

## BHRT Dosing Guidelines (Females)

- 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:

### PMS

- Progesterone
  - **Oral** administration of **SR** capsules
    - 25 to 400 mg daily (usual 50-200mg)
    - Dosed once or twice daily
    - Give cyclically days 14 through 25
  - **Topical** administration
    - 5 to 50 mg daily (usual 10-20 mg daily)
    - Applied once or twice daily
    - Give cyclically days 14 through 25

### Peri-Menopause

- **Oral** administration of **SR** capsules
  - Progesterone
    - 25 to 400 mg daily (usual 50-200mg)
    - Dosed once or twice daily
    - Give cyclically days 14 through 25
  - Tri-estrogen or Bi-estrogen
    - If Progesterone alone doesn't control symptoms
    - 0.25 to 1.0 mg daily (start at low dose)
    - Dosed once or twice daily
    - Give cyclically days 1 through 25
    - Continue Progesterone as above
- **Topical** administration
  - Progesterone
    - 10 to 50 mg daily (usual 20 to 25 mg daily)
    - Applied once or twice daily
    - Give cyclically days 14 through 25
  - Bi-estrogen
    - If Progesterone alone doesn't control symptoms
    - 0.1 to 0.5 mg daily (start low and slow)
    - Applied once or twice daily
    - Give cyclically days 1 through 25
    - Continue Progesterone as above

### Menopause – Natural, or Post-Menopause

- Same Protocol as surgical menopause
  - May need less testosterone
- Make sure Progesterone to Estrogen ratio high enough to suppress endometrial hyperplasia
- If patient/physician are 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

### Menopause – Surgical

- **Oral** administration of **SR** capsules
  - Progesterone
    - 25 to 400 mg daily (usual 50-200mg)
    - Dosed once or twice daily
    - May use continuously or stop 3-5 days a month
  - Tri-estrogen or Bi-estrogen
    - 0.25 to 1.0 mg daily
    - Dosed once or twice daily
    - May use continuously or stop 3-5 days a month
  - Testosterone
    - 1.8 to 5.0 mg daily, dosed once daily in a.m.
  - DHEA (optional)
    - 5 to 25 mg daily, dosed once daily in a.m. (usual 5-10 mg)
- **Topical** administration
  - Progesterone
    - 10 to 50 mg daily (usual 20-25 mg)
    - Dosed once or twice daily
    - May use continuously or stop 3-5 days a month
  - Bi-estrogen
    - 0.1 to 0.5 mg daily
    - Dosed once or twice daily
    - May use continuously or stop 3-5 days a month
  - Testosterone
    - 0.25 to 2.0 mg daily, dosed once daily in a.m.
  - DHEA (optional)
    - 0.5 to 2.5 mg daily, dosed once daily in a.m.

### PCO/Cancer Risk Patients

- Progesterone
  - **Oral** administration of **SR** capsules
    - 50 to 400 mg daily
    - Dosed twice daily
  - **Topical**
    - 20 to 50 mg daily
    - Dosed twice daily
- Estriol
  - **Oral** administration of **SR** capsules
    - 0.5 to 8 mg daily
    - Dosed once or twice daily
  - **Topical**
    - 0.5 to 2 mg daily
    - Dosed once or twice daily
    - Titrate up until symptoms become tolerable
    - Monitor BMD, Lipids, BP

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 of each patient. Dosages given are the opinion of the author based on his experiences. Compiled by Jim Paoletti, PCCA Consultant Pharmacist.