

The 4 Top Considerations with HRT

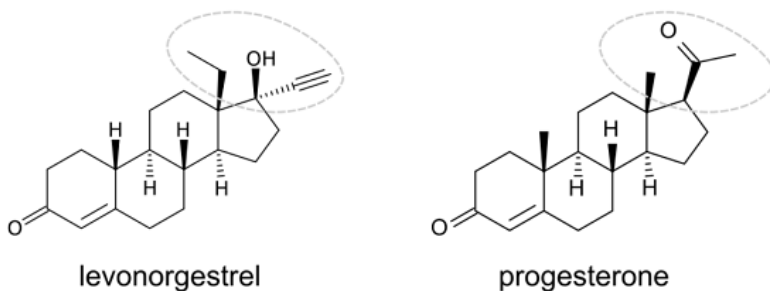
It is common for people to believe that their menopause symptoms are going to miraculously disappear as soon as they start taking HRT. The reality is that often they feel 'a bit better', but not amazing.

We are coaches, nutritionists and independent nurses specialising in hormones and menopause and in this document, we are going to recommend 4 important questions to ask yourself with regards hormone replacement therapy.

1. Does your HRT contain Progestins?

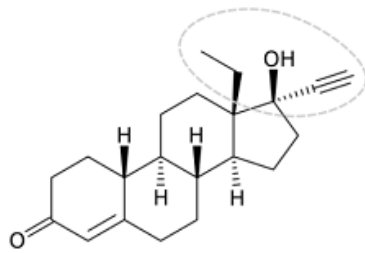
HRT options that use synthetic progesterone such as the hormonal coil, combination patches, the mini pill, or most combination pills (except for Bijuve), contain a synthetic form of progesterone. This is referred to as 'Progestin' but the chemical name you will see on the packet will be 'Levonorgestrel, drospirenone or medroxyprogesterone.

We dive into this subject [deeply in this blog](#) but the point we need to make here is that natural progesterone and synthetic progesterone are not the same, nor do they have the same effect on our body.

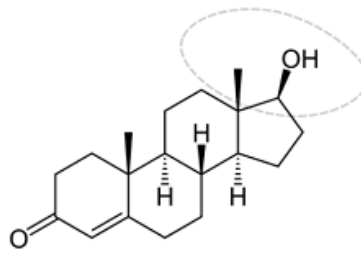


The image above shows the chemical difference between levonorgestrel, which is the progestin used many oral contraceptives, implants, hormonal IUD, and the morning-after pill, and natural progesterone.

Chemically these are totally different. Levonorgestrel is more like testosterone than it is to progesterone. This is problematic because progesterone is a calming hormone whereas testosterone is a stimulating hormone, and people who are experiencing issues such as weight gain, anxiety, insomnia, fatigue, brain fog, thinning hair and mood swings are desperately in need of more calming hormone than a synthetic stimulating hormone.



levonorgestrel



testosterone

This is important because of how they affect the body.

Progesterone

- beneficial for cardiovascular health
- stimulates hair growth.
- calms mood and promotes sleep.
- prevents breast cancer.
- Anti-inflammatory.

Progestin

- increases the risk of fatal blood clots.
- can cause hair loss (due to its similarity to testosterone).
- may cause anxiety and depression.
- increases the risk of breast cancer.

The fact that Progestin is known to cause the very things we are trying to avoid such as cancer, mood issues, hair loss and strokes/blood clots, is absolutely terrifying when this approach is so widely prescribed.

When it comes to HRT, the more natural form of progesterone is available and is called 'Body Identical micronized progesterone'. This is available in the UK with brand names like Utrogestan, Gepretix or in a combine pill called Bijuve.

According to the [current guidelines](#) that doctors adhere to, when working with the menopause, healthcare providers are encouraged to offer synthetic HRT first, even though it is acknowledged that the body identical progesterone comes with fewer side effects than the synthetic versions. It is important for people to know that they have options and are allowed to request whichever HRT they feel is right for them if it is medically safe for them. But we hear commonly that women are fobbed off or made to feel like they don't understand, or this work is belittled.

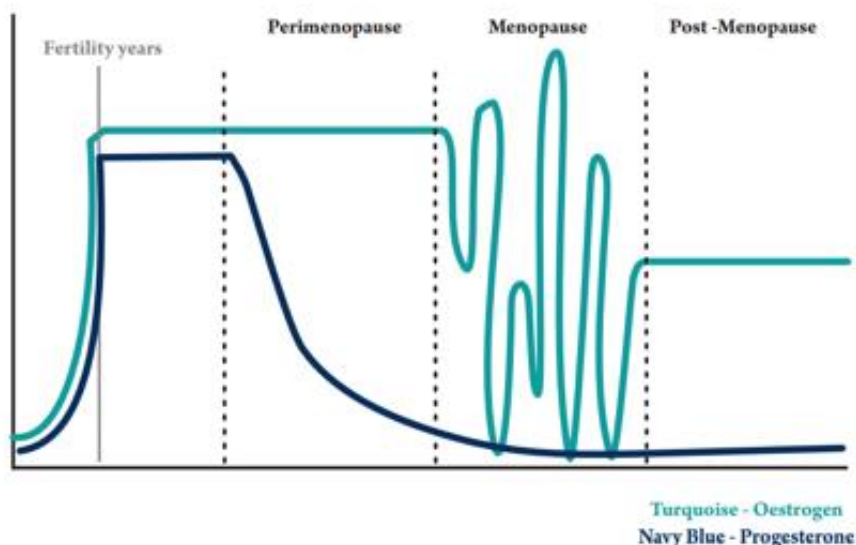
As such we have [created a letter, available on our website](#) with links to research that people can print and take to their GP's.

