

Hormone Balancing Therapy (HBT)

Frequently Asked Questions

Please read carefully

Why balance my hormones?

The purpose of Hormone Balancing Therapy (HBT) is to compensate for the hormones that you lost during normal aging, removal of the ovaries, or any other cause of decreased hormone production by the ovaries. HBT is more than treating menopausal symptoms. It is re-establishing hormone balance by taking the same hormones that your ovaries used to make.

How are Natural Hormones made?

The hormones prescribed are derived from plant chemicals called sterols. The manufacturing company takes these sterols out of the soybean or yam plant, and enzymatically converts them into estradiol and progesterone. These hormones are biochemically identical to the hormones your ovaries make or used to make. Therefore, your prescription is being formulated to meet your specific needs.

Are hormone doses comparable?

Estrace, estradiol injections, estradiol patches, estradiol pills, Prometrium, progesterone and testosterone are all natural hormones. This is because they contain either estradiol, progesterone or testosterone identical to the hormones your body used to make. We find that proprietary brands differ in their action from compounded hormones, presumably because of other ingredients in the proprietary preparations. On the other hand, Premarin, Ogen, birth control pills, PremPro, Provera, Aygestin, methyltestosterone, and Estratest are some of the drugs used to treat the symptoms of menopause. None of these drugs contain the hormones estradiol, progesterone, or testosterone. Hormone doses and drug doses do not compare with each other. For example, Premarin doses are considered high when you get above a dose of 0.625 mg once a day. There is no high dose of estradiol for the population. The high dose of estradiol for the individual is determined by each individual's hormone levels.

How do we know which hormones and doses are right for me?

In general you will be started with a very low dose of these hormones or a dose that is close to the medicine you have been taking. In either case, adjustments of your doses probably will need to be made over several months. It is important for you to call in (do not send e-mail) to let us know how you are doing, so that the appropriate hormone adjustments are made for you between office visits. Please call us if you don't feel any different than you did before starting hormones, feel worse, develop new symptoms or have unusual vaginal bleeding.

What is a normal hormone level in the blood?

Estradiol blood levels have a very wide range of normal values. They also differ from lab to lab. No one can predict what your perfect average estradiol level will be before you try these hormones and see your personal response to them. The same is true for progesterone and, if you require it, testosterone.



Why do you prescribe natural hormones?

The first reason is because they are identical to the hormones circulating in the human female body. The second reason is that they are metabolized quickly.

Because you are a unique individual, you will absorb and metabolize these hormones differently than anyone else. Do not try to compare doses with your friends. There is no maximum dose or amount of these hormones to be prescribed because physiologically they are handled differently by each person. For example, some women do not absorb the hormones very well while others do. Some women require small doses twice a day versus other women who may require higher doses four times a day. Of course, there are various combinations and doses.



What side effects can I expect from Hormone Balancing Therapy?

Most hormone side effects occur because hormone levels are fluctuating or out of balance. For example, hot flashes, mood swings and headaches occur when hormone levels are either rising or falling too rapidly or because the levels are too high or too low.

Even though there are normal side-effects from these hormones, ideally, we do not want you to be experiencing them. Unfortunately, as we work together to balance you, you may experience some of them. Do not be discouraged or alarmed. Hormone balance, in some cases, is difficult to achieve. We will never give up on helping you achieve this balance as long as you are willing to work with us. Sometimes this does not mean changing hormone doses, but your own lifestyle habits as described below. You should feel like your past self when all your hormone systems are balanced.



What can I do to help?

To optimize how you feel and how you respond to these hormones your meals must contain a balance of protein, healthy fat, real carbohydrates, and non-starchy vegetables. It is *very important* that you follow these meal guidelines to get the most benefit and the least side-effects from your prescription. Please read “The Program”, by Diana Schwarzbein, MD, available from booksellers.

Different lifestyle habits affect your hormones as well. Stress, exercise, caffeine, sugar, chocolate, alcohol, tobacco, steroids, cold preparations, antibiotics, different over-the-counter and prescription drugs, the Phen in Fen/Phen or other diet pills, Dexedrine, Cytomel, excessive thyroid hormone replacement or Armour thyroid, Ritalin, dieting and/or skipping meals, to list a few things, can cause hormonal swings leading to symptoms of menopause. In our experience, the majority of aging men and menopausal women improve significantly from diet and life style change alone. In those patients, optimal health cannot be achieved only by taking hormones.

Remember, with advancing age, your body no longer makes adequate amounts of the sex hormones. You are getting some, most, or all of your hormones from HBT. This is the time in your life that you must live a healthier lifestyle. For example, a 20 year-old woman who eats poorly by skipping meals, drinking diet soda and eating a high carbohydrate diet still has functioning ovaries that will increase her own levels of estradiol. Because of this, she will not get hot flashes, insomnia and abnormal menstrual bleeding. However, her habits are still dangerous ones to her even if she is asymptomatic. If you practice these similar bad habits, you will probably feel the consequences. We do not want to continue raising your estradiol doses because you are drinking coffee and eating sugar. This will put you at higher risk for developing hormonal imbalances.



Will I have periods on Hormone Balancing Therapy?

