

UNDERSTANDING BHRT

BIOIDENTICAL HORMONE REPLACEMENT THERAPY

A Patient's Guide to Hormone Health and Healthy Aging

What Every **Man and Woman**
Should Know Before Starting
Hormone Therapy

Understanding BHRT:

A Patient's Guide to Hormone Health and Healthy Aging

*What Every Man and Woman Should Know Before Starting Hormone
Therapy*

By

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About the Author

Dr. Aura M. Ardon

Dr. Aura M. Ardon is a double board certified psychiatrist, the founder and CEO of Altura Medical Associates, and someone whose story is one of courage, perseverance, and heart.

She was born and raised in Guatemala, where life was not easy. Her father, a police officer, was imprisoned when she was just a little girl of eight. This left her family with very little to live on, and her childhood was marked by struggle. At the age of fifteen, she immigrated to the United States with only a seventh grade education and no knowledge of English. What she carried with her instead were her hopes, her determination, and a dream she held tightly, the dream of one day becoming a doctor.

Life tested her again when she became a mother at the age of sixteen. Most people would have given up in the face of so many obstacles, but Dr. Ardon did not. She finished high school in Port Chester, New York, often the oldest student in her classes, and went on to earn a pre med degree in biology and chemistry from Marymount College in Tarrytown, New York.

She attended Ross University School of Medicine and completed her residency in adult psychiatry at Cabrini Medical Center and Mount Sinai Hospital, later transferring to Westchester Medical Center at New York Medical College, where she was chosen as Chief Resident in her final year. She went on to complete her fellowship in child and adolescent psychiatry at the Yale Child Study Center.

Throughout her career, Dr. Ardon has walked alongside children, teenagers, and adults as they faced some of their most difficult moments, helping them see that with the right support, they could regain control of their thoughts and emotions and live lives that feel meaningful. She has held leadership positions at hospitals, intensive outpatient programs, and mental health organizations, always bringing a unique perspective and a holistic approach to care.

That same holistic approach is what led her to expand her practice into hormone health and vitality medicine. Dr. Ardon has seen firsthand how deeply hormonal changes can affect mood, energy, and quality of life, and how often that connection goes unrecognized in traditional care. Her work in this space grew out of the same belief that has guided her since her earliest days in psychiatry, that where you begin does not define where you can go, and that everyone deserves the chance to heal, grow, and feel like themselves again.

Introduction

If you picked up this guide, chances are something has changed. Maybe it is the fatigue that no amount of sleep seems to fix. Maybe it is the fog that settles over your thinking by mid afternoon, or the number on the scale that will not move no matter what you try. Maybe it is something quieter, a sense that you are not quite yourself anymore, and you cannot put your finger on why.

You are not imagining it, and you are not alone. Hormones touch nearly every system in the body. When they shift, whether from age, stress, or simple biology, the effects can show up in ways that feel confusing and disconnected. One week it is your mood. The next it is your sleep. Then it is your libido, or your muscle tone, or your patience with the small stuff. These are not separate problems. Often, they are chapters of the same story.

This guide was written to help you understand that story. We will walk through what hormones actually do, how perimenopause and menopause change the picture for women, what declining testosterone means for men, and how bioidentical hormone replacement therapy, known as BHRT, works to restore balance. We will also be honest about the risks, the myths, and the questions worth asking before you begin any treatment.

What This Guide Covers

Across the chapters ahead, you will find a mix of biology, practical guidance, and real talk about what treatment actually looks like day to day. Specifically, this guide walks through:

- How hormones work together as a system, and why aging changes that system for both men and women
- The full arc of the female hormonal transition, from early perimenopause through menopause and beyond
- The real differences between bioidentical and traditional hormone therapy
- How hormones shape mental health, sleep, weight, and sexual function

- Testosterone in both women and men, including who is a candidate and what treatment involves
- Safety, documented risks, and the myths that cause the most confusion
- What to expect at each stage of treatment, and the lifestyle habits that support it

Our goal is simple. We want you to walk into your next conversation with a provider feeling informed, not overwhelmed. Hormone health is not about chasing youth or fighting the clock. It is about giving your body what it needs to function the way it was designed to, so you can feel like yourself again.

You will notice this guide speaks to both men and women, often within the same chapter. That is intentional. Hormonal change is not a women's issue or a men's issue. It is a human one, and men in particular are often left out of this conversation entirely, even though the biological reality of declining testosterone is every bit as real and every bit as treatable as the changes women experience through perimenopause and menopause.

You do not need to read this guide cover to cover in one sitting. Feel free to skip to the chapter that speaks most directly to what you are experiencing right now, and come back to the rest later. Each chapter stands on its own, though together they paint a fuller picture of how hormones shape the way you feel, think, and function every single day.

