



## **Hormone Therapy: Estrogen/Progesterone**

### *Benefits of Estrogen Therapy:*

Treating hot flashes, night sweats

Providing symptom relief of brain fog, mood/emotional changes

Providing symptom relief of joint pain, body aches, stiffness

Preventing osteoporosis

Reduces your risk of heart disease

Reduces your risk of dementia and Alzheimer's disease.

Reduces your risk of diabetes and insulin resistance

Reduces your risk of colon cancer

Reduces your risk of breast cancer

Live 3 years longer compared to people who never use hormone therapy

Fewer vaginal infections/urinary tract infections

Improvement of vaginal dryness

### *Possible Benefits of Estrogen Therapy:*

Reduction of Heart Palpitations

Improvement in dry eye, dry skin, brittle nails and hair

Improvement in tinnitus, vertigo, dizziness

Patients on hormone therapy are more likely to lose weight compared to women not on hormone therapy.



### *Benefits of Progesterone Therapy:*

Protecting uterus from uterine cancer when taking estrogen

Improved sleep

Improved mood/anxiety

## **Who is a Candidate for Hormone Therapy?**

Many patients are candidates for hormone therapy. You do not need to be in menopause to start hormone therapy. You can start hormone therapy when you notice symptoms of menopause that are bothersome for you.

There are few cases where additional testing or consultation with a specialist is needed before starting hormone therapy. There are times we may have to stop hormone therapy if new health conditions arise. It is important to notify the office if you have any significant changes to your health if you are on hormone therapy.

## **Medications:**

Estrogen and Progesterone are available in many forms and doses.

- Estradiol oral tablet: Estrace, generics (taken by mouth daily)
- Estradiol skin patch: Alora, Climara, Esclim, Menostar, Vivelle (Dot), Estraderm, generics (twice weekly or weekly patches). Combipatch (estradiol/norethindrone)
- Estradiol skin gel/cream: EstroGel, Elestrin, Divigel, Estrasorb (daily application)
- Estradiol skin spray: Evamist (applied once daily to skin)
- Estradiol vaginal ring: Femring (placed and left in the vagina for 90 days)
- Estradiol plus progesterone combined oral capsule: Bijuva (taken by mouth daily)
- Premarin: synthetic estrogen, (taken by mouth daily)
- Prempro: synthetic estrogen/progestin, (taken by mouth daily)
- Progesterone oral capsule: Prometrium, not synthetic, (taken once a day at bedtime)
- Medroxyprogesterone or Norethindrone: Progestin, synthetic, (taken once a day)
- Levonorgestrel IUD: synthetic progesterone (placed in uterus by healthcare provider for up to 8 years)
- Compounded estrogen/progesterone: topical cream or daily pill.
- Compounded hormone pellets: Contain compounded estradiol and testosterone



## **What To Expect When Starting Hormone Therapy**

When first starting estrogen, you may have nausea, headaches, bloating, or breast tenderness. These are mild and usually improve after 4 weeks. It is very unlikely for you to receive “too much” estrogen since the doses are so low. Signs of too much estrogen are significant breast pain, severe headaches, swelling, or increase in hot flashes/night sweats.

Some patients with a uterus have unexpected vaginal bleeding in the first 6 months of starting hormone therapy. Also, if there is a change in the dose/route of your hormone therapy, bleeding can occur. Please call us to discuss the bleeding further.

The goal of hormone therapy is to improve your menopausal symptoms significantly by 80% within 4-6 weeks. If you do not notice a significant improvement, we recommend adjusting the dose or type of hormone therapy you are prescribed.

How long you need hormone therapy varies from person to person. On average, people need hormone therapy for 6-10 years. It is safe to be on hormone therapy your entire life if you are healthy. Some patients use hormone therapy to reduce their risk of heart disease, dementia, and prevent osteoporosis.

Every person is different, and you will decide about whether to use hormone therapy based on the severity of your symptoms, your personal and family health history, and your own beliefs about menopause treatments. Your healthcare professional will be able to help you with your decision.

\*\*\*This handout is to be used as a guide for education on your treatment options. The office of Dr. Jay Williamson does not receive any financial compensation for the products recommended. These products are recommended by menopause specialists, gynecologists, urologists, and many patients.