

It's Your Choice



Approximately 50% of women who are treated with estrogen (especially the pellet implant) will experience uterine bleeding. If a menopausal patient has bleeding, she must notify her gynecologist or family physician and have an evaluation, which may include a vaginal ultrasound and endometrial biopsy. The primary cause of bleeding is stimulation of the uterus by estrogen. Estrogen also stimulates the breast tissue can cause breast pain and cysts. It also increases the risk of breast cancer. Higher levels of estrogen (in the second half of the menstrual cycle) are needed for pregnancy. Most women feel better with lower levels of estrogen.

- Most patients choose a **testosterone pellet alone**. Almost all symptoms, including hot flashes, are relieved with testosterone pellets alone. A study by Sherwin in 1985 looked at testosterone, testosterone with estradiol, estradiol alone and placebo. The group of women who responded best (somatic, psychological and total score)...testosterone alone! The groups that did the worst...estrogen alone and placebo. Higher levels of testosterone were associated with a better response. These results are expected. **Testosterone**, not circulating estradiol, is the major 'substrate' for estrogen production in the brain, bones, vascular system, breast and adipose tissue. Some physicians do not understand this and may insist that estrogen therapy is needed.
- Most patients treated with testosterone implants choose not to use estradiol (stronger estrogen). **Excess estrogen** can cause **anxiety**, weight gain, belly fat, tender breasts, emotional lability, symptoms of PMS, and mood swings. Long-term exposure to stronger estrogens like estradiol and Premarin can increase the risk of breast cancer. In addition, there is exposure to many estrogen-like chemicals.
- Some women (and men) 'aromatize' or convert too much testosterone to estradiol, which can interfere with the beneficial effects of testosterone. An 'aromatase inhibitor' (i.e. anastrozole) may be prescribed to prevent this. Patients, including breast cancer survivors, may be treated with the combination **testosterone-anastrozole** implants.
- If needed, one of the most effective and safest ways to deliver estrogen is **vaginally** as a cream or tablet (Vagifem®). This treats vaginal symptoms like dryness and discomfort, along with urinary symptoms like urgency, frequency, hesitancy, nocturia (waking at night to urinate) and incontinence. **Estriol** (E3) is less stimulatory to the breast tissue and uterus than estradiol and may be combined with **progesterone** in a single cream. The vaginal cream may be used daily for 14 days, then 2 to 6 days per week as needed. Once tissue is healed and symptoms are no longer present, the vaginal cream or tablet may be discontinued.
- Testosterone increases muscle mass and bone density while decreasing fatty tissue. However, a **diet of refined carbohydrates/sugars** will prevent weight loss and other benefits of testosterone implant therapy. Diet and lifestyle (exercise) are extremely important for health and well-being. Prescription medications can also interfere with the effect of the testosterone implant. For additional information, see the '**Trouble Shooting**' handout.
- **Progesterone** may be used in addition to testosterone to help women who have difficulty with sleep, hot flashes, tension or anxiety. Testosterone and progesterone have beneficial effects on the brain and nervous system.