POST MENOPAUSE WITH EXCESS PROGESTERONE

CASE 1 PRESENTATION:
60 year old female who has been on bi-estrogen 1mg (E2 0.5 mg and E3 0.5 mg) and progesterone cream 100 mg/day for two months to relief hot flashes and night sweats. Initially the BHRT cream eliminated hot flashes and night sweats, but now symptoms have returned. Saliva testing is indicated to pinpoint the imbalance.

KEY SYMPTOMS:
- Hot flashes
- Night sweats
- Fatigue
- Sleepiness

HORMONE TEST	IN RANGE	OUT OF RANGE	UNITS	RANGE
E2 (Estradiol)	2.0		pg/ml	1.5-3.0 (estrogen replacement range)
Pg (Progesterone)		11,000 H	pg/ml	500-3000 (topical, sublingual range)
Pg/E2 Ratio		5500 H		200-1000 (optimal ratio w/replacement)
Testosterone	22		pg/ml	20-50
DHEA-s	5.0		ng/ml	3-10
AM Cortisol	6.3		ng/ml	3-8

ANALYSIS:
- Estrogen is in range with replacement therapy however PG/E2 ratio is very high.
- Progesterone that is too high can have an opposite effect on estrogen receptors; saliva is
a reliable indicator of progesterone tissue levels. [2]
- Serum levels do not detect progesterone topical dose levels.
- Testosterone is low normal; no related symptoms are reported
- DHEA-s is in range.

CLINICAL PEARLS:
- Testing reveals the problem is high progesterone, not low estrogen;

fatigue and sleepiness can be a progesterone side effect.
- Typically topical dosing of progesterone is 3-4 X lower than oral dosing.

TREATMENT CONSIDERATIONS:
Hormone “holiday” for 3-5 days
Resume bi-estrogen cream - 1mg/day
Reduce progesterone dosage