Chapter 1

Understanding Hormones and Healthy Aging

Hormones are chemical messengers. They travel through your bloodstream carrying instructions to nearly every organ and tissue you have. Your thyroid, adrenal glands, pancreas, and reproductive organs all produce hormones that regulate metabolism, mood, sleep, energy, and countless other functions you rarely think about until something goes wrong.

Aging changes hormone production. This is not a flaw in the system. It is simply how the body works over time. Estrogen and progesterone decline in women as they move through perimenopause and menopause. Testosterone drops gradually in men, often starting in their thirties, in a process sometimes called andropause. Even hormones like DHEA and growth hormone taper off with age, contributing to changes in energy, skin, muscle mass, and recovery time.

A System, Not a Set of Switches

The tricky part is that these declines rarely happen in isolation. Hormones work as a network, not a set of independent switches. When one hormone drops, others often shift to compensate, and the ripple effects can touch your sleep, your mood, your weight, and your sense of mental clarity all at once. That is why so many patients describe their symptoms as vague or hard to explain. It is not one thing. It is a system adjusting, sometimes clumsily, to a new hormonal environment.

Understanding this network helps explain why hormone therapy, when appropriate, often improves more than one symptom at a time. Restoring a hormone to a healthier range does not just address a single complaint. It can help the whole system recalibrate.

The Hormones You Will Hear About Most

It helps to know which hormones tend to come up most often in these conversations, so the terms feel familiar rather than clinical and distant.

- Estrogen and progesterone: the two primary female reproductive hormones, working together to regulate the menstrual cycle, support bone density, and influence mood and cognition
- Testosterone: often labeled a male hormone, but produced by both sexes and essential for muscle strength, energy, and libido in women as well as men
- Cortisol: produced by the adrenal glands, governs your stress response and, when chronically elevated, can suppress other hormones
- Thyroid hormones: regulate metabolic rate and touch nearly every cell in the body
- DHEA: an adrenal hormone that serves as a building block for both estrogen and testosterone, and declines steadily with age

Once these players are on your radar, symptom patterns start to make a lot more sense.

What Healthy Aging Actually Looks Like

It also helps to understand what healthy aging actually looks like. Aging itself is not a disease, and hormone therapy is not a fountain of youth. The goal of BHRT is not to turn back the clock or chase an impossible standard. It is to support your body so the natural process of aging feels less disruptive and more manageable. Many patients describe the goal simply as wanting to feel like themselves again, with steady energy, a clear head, and a body that responds the way it used to.

Healthy aging is also shaped by far more than hormones alone. Sleep quality, stress levels, nutrition, physical activity, and even the strength of your relationships all play a role in how you experience getting older. Hormone therapy can be a meaningful part of that picture, but it works best as one piece of a broader approach to wellness rather than a standalone fix.

It is also worth saying plainly that not every symptom you experience is hormonal in origin. Fatigue can stem from anemia, sleep apnea, depression, or a dozen other causes that have nothing to do with estrogen or testosterone. This is exactly why a proper workup does not begin with hormone therapy. It begins with a careful evaluation that considers the full range of possible explanations, so that any treatment you pursue is actually addressing the right problem rather than masking a different one.

In the chapters ahead, we will look closely at how these hormonal shifts show up differently for women and men, and what options exist to support your body through them. Think of this chapter as the foundation. Once you understand how the system works, the rest of the picture becomes much easier to follow.

One more point worth making early. Hormonal decline is often framed as something that happens suddenly, but in reality most of these shifts unfold over years, sometimes over a decade or more. This gradual pace is part of why symptoms can be so easy to dismiss or explain away in the moment. Looking back, many patients realize the changes had been building quietly for a long time before they finally decided to seek answers. If any part of this chapter sounds familiar, that recognition alone is worth paying attention to.

Why the Same Symptom Can Have Different Causes

One of the more confusing aspects of hormone health is that the same symptom can stem from very different underlying causes, depending on the person. Fatigue in one patient might trace back to low testosterone. In another, it might reflect declining thyroid function. In a third, it could be a combination of low estrogen and poor sleep working together. This is exactly why cookie cutter treatment plans tend to underperform, and why an evaluation built around your specific pattern of symptoms and lab results, rather than a generic protocol, produces far better outcomes.

This is also why keeping a simple symptom log in the weeks before your first appointment can be so valuable. Jotting down when fatigue hits hardest, how your sleep

has been, changes in mood, and any physical symptoms gives your provider a much richer picture than trying to recall everything from memory during a single visit.

