



APOTHECARY OPTIONS

3006 Esplanade, Suite 'I', Chico, CA 95973

Phone: 345-7979

Fax: 345-9797

Toll Free: 1-866-586-4633

www.apothecaryoptions.com

Bio-Identical Hormone Replacement Therapy (BHRT) dosing guide

		Pre-Menstrual Syndrome	Peri-Menopausal (approx. 45-49 years old) Estrogen Dominance phase	Menopausal (50's - 60's)	Late-Menopausal (60's++)
Oral Slow Release	Progesterone <u>Oral</u> - Slow Release Caps	25-400mg daily. Split daily dose and give twice daily. Give 12-14 days total at end of cycle	25-200mg daily. Once or twice daily dosing. Give 12-14 days each month at end of cycle. If taking with estrogen, may give together on days 1-25	25-200mg daily. Once or twice daily dosing. May use continuously or stop 3-5 days per month.	20 - 200mg/day, dosed once or twice daily. May use continuously or stop 3-5 days per month.
Topical	Progesterone <u>Topical</u>	5-60mg daily. Split daily dose and give 2 or more times daily. Give 12-14 days total at end of cycle	5-50mg daily. Once or twice daily dosing. Give 12-14 days each month at end of cycle. If taking with estrogen, may give together on days 1-25	5-30mg daily. Once or twice daily dosing. If used without estrogen, give 14-21 days each month. If using with estrogen, give cyclically with estrogen on days 1-25	5-20mg/day, dosed once (or twice daily in divided doses). May use continuously or stop 3-7 days per month.
Oral Slow Release	Natural Estrogen <u>Oral</u> - Slow Release Capsule	rarely necessary	Bi-Estrogen or Tri-Estrogen S.R. capsules (if progesterone alone does not control symptoms). 0.625 - 5.0mg/day. Dose once or twice daily. Give cyclically on days 1-25.	Bi-Estrogen or Tri-Estrogen S.R. capsules (if progesterone alone does not control symptoms). 0.625 - 5.0mg/day. Dose once or twice daily. May use continuously or stop 3-5 days per month.	Bi-Estrogen or Tri-Estrogen S.R. capsules 1.25mg- 2.5mg/day. Dose once or twice daily. May use continuously or stop 3-5 days per month.
Topical	Natural Estrogen <u>Topical</u>	rarely necessary	Bi-Estrogen or Tri-Estrogen cream (if progesterone alone does not control symptoms). 0.3125 - 2.5mg/day. Daily dose may be applied once daily or divided in two doses depending on symptom control. Give cyclically on days 1-25	Bi-Estrogen or Tri-Estrogen cream (if progesterone alone does not control symptoms). 0.3125 - 2.5mg/day. Daily dose may be applied once daily or divided in two doses depending on symptom control. Give cyclically on days 1-25	Bi-Estrogen and Tri-Estrogen cream. 0.3125-1.25mg daily, dosed once, or twice daily in divided doses. May use continuously or stop 3-5 days per month.
Oral Slow Release	Testosterone <u>Oral</u> - Slow Release caps	rarely necessary	Occasionally necessary Testosterone SR caps 0.25 - 2.0mg (dosed once a day)	Occasionally necessary Testosterone SR caps 0.25 - 2.0mg (dosed once a day)	Occasionally necessary Testosterone S.R caps 0.5 - 2.5mg (dosed once a day)
Sublingual	Testosterone <u>sublingual</u> (given 2-3 times per week)	rarely necessary	Occasionally necessary Testosterone sublingual tablets 1.25 - 2.5mg under the tongue 2-3 times per week	Occasionally necessary Testosterone sublingual tablets 1.25 - 2.5mg under the tongue 2-3 times per week	Occasionally necessary Testosterone sublingual tablets 1.25 - 2.5mg under the tongue 2-3 times per week
Topical	Testosterone <u>Topical</u>	rarely necessary	Occasionally necessary Testosterone cream. 0.25 - 1.0mg (dosed once a day)	Occasionally necessary Testosterone cream. 0.25 - 2.0mg (dosed once a day)	Occasionally necessary Testosterone cream. 0.25 - 2.0mg (dosed once a day)

All formulations listed in this chart require a prescriber's written or verbal prescription.

Standard Tri-Estrogen formulation = Estrone (E1) 10%, Estradiol (E2) 10%, Estriol (E3) 80% - Bi-Estrogen formulation = Estradiol 20%, Estriol 80%

For patients at high risk of cancer, or breast cancer survivors, a pure Estriol (E3) product can be prepared. Topical dose = 0.5 - 4mg/day. Oral S.R. dose = 2-8mg daily

Transdermal delivery avoids the first-pass effect of the liver. **Transdermal doses are 1/5th - 1/10th of oral doses of the same medications**

Progesterone alone may alleviate menopausal symptoms. If estrogen is required use the lowest dose needed to control symptoms but not cause monthly bleeding.

When converting to natural estrogen - do not stop synthetic estrogen replacement abruptly or hot flashes and vaginal dryness could resume. Wean gradually over 2-4 months

Premarin 0.625mg = Tri-Est 5.0mg slow release capsule (approximate conversion)

Saliva testing will help establish baseline levels and better correlate the symptoms a woman is experiencing to hormone levels in the body.