

Hyperthyroidism Symptoms

Weight loss

Excessive sweating

Heat intolerance

Chest pain

Heart racing

Mild depression

Anxiety

Irritability

Moodiness

Insomnia

Fatigue

Muscle weakness

Increased bowel movements

Loose stools or diarrhea

Hair loss

Light or absent menses

Shortness of breath

Staring gaze

Warm, moist skin

Puffiness around eyes

Thickening of skin of lower legs

Female Symptom Lists

Progesterone Deficiency

Common Symptoms

Symptoms of estrogen excess (relative lack of progesterone)

Swollen or tender breasts	Irregular menses (usually excessive)	PMS symptoms
Cramping	Weight gain	Infertility
Depression	Anxiety	Fuzzy thinking
Acne/oily skin	Joint pain	Headache

Additional Symptoms

Low libido	Uterine fibroids	Insomnia
Mood swings	Irritability	Nervousness
Osteoporosis	Inflammation	Migraines/headaches prior to menstrual cycles
Low thyroid symptoms	Decreased HDL levels	Hair loss

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Progesterone Excess

Common Symptoms

Exacerbates symptoms of estrogen deficiency (down-regulation of estrogen receptors)

Somnolence	Drowsiness	Mild depression
Gastrointestinal bloating	Breast swelling	Candida exacerbations

Additional Symptoms

Increased infections --suppressed immune system	Incontinence (leaky bladder)	
Back, leg and hip aches (causes ligaments to relax excessively)		
Decreased glucose tolerance	Increased insulin resistance	Increased fat storage
Decreased growth hormone	Increased appetite (carbohydrate cravings)	
Bloating/constipation (relaxes smooth muscle of the gut)	Increased cortisol	

Female Symptom Lists

DHEA Deficiency

Decreased energy	Muscle weakness	Irritability
Difficulties dealing with stress	Weight gain	Joint soreness
Decreased immune function – increase in infections		Rapid aging
Depression	Anxiety	Loss of hair (scalp, axial, pubic)
Low libido	Dry eye	Fatigue
Dry skin		

Symptoms of low testosterone and/or low estrogen due to less conversion from DHEA

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DHEA Excess

Acne	Anger	Deepening of voice
Increased facial or body hair	Mild depression	Fatigue
Insomnia	Irritability	Mood changes
Restless sleep	Sugar cravings	Weight gain (waist)
Hair loss	Oily skin	Anxiety
Cardiac irregularities	Headaches	Elevated liver enzymes
Increased facial hair		

Symptoms of excess testosterone and/or estrogen due to increased conversion

BHRT Physiologic Dosing Guidelines (Females) – Bi-est 50:50

- Protocol is to give new BHRT patients the smallest effective starting dose.
- Compounding allows great flexibility in titrating doses to meet individual needs.
- **Note:** Micronized hormones are used in the following:

Condition	Hormone	Route	Dosage Range	Dosing	Days Given	Notes
PMS	Progesterone	Oral SR	25-400 mg daily (Usual 25-100 mg)	1-2 x daily	Cyclically days 14-25	May adjust days of therapy p.r.n.
		Topical	5-30 mg daily (Usual 5-20 mg)	1-2 x daily	Cyclically days 14-25	May adjust days of therapy p.r.n.
Peri-Menopause	Progesterone	Oral SR	25-400 mg daily (Usual 100-200 mg)	1-2 x daily	Cyclically days 14-25	May adjust days of therapy p.r.n.
		Topical	5-50 mg daily (Usual 20-30 mg)	1-2 x daily	Cyclically days 14-25	May adjust days of therapy p.r.n.
	Bi-estrogen (50:50)	Topical	0.05-0.20 mg daily (Start low and increase slowly)	1-2 x daily	Cyclically days 1-25	Continue Progesterone as above
	Testosterone and DHEA	p.r.n.	see dose age recommendations below under menopause			
Menopause (Natural or Post-Menopause)	Same protocol as surgical menopause (below); may need less testosterone Make sure progesterone to estrogen ratio is high enough to suppress endometrial hyperplasia If patient/physician is not absolutely sure patient is no longer producing endogenous hormones, dose cyclically as in peri-menopause If lack of menopausal symptoms, use lower end of dosage ranges and monitor BMD, Lipids, BP, cognitive function					
Menopause (Surgical)	Progesterone	Oral SR	25-400 mg daily (Usual 100-200 mg)	1-2 x daily	May use continuously	
		Topical	10-50 mg daily (Usual 20-30 mg)	1-2 x daily	Use 6 days per week	
	Bi-estrogen (50:50)	Topical	0.05-0.25 mg daily	1-2 x daily	May use continuously or 6 days per week	
	Testosterone	Oral SR	1.0-4.0 mg daily	1x daily in a.m.		
		Topical	0.25-2.0 mg daily	1x daily in a.m.		
	DHEA (optional)	Oral SR	5-20 mg daily (Usual 5-10 mg)	1x daily in a.m.		
Topical		0.5-2.5 mg daily	1x daily in a.m.			
Cancer Risk Patients	Estriol	Oral SR	0.5-8 mg daily	1-2 x daily		
		Topical/vaginal	0.1-2 mg daily (Usual 0.25-0.5mg)	1-2 x daily	Titrate up until symptoms become tolerable; monitor BMD, Lipids, BP	