Chapter 2

Perimenopause: The Transition No One Talks About

Perimenopause is the transition leading up to menopause, and for many women it arrives quietly, then all at once. It can begin in your late thirties or forties, sometimes years before a period ever becomes irregular. During this stage, estrogen and progesterone levels do not decline in a smooth, predictable line. They fluctuate, sometimes dramatically, from one cycle to the next.

Why the Symptoms Feel So Unpredictable

Those fluctuations are why perimenopause can feel so unpredictable. One month you might have heavier periods and intense irritability. The next month might bring anxiety that seems to come out of nowhere, or a stretch of nights where sleep simply will not come. Common symptoms include:

- Hot flashes and night sweats
- Irregular, heavier, or lighter periods
- Anxiety or irritability that feels disproportionate
- Joint aches and unexplained body pain
- Heart palpitations
- Dry skin and changes in hair texture
- A frustrating dip in short term memory and word recall

Many women are surprised to learn that mood changes during perimenopause are not just stress or a bad week. Estrogen influences serotonin, the neurotransmitter closely tied to mood regulation. When estrogen swings, serotonin activity can swing with it, which helps explain why irritability, anxiety, and even depressive symptoms often intensify during this stage. This is a physiological process, not a personal failing, and understanding that distinction matters.

Why It Gets Dismissed So Often

One of the most common frustrations we hear is that perimenopause is often dismissed. Patients are told they are too young for menopause, or their symptoms are attributed entirely to stress or lifestyle. Bloodwork during perimenopause can also be misleading, since hormone levels vary so much from day to day that a single test might look normal even while a woman is experiencing real and disruptive symptoms.

This is where a thorough evaluation matters. A good assessment looks beyond a single lab value. It considers your symptom pattern over time, your menstrual history, your family history, and how your daily life has been affected. Some women benefit from tracking symptoms for a few weeks before their appointment, noting sleep quality, mood, cycle changes, and energy levels. That kind of detail often tells a more complete story than a single blood draw ever could.

Why the Cycle Itself Changes

It is also worth understanding why perimenopause tends to affect the menstrual cycle so unevenly. As the number of viable eggs in the ovaries declines, ovulation becomes less consistent. Some cycles may occur without ovulation at all, known as anovulatory cycles, which alters the usual balance between estrogen and progesterone for that month. This is part of why periods during perimenopause can become heavier, lighter, closer together, or further apart, sometimes all within the span of a single year. Tracking these changes, even loosely, can give your provider valuable information about where you are in the transition.

The Sleep Connection

Sleep disruption during perimenopause deserves its own mention, since it so often compounds every other symptom on this list. Night sweats fragment sleep even when a woman does not fully wake up, and the resulting sleep debt makes irritability, brain fog,

and emotional reactivity noticeably worse the next day. Many women describe a frustrating cycle where poor sleep worsens mood, worsened mood increases stress, and increased stress further disrupts sleep. Breaking that cycle is often one of the first and most impactful goals of treatment, whether through hormone support, targeted sleep strategies, or both together.

It is also common for perimenopause to overlap with an already demanding stretch of life. Many women in their forties are juggling careers, raising children, and in many cases caring for aging parents at the same time their hormones are shifting beneath them. That combination can make it genuinely difficult to separate hormonal symptoms from ordinary life stress. A thoughtful provider will take the time to tease these threads apart with you, rather than attributing every symptom to being busy or simply having a lot on your plate.

The good news is that perimenopause, while disruptive, is also highly manageable once it is properly recognized. Depending on your symptoms and goals, options may include lifestyle adjustments, targeted supplementation, or bioidentical hormone support to help smooth out the fluctuations your body is experiencing. The right approach depends entirely on your individual pattern of symptoms and what feels most disruptive to your daily life.

If you are in this stage right now, know this. What you are feeling is real, it has a physiological explanation, and there are ways to make this transition significantly more comfortable. You do not have to simply wait it out.

What Treatment Can Look Like During Perimenopause

Because perimenopause is defined by fluctuation rather than a steady decline, treatment often looks a bit different than it does after full menopause. Depending on your specific symptoms, your provider might discuss:

- Low dose, cyclical progesterone to help smooth out irregular cycles and support sleep
- Low dose estrogen support during particularly symptomatic stretches

- Non hormonal options for specific symptoms, such as certain medications for hot flashes or mood support
- Targeted lifestyle adjustments around sleep, nutrition, and stress that can meaningfully ease symptom severity

The right combination depends entirely on where you are in the transition and which symptoms are affecting your life the most, which is exactly why perimenopause care tends to be more iterative than a single fixed protocol, adjusting as your body continues to shift over the following months and years.

