

Georgia Hormones, P.C.

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A Physician's Quick Guide to Natural Hormone Use In women

Basic Hormone Evaluation

Pituitary: FSH, LH, possibly Prolactin in younger, anovulatory patient

Ovary: Estradiol, Estrone, Progesterone, Testosterone

Glucose metabolism: Glucose, Insulin, HbA1c (Note the time and content of prior meal)

Thyroid: TSH, total T4, free T4, total T3, free T3

If warranted: TPO Ab, Anti-thyroglobulin Ab, TSI (Thyroid Stimulating Immunoglobulin)

If warranted: Reverse T3

Adrenal: DHEA-S, Cortisol (note the time of the blood draw) or salivary Cortisol X 4 at: am/noon/6:00 pm/h.s., Pregnenolone, Androstenedione

Therapy Guidelines

Young teens: PMS, irregular cycles, dysmenorrhea, not in need of contraception

Progesterone 100mg P.O., H.S. Day 10-26 of Cycle

Young woman with irregular cycles: Mild PCOS, not desirous of pregnancy right now, normal glucose, insulin

Progesterone 100mg P.O., H.S. Day 10-26 of Cycle (Day 7-27 may be required in some women to control bleeding)

If in need of birth control or high testosterone, excess hair or acne: Birth control pills

Young woman with irregular cycles + Abnormal glucose, insulin resistance: Mild PCOS, not desirous of pregnancy right now

Consider Metformin therapy

Progesterone 100mg P.O., H.S. Day 10-26 of Cycle (Day 7-27 may be required in some women to control bleeding)

If in need of birth control or high testosterone, excess hair or acne: Birth control pills

Early pre-menopause (35-50): with Fibroids or Endometrial Polyps

Progesterone 100mg P.O., H.S. Day 10-26 of Cycle

Middle pre-menopause (35-50): Irregular, heavy cycles, PMS, hot flashes, with normal or mildly elevated FSH and LH, adequate Estrogen

Progesterone 100mg P.O., H.S. Day 10-26 of Cycle

Established Menopause (45-55): No more periods, mild or no hot flashes

Progesterone 50-100 mg P.O., H.S. 3 weeks on/1 week off

Add Biest 1-5 mg, or Estradiol patch, or oral Estradiol

S/P Hysterectomy: With or without hot flashes, elevated FSH but with adequate Estrogen levels

Progesterone 100mg P.O., H.S. Day 10-26 of Cycle

S/P Hysterectomy: With or without hot flashes, elevated FSH but with low Estrogen levels

Progesterone 100mg P.O., H.S. Day 10-26 of Cycle

Add Biest 1-5 mg, or Estradiol patch, or oral Estradiol

Menopausal Diabetic:

Progesterone 50-100 mg P.O., H.S.

Late Menopause: Elevated FSH and LH, low Estradiol, Progesterone, Testosterone

Supplement hormones as needed for patient comfort. Measure levels. Stop progesterone for a week occasionally to evaluate for endometrial stimulation.