2. Are you taking too much oestrogen?

When we are talking about menopause, we are generally talking about the entire peri to post menopause transition. Early peri menopause can start as early as age 36 but we don't start missing period bleeds in some cases until our mid-fifties. This is problematic with the [current medical guidelines](#) as these mostly ignore peri menopause and only focus on when women are skipping periods or have been without them for twelve months. This is important because they also refuse to do any hormone blood tests over the age of 45 and just hand out HRT.

However, under the current medical guideline's practitioners must give both oestrogen and progesterone as HR. Technically they can give the mini pill or Mirena coil on their own which means that they are allowed to issue synthetic progesterone, but they are not allowed to issue Body Identical Progesterone. We have never found a decent answer and we believe this is a huge oversight that is dangerous to women's health. To find out why, let's look at what is happening with our hormones during the whole transition.

PERI - POST MENOPAUSE



In peri menopause the first hormone to destabilise is progesterone but the medical model overlooks this and either tells women they need anti-depressants or there is nothing wrong with them or issues a prescription for progesterone AND oestrogen when oestrogen is still often at an optimal level. This commonly leads to 'oestrogen dominance'.

Oestrogen dominance causes huge issues in the body. We do commonly see a pattern of symptoms suggesting women are oestrogen dominant throughout their whole lives.

Oestrogen dominance symptoms include:

- heavy periods or period issues
- breast pain
- fibroids
- weight gain
- Insomnia or sleep issues
- Insulin resistance
- Blood pressure issues
- Thyroid imbalances
- Gut dysbiosis and digestive issues
- Immune function impairment including histamine issues and allergies.
- Premenstrual syndrome and Premenstrual dysphoric disorder (PMDD)
- Poly cystic ovary syndrome (PCOS)
- Ovulation pain (Mittelschmerz)
- Endometriosis
- Adenomyosis
- Hormone sensitive cancers

These issues can then be compounded when women are given HRT that is oestrogen with a synthetic progesterone.

But don't I need oestrogen?

Yes! At SOME point in our peri menopause, we need oestrogen. Without it we will have a pile of other symptoms.

Understanding symptoms

When you learn what your symptoms are telling you it can help to decide what approach is best for you. A non-exhaustive list includes the following but please note this is NOT intended to diagnose, only educate!

- Hot flushes that are quick and finished in 1 to 2 minutes = low progesterone.
- Hot flushes that are slow and radiate and last for around 10 minutes = low oestrogen.
- Insomnia in peri menopause or with a hormonal coil or synthetic progestin = low progesterone
- Insomnia later in menopause = low oestrogen
- Bad headaches and migraines in peri menopause= low progesterone
- Bad headaches and migraines later in menopause = low oestrogen
- low mood and being snappy in perimenopause = low progesterone
- low mood and apathy later in menopause = low oestrogen
- joint pain and aches = low oestrogen
- dry skin= low oestrogen
- active brain that is overthinking = low progesterone
- brain fog and forgetting things = low oestrogen
- vaginal dryness and low libido = low oestrogen.

3. Do you need testosterone?

This is a big piece of the puzzle that has come to light in recent years. The fact that testosterone isn't considered part of a mainstream HRT approach is baffling and millions of people battle unsuccessfully to get this added to their prescriptions.

The truth is that many women really benefit from adding in some testosterone. It radically improves libido and the feelings of drive, ambition, passion, and purpose as well as being important for breast health, cognitive performance, and bone density.

However, if you are going through any kind of fatigue symptoms such as CFS, ME, Fibromyalgia or have a history of gut issues or feel that you are adrenally fatigued, we recommend working with a coach to get some essential health foundations in place first. Adding testosterone onto this health profile can make the situation much worse.

4. Are you absorbing your HRT?

This is a big area and one that is totally overlooked.

You could be on all the right hormones in the right doses and still feeling awful. We see this a lot and usually we see that the people in this situation have a history of gut issues such as IBS, constipation, diarrhoea, autoimmune issues or have had a diet that has been heavy in wheat, sugar and carbohydrates or have been living with high levels of stress.

These issues can lead to gut dysbiosis and intestinal permeability (leaky gut) which stop us from absorbing our HRT properly.

Even being oestrogen dominant or having a history of using the pill can mean that our body isn't absorbing and metabolising the oestrogen effectively in our HRT. So, we need to correct our diet and ensure we aren't eating foods we are intolerant to whilst detoxing any recirculating oestrogen. Then our HRT can be absorbed effectively and stands a chance of doing its job effectively.



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What do I do next?

In our utopian vision of the world the current approach to giving HRT would be overhauled, but it is what it is and all we can do is understand these parameters and try and work with our GP to get the best support we can. That means, if you are early in your perimenopause and believe you are oestrogen dominant but are getting HRT, ask what the lowest dose of oestrogen is that the GP will sign off on.

We recommend pushing for body identical progesterone over synthetic progestins and we recommend you ask for a blood test to identify if you need testosterone.

If your GP won't support you, [we recommend working with a private, independent prescriber](#).

We also recommend [working with a menopause coach](#) who can support you in this process and advise you on powerful nutraceutical supplements that can help you metabolise the oestrogen to stop it recirculating in your body to avoid becoming 'oestrogen dominant'. They will also ensure you are eating the right diet to ensure balanced blood sugars and good gut health and to make sure that your HRT can work for you effectively.