Chapter 3

Menopause and Beyond

Menopause is officially marked by twelve consecutive months without a period, and it typically arrives around age fifty one, though the range varies widely from woman to woman. By this point, the ovaries have significantly reduced their production of estrogen and progesterone, settling into a new and much lower hormonal baseline.

For some women, this stage brings relief. The unpredictable swings of perimenopause finally settle into something more consistent. For others, menopause introduces a new set of challenges, including vaginal dryness, thinning skin, changes in bone density, and a shift in how the body stores fat, often moving toward the midsection even without changes in diet or exercise.

Bone Health

Bone health deserves particular attention during this stage. Estrogen plays a protective role in maintaining bone density, and its decline accelerates bone loss, raising the risk of osteoporosis over time. Beyond hormone therapy where appropriate, providers commonly recommend a combination approach, including:

- A bone density screening, known as a DEXA scan, to establish a baseline
- Adequate calcium intake, typically through diet first and supplements if needed
- Vitamin D, since it supports calcium absorption
- Weight bearing exercise, such as walking, strength training, or resistance work

Cardiovascular Health

Cardiovascular health also shifts after menopause. Estrogen has a favorable effect on cholesterol levels and blood vessel function, and its decline is associated with changes in cardiovascular risk. This does not mean menopause causes heart disease on its own, but

it is one more reason why comprehensive care during this life stage matters, including regular monitoring of blood pressure, cholesterol, and overall cardiovascular health.

Reframing the Narrative

Menopause is also, for many women, a stage that gets framed almost entirely around loss. Loss of fertility, loss of youth, loss of a certain kind of vitality. We think that framing does women a disservice. Menopause is a biological transition, not a decline in worth or capability. Plenty of women describe feeling more confident and settled in this stage of life than they did in their twenties or thirties, once the physical symptoms are properly addressed.

That is really the heart of good menopause care. It is not about resisting a natural transition. It is about making sure uncomfortable symptoms do not stand in the way of living fully.

Skin, Hair, and Confidence

Skin and hair changes are another aspect of postmenopausal life that rarely gets discussed but often bothers women a great deal. Estrogen supports collagen production and skin hydration, so its decline can lead to thinner, drier skin and a noticeable loss of elasticity over a fairly short period of time. Hair can thin as well, particularly around the crown and temples, while some women notice increased facial hair growth as the ratio of testosterone to estrogen shifts. These changes are not simply cosmetic concerns to be brushed aside. For many women they have a real effect on confidence and self image, and they are entirely valid things to bring up during an evaluation.

Vaginal and Urinary Symptoms

Vaginal and urinary symptoms also tend to persist and, without treatment, often worsen over time, unlike some other menopausal symptoms that may ease on their own after a few years. Genitourinary syndrome of menopause can include:

- Vaginal dryness and irritation
- More frequent urinary tract infections
- Discomfort during intimacy
- A sense of urgency or increased frequency with urination

Localized vaginal estrogen, which delivers hormone directly to the affected tissue with minimal systemic absorption, is often a highly effective option for these specific symptoms, sometimes used alongside systemic BHRT and sometimes used entirely on its own depending on a woman's broader symptom picture.

Timing Matters

Timing of treatment initiation is worth a closer look here as well. Research generally supports what is often called the window of opportunity, the idea that starting hormone therapy within roughly ten years of menopause onset, or before age sixty, tends to carry a more favorable risk profile than starting many years later (Faubion et al., 2022). This does not mean women outside that window cannot benefit from treatment, but it does mean the conversation around risks and benefits becomes more individualized the further removed a woman is from her final period, which is exactly why this detail deserves a place in any thorough evaluation.

Finally, it is worth remembering that menopause looks different for every woman. Some sail through it with minimal disruption. Others find it to be one of the most challenging stretches of their adult life. Neither experience is more valid than the other, and there is no need to compare your journey to a friend's or a sister's. What matters is that your own symptoms, whatever they are, get taken seriously and addressed on their own terms.

Supporting Your Body Through the Transition

Alongside any hormone therapy, several everyday habits tend to make a meaningful difference during and after menopause. These are not substitutes for medical treatment when treatment is needed, but they consistently support better outcomes:

- Prioritizing calcium and vitamin D rich foods, alongside sensible sun exposure
- Continuing regular weight bearing and resistance exercise to protect bone and muscle
- Staying well hydrated, which can help ease dry skin and support overall energy
- Keeping regular checkups for cholesterol, blood pressure, and cardiovascular screening
- Building a support network of friends or a community going through the same transition, since isolation tends to make every symptom feel heavier

None of these steps replace a proper medical evaluation, but layered alongside appropriate care, they tend to make the entire postmenopausal stretch of life noticeably more comfortable.

