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HORMONE REPLACEMENT THERAPY

Estrogen (Estradiol)

Indications: For postmenopausal women only - no period for over a year and FSH level over 50.

Common symptoms of estrogen deficiency: Hot flashes, bone loss, hair loss, poor memory, insomnia, headaches, facial hair, acne, weight gain, fatigue, vaginal dryness, urinary incontinence, bladder infections, anxiety, depression, low libido, wrinkles.

Benefits of estrogen replacement: Helps with all of the above symptoms. Protects against heart disease, stroke, osteoporosis, Alzheimer's disease, vaginal atrophy, urinary incontinence, bladder infections, macular degeneration, colon cancer, cataracts. Prevents hot flashes, temperature dysregulation and mood disorders.

Risks/side effects of estrogen replacement: The 5 B's--breast tenderness, bleeding (uterine), bloating, bitchiness and breakouts.

Contraindications: Estrogen should not be taken in women with estrogen sensitive cancers of the breast, uterus or ovaries. After breast cancer is cured for five years, a woman can then take estrogen again without an increased risk. Women with a uterus should take progesterone with estrogen to prevent endometrial cancer. Women with a history of blood clots or thrombophilia should use transdermal estrogen.

Dosages: We usually start with oral estradiol 1.5 mg at bedtime.

Progesterone (Micronized)

Indications: For treatment of premenstrual syndrome and symptoms of perimenopause and menopause. Progesterone decreases headaches, migraines, bloating associated with menstruation and improves sleep. In menopausal women who take estrogen, progesterone can decrease the side effects of taking estrogen.

Common symptoms of progesterone deficiency: Weight gain, headaches, hair loss, bone loss, acne, facial hair, disturbed sleep, PMS, breast pain, irregular periods, infertility, anxiety, depression, irritability.

Benefits of progesterone replacement: Helps with all of the above symptoms.

Risks/side effects of progesterone replacement: Progesterone will make you tired so take it at bedtime to improve sleep. Breast or nipple tenderness can occur. If oral progesterone is causing a significant side effect, we can switch to sublingual (absorbed under the tongue) or vaginal progesterone.

Contraindications: Synthetic progestins (a man-made type of progesterone such as Provera and PremPro) have been associated with increased breast cancer risk, increased cardiovascular risk and diabetes. To avoid this, we only prescribe micronized progesterone.

Lab values: For most women, a progesterone level of 10 ng/ml or higher is optimal.

Dosages: Micronized progesterone starting at 100 mg oral capsule at bedtime and slowly titrating the dose to up to 400 mg daily is most common. Can also give sublingually (under the tongue) or vaginally.

Thyroid (NP or Armour)

Causes of low thyroid: 1) decrease production of T4 by the thyroid gland. 2) decrease conversion of T4 to T3. 3) receptor site resistance/insensitivity. The thyroid is less effective despite having normal thyroid levels. In this case, we need to give higher than average thyroid replacement in order to reduce their symptoms.

Common symptoms of low thyroid: Fatigue, exhaustion, cold hands and feet, weight gain, increased body fat, memory problems, high cholesterol, decreased sweating, hair loss, heart palpitations, bone loss, infertility, constipation, depression, low body temperature, inability to lose weight, puffy eyes, slow pulse, dry hair and skin, brittle nails, low libido, sleep disturbance, hot flashes, miscarriage.

Benefits of thyroid replacement: Improves the above symptoms. Protects against cardiovascular disease, diabetes, cognitive impairment, fatigue, weight gain. Restores normal menstruation and fertility in patients with polycystic ovarian syndrome.

Risks/side effects: Are very rare. Sweating, palpitations, increased heart rate, tremor, nervousness.

Contraindications: Some heart conditions.

Optimal lab values: The free T3 level is the most important. You want this at the high end of normal at around 4.0.

Dosages: Raising the T3 to an optimal level will improve symptoms. To do this, we use NP thyroid or Armour thyroid that contains both T4 and T3. We typically start at about 30 mg oral pill per day and slowly increase the dose over several weeks/months until the **symptoms are significantly improved and the T3 level is at the high end of normal**. Unfortunately, many physicians only prescribe Synthroid (which contains T4 only) and undertreat because the T4 and TSH levels are “in the normal range”.

DHEA

Indications: DHEA is a precursor to other hormones such as estrogen, progesterone and testosterone. DHEA will slightly raise testosterone levels in women but usually not in men. It can help with improving chronic disease, fatigue, sexual dysfunction, osteoporosis and quality of life.

Benefits of DHEA: Reduces cardiovascular risks, decreases visceral fat, restores sexual vitality, improves mood, decreases cholesterol, improves memory, improves sleep, decreases osteoporosis and atherosclerosis risk.

Side effects: Acne and facial/body hair. If this occurs, stop it or lower the dose. Can also take spironolactone 25 to 50 mg daily.

Contraindications: Sex hormone responsive tumors such as breast, ovarian, uterine and prostate.

Optimal lab values: Men 400-600 and women 200-250.

Dosages: Men usually take a 50 to 100 mg capsule daily. Women under 50 should take no more than 10 mg daily. Postmenopausal women can take 15 to 25 mg daily.

Melatonin

Indications: Jet lag, irritability, insomnia.

Benefits: Improves sleep pattern as well as depth and quality of sleep. Therefore, may decrease urinating at night by increasing stage IV sleep. Improves energy and immune function. Can decrease headaches. May help prevent cancer.

Contraindications: In about 1% of people, melatonin will make them more awake. It is minimally helpful in people who take sleeping pills.

Dosages: Women 1 to 3 mg taken 1 hour before sleep. Men 3 mg 1 hour before sleep. Can titrate the dose up to 30 mg.

Testosterone

See separate handouts for men and women