

Anti-Aging

Discussion about Progesterone

As mentioned in last weeks article, progesterone provides those youthful, cheerful, calming, steady, well-balanced, and fertile features, primarily in women. In the past progesterone was regarded as simply the “pregnancy hormone” but research has proven its role to be much more expansive. Progesterone affects many tissues other than the uterus including the urinary tract, heart, blood vessels, breasts, bones, hair, skin, pelvic muscles, and brain.

Progesterone is produced primarily after ovulation by the empty egg sac. Therefore if you don’t ovulate, you make much less progesterone. There are several other (less common) reasons for low or declining progesterone levels. These include high cortisol levels, certain synthetic chemicals that incompletely mimic and interfere with estrogen (xenoestrogens), and luteal phase defects in which you ovulate but still don’t produce an adequate amount of progesterone. All these scenarios lead to an imbalance between estrogen and progesterone. As discussed before all hormones, especially estrogens and progesterone in this regard, are kept in a very tight critical balance in order for us to function and feel our best.

Signs and Symptoms of Low Progesterone:

- Uterine fibroids
- Fibrocystic breasts
- Insomnia
- Weight gain
- Anxiety
- Fatigue
- Excessive menstrual bleeding
- Increased risk of breast cancer

If you have several of these symptoms above you should schedule an appointment with a physician specializing in hormone replacement therapy and optimization to review them and arrange for a comprehensive progesterone and estrogen evaluation.

Your initial tests should include: an *Ovulation Self Test* which can be purchased at any pharmacy and simply used at home. Any women in her mid-thirties or above should use this each month to check whether she is ovulating or not and if so is it regular. This will give the first clue to dropping progesterone levels. *Blood tests* should look at progesterone and estradiol levels when they are peaked around day 21 of your menstrual cycle, follicle stimulating hormone (FSH) which is the hormone produced by the pituitary that stimulates the ovaries to produce more estrogen should also be checked around day 21, testosterone and thyroid hormone levels, and finally cortisol levels (~8AM and 4PM).

Treatment for low progesterone includes: utilizing *bio-identical progesterone replacement therapy*, usually as a rub on cream once a day, to rebalance with estrogen.

Although many doctors in the past would only supplement progesterone in women with a uterus, now knowing how many other tissues it affects makes this philosophy outdated. Progesterone should be supplemented during the last two weeks of the menstrual cycle to mimic the normal physiologic rhythm. In post-menopausal women they may choose not to continue/resume having periods so progesterone in this case may be supplemented continuously however this is not physiologic and may thus not be optimally beneficial.