Chapter 4

BHRT vs Traditional HRT

One of the most common questions we hear is what actually separates bioidentical hormone replacement therapy from traditional hormone replacement therapy. The distinction comes down to molecular structure. Bioidentical hormones are chemically identical to the hormones your body naturally produces. Traditional HRT often uses synthetic hormones, or hormones derived from other sources, such as pregnant mare urine, which have a similar but not identical structure to human hormones.

That difference in structure matters because your body's cellular receptors are built to recognize specific molecular shapes. When a hormone matches your body's own chemistry precisely, it can bind to receptors and be metabolized in a way that closely mirrors your natural physiology. Some patients find this results in fewer side effects and a more predictable response, though individual experiences vary and this is an area where research is still evolving.

What the Research Foundation Looks Like

Traditional HRT is not without merit, and it has decades of large scale clinical research behind it, including data from the Women's Health Initiative study that shaped much of modern hormone therapy guidance (Rossouw et al., 2002). That study, and the research that followed it, taught the medical community a great deal about timing, dosing, and which patients are best suited for hormone therapy in the first place (Manson et al., 2013).

Delivery Methods

BHRT also offers more flexibility in how it is delivered. Common options include:

- Pellets inserted under the skin, providing a steady hormone release over several months

- Topical creams and gels, applied daily
- Patches, changed weekly or twice weekly depending on the formulation
- Oral capsules, particularly for progesterone

Pellet therapy in particular has grown popular because it provides a steady release of hormones over several months, avoiding the daily fluctuations that can come with pills or creams. This steadier delivery is one reason many patients report more consistent symptom relief with pellets compared to other methods.

Bioidentical Does Not Mean Unregulated

It is worth being clear about one thing. Bioidentical does not automatically mean safer or more natural in some vague, unregulated sense. Reputable BHRT is prescribed by licensed providers, compounded or manufactured under strict quality standards, and monitored through regular bloodwork just like any other prescription hormone therapy (Mayo Clinic, 2023). The word bioidentical describes molecular structure, not a shortcut around medical oversight.

Compounded vs FDA Approved Formulations

Another distinction worth understanding is the difference between compounded bioidentical hormones and FDA approved bioidentical formulations. Some bioidentical hormones, including certain estradiol patches, gels, and micronized progesterone capsules, are manufactured by pharmaceutical companies and carry full FDA approval, meaning they have gone through standardized testing for purity and dosing consistency. Others are compounded by specialty pharmacies to a provider's specific prescription, which allows for customized dosing and delivery methods but does not carry the same FDA approval process. Both categories can be part of legitimate, well monitored care, but it is worth understanding which type you are being prescribed and why.

Cost and insurance coverage often differ between the two approaches as well. FDA approved hormone formulations are more likely to be covered, at least partially, by insurance, while compounded bioidentical preparations and pellet therapy are frequently out of pocket expenses. This is not a reflection of which option is more effective. It largely reflects how the insurance and pharmaceutical systems have historically been structured. It is a practical consideration worth discussing openly with your provider's office as you weigh your options.

So how do you choose between them? That decision depends on your specific symptoms, your health history, your personal preferences around delivery method, and what your provider's evaluation reveals. Some patients do very well on traditional HRT. Others find BHRT better suits their body and lifestyle. There is no single right answer for everyone, which is exactly why a thorough, individualized evaluation matters so much before starting any hormone therapy.

Ultimately, the traditional versus bioidentical debate can distract from what actually matters most, which is finding a treatment approach that fits your body, your symptoms, and your life. A good provider will not push you toward one category over the other out of habit or convenience. They will walk you through the tradeoffs honestly and help you land on the option that gives you the best chance of feeling better, monitored carefully every step of the way.

What to Look for in a Provider

Regardless of which type of hormone therapy you eventually pursue, the provider guiding your care matters just as much as the treatment itself. A few qualities worth looking for include:

- A thorough intake process that includes detailed history taking, not just a quick symptom checklist
- A willingness to order and personally review comprehensive bloodwork, rather than prescribing based on symptoms alone

- Clear explanations of both the benefits and the risks of any recommended treatment
- A defined plan for ongoing monitoring, not just an initial prescription
- Openness to your questions, including questions that push back on their recommendations

A provider who welcomes these qualities is generally a strong sign of thoughtful, individualized care, regardless of whether your treatment plan ultimately leans bioidentical, traditional, or some combination of both.

Chapter 5

Hormones and Mental Health

The connection between hormones and mental health is one of the most underappreciated aspects of hormonal change, and it deserves far more attention than it typically gets. Estrogen, progesterone, and testosterone all interact directly with brain chemistry, influencing neurotransmitters like serotonin, dopamine, and GABA, the same systems targeted by many mental health medications.