All women with a uterus need to have monthly uterine bleeding. This is because in order to experience all the benefits from HBT, estradiol levels are normalized again. Normal levels of estradiol cause the lining of the uterus, called the endometrium, to grow and thicken. Once the endometrium becomes thickened, it needs to be shed once a month to decrease the complications of abnormal bleeding and endometrial cancer.

Women who have a uterus must use progesterone in a cyclical fashion every month unless they are still ovulating and making progesterone on their own. There are a few exceptions to this rule. If an exception applies to you, we will go over with you personally what you will be doing.

When your hormones are not balanced, you are under stress, and/or not following the program by eliminating stimulants, you may experience no bleeding or, conversely, extremely heavy bleeding. Do not be alarmed. However, alert us immediately if you are bleeding excessively or are concerned about the amount of bleeding you are experiencing. We will help you make the necessary adjustment to your hormones or lifestyle so as to mimic your past menstrual cycles as closely as possible.



What causes abnormal uterine bleeding?

Abnormal uterine bleeding can occur when estradiol and/or progesterone effect is either too low or too high. This means it can occur because of high or low estradiol levels, high or low progesterone levels, or any combination of those. These cases can be difficult to sort out.

Hormones do not act by being in the bloodstream; they circulate in the bloodstream and bind to sites on the cells called receptors. It is the binding of the hormone and the subsequent responses by the cells that is registered by your body as the hormone action. When receptor sites are low or blocked by poor lifestyle habits such as caffeine consumption, your body will perceive this as low levels of hormones. This holds true even if the blood hormone levels are high. Binding of hormones is more important than the blood hormone levels.

If you are bleeding heavily and we cannot sort out the cause by history alone, we will ask you to do some tests. These tests can consist of hormone levels, uterine ultrasound, and/or endometrial biopsy. While waiting on test results, we may have you continue, change, or stop your hormones.

The most common cause of irregular bleeding is hormonal imbalance. Other causes include fibroid tumors or endometrial cancer. Pelvic ultrasound is one way to check for structural causes of bleeding, such as fibroid tumors. If you know that you have fibroid tumors, please tell us so that we do not try to balance your hormones instead of evaluating your fibroids. Endometrial biopsy can give us further information on the hormone status of your uterine lining, which will help us make better adjustments to your hormone doses. Endometrial biopsy can also diagnose endometrial cancer. Again, do not panic! The most common cause of irregular bleeding is hormonal, followed by fibroid tumors, then cancers. Again, every person and situation is individualized.

If you are bleeding excessively and you cannot reach us (e.g., you're out of town, no access to a phone), stop all your hormones until you can speak to someone in the office. Stopping your hormones may also cause more bleeding as well as bring back all your symptoms of menopause, but it is always important to handle the most important problems first, like excessive bleeding.



How will I be taking my Hormone Balancing Therapy?

When you first begin these hormones, the first day you take them is called cycle day 1. You will be taking your hormones in cyclical fashion. Day 1 of the cycle always follows the last day of the previous cycle whether or not you bleed. For example, if you have a 28 day cycle, you take the estradiol component of your therapy days 1-28 of the cycle. Since day 1 starts again immediately after day 28, you never stop taking the estradiol part of your program unless otherwise discussed. Progesterone is usually used in the last 11 days of the cycle (or days 18-28). Again, day 1 of the cycle comes after day 28 even if you do not experience menstrual bleeding on that day. Therefore, you stop progesterone on day 28, and resume it again on day 18 of the next cycle. This may seem confusing. However, if you re-read and study this document, you will understand the process. If you still have your own natural menstrual cycles (perimenopausal or puberty), we will be giving you personal instructions on how to take your hormone prescription; you may not necessarily take hormones throughout the full cycle. This is very individualized. Ask for clarification if you are confused about this.



What if I'm already taking hormones?

If you have been on a cycling program with other medications, then you may need to finish the cycle you are in before switching to these hormones. For example, if you have been on Premarin, we may ask you to stop it for at least one week before switching over to these new hormones. If you are in the middle of the month and cycle with a drug such as Provera, you may have to finish out your cycle.



Is it OK for me to adjust my hormones if I don't feel well?

NO. If you feel unwell, please discuss it with us and we'll work on a remedy. We *strongly* discourage anyone from self-medicating as you can end up causing further hormonal imbalance. If you do self-medicate and get into trouble, please call us so we can help you.



How often do I have to come for follow-up visits?

In order to insure that we are doing everything we can to keep HBT safe, you will need to periodically come in for a medical visit. This will also be the time you will need to get your hormone blood work done. We know that this can seem expensive at times, but remember anything we can do now as preventative therapy will be less expensive to you in the long term.



Can I get gynecological care through your office?

No. You will need to see your gynecologist who can do your yearly exams and follow-up with an ultrasound and endometrial biopsy, if needed.



How often do I need a pap smear? A mammogram?

We recommend yearly pap smears for women with a uterus, and every 3-5 years for women who have had a hysterectomy.

The latest recommendations for mammograms are as follow:

Baseline: age 35

Age 40-50: every 2 years

Age 50 and over: yearly