiol for you, so they can work together.

together. together. >> Yeah. Uh, now, uh, it doesn't it, you >> Yeah. Uh, now, uh, it doesn't it, you know, no, we don't want to turn this one know, no, we don't want to turn this one into a strictly weight gain type of into a strictly weight gain type of episode, but that's always the big episode, but that's always the big concern for everybody is sometimes a concern for everybody is sometimes a little bit of, let's say, water little bit of, let's say, water retention in the beginning might be, retention in the beginning might be, you know, sort of normal and expected, you know, sort of normal and expected, but it's usually not going to stick but it's usually not going to stick around.

around. around. And now there's, you know, there's a And now there's, you know, there's a little bit more work to be done on the little bit more work to be done on the backside of that.

backside of that. >> And as I always say, there's so many >> And as I always say, there's so many different ways to do HRT with an different ways to do HRT with an individual that it you can't It might individual that it you can't It might take a little time, but you can find the take a little time, but you can find the right protocol for that person for their right protocol for that person for their goals.

goals. goals. >> Yeah. So, let us know what your thoughts >> Yeah. So, let us know what your thoughts are are and what your with your experience with and what your with your experience with HRT.

HRT. HRT. Write them in the comments below. Write them in the comments below. But until next time, I'm Dr. Mackey. But until next time, I'm Dr. Mackey.

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