This is why hormonal shifts can produce symptoms that look, on the surface, identical to primary mood disorders. Anxiety that appears out of nowhere in your forties. Irritability that feels disproportionate to whatever triggered it. A flattening of motivation and joy that resembles depression but does not respond the way you would expect to typical interventions. These experiences are real, and they often have a hormonal component that deserves investigation rather than dismissal.

The Mechanisms Behind the Symptoms

It helps to understand a few of the specific mechanisms at play.

- Estrogen supports serotonin synthesis and helps regulate how sensitive serotonin receptors are throughout the brain
- Progesterone converts in the brain to a compound called allopregnanolone, which interacts with the same calming GABA receptors targeted by certain anti anxiety medications
- Testosterone supports dopamine activity, the neurotransmitter closely tied to motivation, drive, and the capacity to feel reward and satisfaction
- Cortisol, when chronically elevated, interferes with the healthy function of all three of the systems above

When progesterone drops, the natural calming effect tied to allopregnanolone drops with it, which helps explain the heightened anxiety and irritability so many women describe during perimenopause.

Low Testosterone and Men's Mental Health

For men, the mental health impact of declining testosterone is frequently overlooked entirely. Low testosterone is associated with fatigue, low motivation, irritability, and in some cases symptoms that closely resemble depression. Because men are often less likely to bring up emotional symptoms with their provider, and because low testosterone is rarely the first thing considered when mood changes arise, this connection frequently goes unaddressed for years.

Testosterone's relationship to mental health in men follows an important pattern worth naming directly. Many men describe a flattening effect once testosterone declines, a sense of going through the motions without the usual spark of interest or ambition. This is frequently mistaken for burnout or a passing rough patch, when in fact it may reflect a measurable hormonal shift worth investigating.

Hormones Are Part of the Picture, Not the Whole Picture

None of this means every mental health struggle is purely hormonal, and it would be irresponsible to suggest otherwise. Mental health is shaped by many factors, including genetics, life circumstances, trauma, and brain chemistry that has nothing to do with reproductive hormones. What we want you to understand is that hormones are a legitimate piece of the puzzle, one that is often left out of the conversation entirely.

This is exactly why a comprehensive evaluation matters so much, particularly for a practice with roots in mental health care. When mood symptoms and hormonal symptoms overlap, the most effective care often comes from looking at the whole picture rather than treating them as entirely separate concerns. Sometimes the answer is hormone therapy.

Sometimes it is a combination of hormone support and traditional mental health treatment. Sometimes hormonal evaluation reveals that something else entirely is driving the symptoms, which is valuable information in itself.

There is also an important word of caution here. Hormone therapy is not a replacement for appropriate mental health treatment when a primary mood or anxiety disorder is present, and it should never be positioned that way. For patients managing conditions like major depression, bipolar disorder, or significant anxiety disorders, coordinated care between a hormone specialist and a mental health provider typically produces the best outcomes. The goal is a complete picture of your health, not a single treatment expected to solve everything on its own.

It is also worth acknowledging how much stigma still surrounds this overlap between hormones and mental health, particularly for men. Admitting to irritability, low motivation, or a flattened mood can feel at odds with how many men were raised to think about strength and self reliance. We want to be direct about this. Recognizing a hormonal or emotional shift and seeking help for it is not a weakness. It is the same kind of proactive, informed decision making that leads people to address any other treatable health concern before it grows into something more difficult to manage.

If you have been struggling with mood changes and nothing quite seems to fit, do not assume it is all in your head, and do not assume it is purely hormonal either. Bring the full picture to your provider. A thoughtful evaluation, one that considers both mental health history and hormonal status, gives you the best chance of finding an approach that actually addresses what is happening.

When Anxiety Shows Up Physically

It is worth naming a pattern many women describe but rarely connect to hormones at first. During perimenopause in particular, anxiety can show up as sudden physical sensations, a racing heart, a wave of heat, a feeling of dread that arrives with no clear trigger. These episodes can closely resemble panic attacks, and understandably, many women

assume something is seriously wrong or that they are developing a new anxiety disorder out of nowhere. While these sensations absolutely deserve medical attention to rule out other causes, it is worth knowing that this pattern is a well recognized feature of hormonal fluctuation, closely tied to the same estrogen and progesterone shifts discussed throughout this chapter. Recognizing that pattern often brings real relief on its own, even before treatment begins.