Note: Oral estradiol is not recommended because (1) high level of estrone produced and (2) oral estrogens are not as safe as other routes of administration

Note: Sublingual total daily doses are usually twice those of topical when administered as b.i.d. dosing; dose 25-33% total daily dosage less than this if administered as t.i.d. dosing.
(Example: progesterone in menopause, sublingually 50 mg b.i.d or 20-25mg t.i.d)

Please note: Dosing guidelines are meant to be used as a reference only. They are in no way indicating a recommendation for any product, for any patient, or for any clinical situation. Individual dosage should be determined based on results of a hormone/total health evaluation for each patient. Dosages given are the opinion of the author based on his experiences.

BHRT Physiologic Dosing Guidelines (Male)

Protocol is to give new BHRT patients the smallest effective starting dose.

Note: Micronized hormones are used in the following:

Hormone	Route	Dosage Range (daily unless noted)	Dosing	Notes
Testosterone	S/L or Buccal	2.5 to 20 (usual 5-10)	2-3 times per day	Allow to dissolve under tongue or in buccal pouch Do not swallow
	Topical cream/lotion	1 to 20 mg (usual 5-10)	Once (a.m.) or twice daily	Non-penetrating base Rub in well. Wash hands prior to and after use Caution on possibility of transfer
	IM injection	50 to 80 mgs weekly	Weekly	Cypionate or enanthate
	Implantable Pellets	4 to 6 x 200 mg pellets	q 6 months	
DHEA	Oral	5 to 25 mg	Daily in a.m.	IR or SR
	S/L or buccal	2.5 to 15 mg	2 times daily	Allow to dissolve under tongue or in buccal pouch, Do not swallow
	Topical cream/lotion	1 to 10 mg	Daily in a.m.	Non-penetrating base Rub in well. Wash hands prior to and after use Caution on possibility of transfer
Progesterone	Oral	5-20 mg (usual 5-10)	Once Daily h.s.	SR capsule
	Topical cream/lotion	0.25-2.5 mg (usual 1-2)	Once daily	Non-penetrating base Rub in well. Wash hands prior to and after use Caution on possibility of transfer
	S/L or buccal	2.5 to 10 mg (usual 2.5 to 5)	2-3 times per day	Allow to dissolve under tongue or in buccal pouch, Do not swallow
Pregnenolone	Oral	10-100 mg (usual 25-50)	IR or SR, 1-2 x daily	
	Topical	1-10 mg (usual 2-5 mg)	Once daily	Non-penetrating base Rub in well. Wash hands prior to and after use Caution on possibility of transfer
Aromatase Inhibition				
Arimidex	Oral	0.5 to 1.0 mg	q.o.d. to b.i.w.	
Aromasin	Oral	25 mg	2-3 times per week	
Aromat8-PN (Xymogen)		80mg	1-2 capsules daily	
Chrysin	Oral	500-3000mg (usual 500-1500)	1-3 times daily	Pharmaceutical grade
Chrysin	Topical cream/lotion	30-50 mg	daily	Compounded

Note: Must correct underlying adrenal dysfunction, thyroid deficiency, and nutritional deficiency first or concurrently for hormones to provide expected symptom relief

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