Talking to Loved Ones About What You Are Experiencing

One challenge patients rarely anticipate is how hard it can be to explain hormonally driven mood changes to the people around them. A partner or family member may notice irritability or withdrawal and take it personally, not realizing there is a physiological explanation behind it. It can help to have a simple, honest way of naming what is happening, something like explaining that your hormones are shifting and it is affecting your mood and energy, and that you are working with a provider on it. This does not excuse hurtful behavior, but it can go a long way toward helping loved ones respond with patience rather than confusion or hurt feelings, while you work through this stage with proper support.

Chapter 6

Sleep, Brain Fog, and Energy

Few symptoms frustrate patients more than the combination of poor sleep, mental fog, and low energy. It is exhausting in the most literal sense, and it can make even simple daily tasks feel like they require far more effort than they used to.

How Hormones Shape Sleep

Hormones play a significant role in all three of these areas. Progesterone has a calming, almost sedative effect on the brain, which is part of why declining progesterone during perimenopause and menopause is so closely linked to insomnia and fragmented sleep. Estrogen also affects sleep architecture and body temperature regulation, which is why hot flashes and night sweats so often disrupt rest, even when a woman does not consciously notice waking up.

For men, declining testosterone is associated with reduced sleep quality and a higher likelihood of sleep disturbances, including an increased risk of sleep apnea. Poor sleep and low testosterone can also feed into each other in a frustrating cycle, since inadequate sleep further suppresses healthy testosterone production, which then makes quality sleep even harder to achieve.

Understanding Brain Fog

Brain fog, that frustrating sense of mental cloudiness, is closely tied to both hormone levels and sleep quality. Estrogen supports several cognitive functions, including verbal memory and processing speed, which is part of why many women notice word finding difficulty or a slower mental pace during perimenopause and menopause. Testosterone plays a similar supportive role in men, contributing to focus, motivation, and mental sharpness.

Ordinary Tiredness vs Hormonal Fatigue

It helps to understand the difference between feeling tired and experiencing true hormonal fatigue, since the two are often confused.

- Ordinary tiredness typically responds to rest. Sleep well, and you feel restored the next day.
- Hormonal fatigue tends to be more persistent and less responsive to sleep alone.
- Patients often describe it as a heaviness in the body, or wading through mud, even after a full night's sleep.
- It often comes with a sense of running on empty that does not match how much rest you actually got.

If this description resonates with you, it is worth mentioning specifically to your provider, since it is a meaningful diagnostic clue.

The Role of Cortisol

Cortisol also deserves mention in this chapter, since it interacts closely with sleep, energy, and cognitive clarity. Cortisol should naturally be highest in the morning, helping you wake and feel alert, then gradually decline throughout the day, reaching its lowest point at night to allow for restful sleep. Chronic stress can flatten or reverse this rhythm, leaving you wired and unable to sleep at night while feeling sluggish and foggy during the day. When this pattern is present alongside declining sex hormones, addressing cortisol rhythm often becomes an important part of the overall treatment plan.

A practical note worth including here. Many patients ask whether caffeine is the enemy during this stage. The honest answer is that moderate caffeine intake, particularly earlier in the day, is not inherently harmful and can be part of a reasonable routine. The bigger issue tends to be using caffeine to compensate for consistently poor sleep, which can mask the underlying problem rather than solve it, and often interferes with sleep quality that same night if consumed too late in the day.

The encouraging part is that these three symptoms, sleep, brain fog, and energy, often improve together once hormonal balance is restored. Patients frequently report that clearer thinking and steadier energy are among the first changes they notice once treatment begins, sometimes even before other symptoms fully resolve. That said, hormone therapy is rarely the entire solution on its own. Good sleep hygiene, consistent physical activity, and stress management all work alongside hormonal support to help you feel like yourself again.

Building Better Sleep Habits Alongside Treatment

While hormone therapy addresses the underlying physiology, certain habits can meaningfully support better sleep during this process. Patients often find the following adjustments genuinely helpful:

- Keeping a consistent sleep and wake time, even on weekends, to support your body's natural rhythm
- Keeping the bedroom cool, since a cooler environment can ease the discomfort of night sweats
- Limiting screens for the hour before bed, since blue light can interfere with the natural release of melatonin
- Avoiding large meals or alcohol close to bedtime, both of which can fragment sleep quality
- Getting natural light exposure earlier in the day, which helps anchor a healthy cortisol and melatonin rhythm

None of these habits will fully resolve hormonally driven insomnia on their own, but they create the conditions where treatment has the best chance of working effectively, and where any remaining sleep difficulty becomes easier to identify and address.

When to Bring in a Sleep Specialist

Occasionally, sleep difficulty during this stage of life points to something beyond hormones alone. Loud snoring, gasping during sleep, or a partner noticing pauses in breathing are worth mentioning to your provider, since they can indicate sleep apnea, a condition that becomes more common with age and with hormonal change and that benefits from its own dedicated evaluation. Addressing sleep apnea alongside hormone therapy, rather than assuming hormones alone will resolve it, tends to produce far better results for patients dealing with both issues at once.

Chapter 7

Weight Gain and Metabolism

Few things are more discouraging than doing everything right, eating well, staying active, and still watching the scale creep upward or the shape of your body shift in ways that feel entirely outside your control. If this sounds familiar, please know that this is one of the most common and most legitimate complaints we hear, and there is real physiology behind it.

Where Body Fat Goes, and Why It Matters

Hormones directly influence how your body stores fat, builds muscle, and regulates appetite. As estrogen declines during perimenopause and menopause, fat storage tends to shift from the hips and thighs toward the abdomen. This is not simply a cosmetic change. Visceral fat, the fat that accumulates around the abdominal organs, is metabolically active and is associated with increased cardiovascular and metabolic risk, which is one more reason this shift deserves attention.

Muscle Mass and Resting Metabolism

Muscle mass also declines with age and hormonal change, a process called sarcopenia. Since muscle tissue burns more calories at rest than fat tissue, losing muscle mass naturally slows your metabolism, even if your diet and activity level have not changed at all. This helps explain why the same eating habits that maintained your weight in your thirties may no longer work the same way in your forties or fifties.

For men, declining testosterone follows a similar pattern, contributing to reduced muscle mass, increased fat storage, particularly around the midsection, and a slower resting metabolism. Testosterone also plays a role in insulin sensitivity, and low levels are associated with an increased risk of insulin resistance over time.

Thyroid Function

Thyroid function deserves mention here as well, since thyroid hormones directly regulate metabolic rate and are frequently overlooked in weight related conversations. Because thyroid symptoms can overlap significantly with symptoms of low estrogen or low testosterone, a thorough hormonal evaluation should generally include thyroid testing rather than assuming reproductive hormones are the only factor at play.

Appetite Signals Change Too

Appetite regulation is another piece of this puzzle that deserves attention. Hormones like leptin and ghrelin, which signal fullness and hunger, do not operate independently of estrogen, testosterone, and cortisol. When these systems fall out of balance, many patients notice:

- Increased cravings, particularly for sugar and refined carbohydrates
- A reduced sense of satisfaction after eating a normal sized meal
- Hunger that feels disconnected from actual caloric need
- More difficulty sticking with an eating pattern that used to feel manageable

This is not a lack of willpower. It is a hormonal signal that has become less reliable, and it is one more reason why weight changes during hormonal transitions can feel so difficult to control through diet alone.

It is also worth addressing a frustration many patients have voiced directly. Some have been told by previous providers that weight gain during menopause or andropause is simply something to accept, a natural consequence of aging that diet and exercise alone should be able to overcome if only they tried harder. We think that framing is both inaccurate and unfair. While lifestyle absolutely matters, dismissing a genuine hormonal component ignores real physiology and can leave patients feeling blamed for a problem that has a legitimate medical explanation.

The Fat and Testosterone Feedback Loop

For men specifically, it is worth noting that fat tissue itself produces an enzyme called aromatase, which converts testosterone into estrogen. This creates a frustrating cycle where increased body fat lowers testosterone, and lower testosterone makes it easier to gain further body fat. Breaking this cycle often requires addressing both sides at once, through hormone therapy where appropriate alongside a sustainable approach to nutrition and resistance training, rather than expecting either piece to work effectively in isolation.

Patients sometimes ask whether newer weight management medications, such as GLP-1 receptor agonists, are a substitute for addressing hormonal causes of weight gain. These medications work through an entirely different mechanism, primarily regulating appetite and blood sugar, and can be effective tools in their own right. However, they do not address underlying hormonal decline, and for patients whose weight changes are substantially driven by low testosterone or low estrogen, combining appropriate hormone therapy with other interventions often produces more complete and more sustainable results than either approach used alone.

Restoring hormonal balance can make weight management meaningfully easier, but it is important to set realistic expectations. BHRT is not a weight loss treatment on its own, and it will not undo the effects of diet and activity levels. What it can do is remove some of the physiological headwinds that make weight management so much harder during hormonal transitions, giving your efforts at nutrition and exercise a fairer chance to actually work.

Exercise That Actually Supports This Stage of Life

Not all exercise supports hormonal health equally during this stage of life. A few patterns worth keeping in mind include:

- Resistance training two to three times a week to counteract age related muscle loss
- Moderate cardiovascular activity for heart health and stress reduction, without excessive, chronic high intensity training that can further elevate cortisol

- Adequate recovery time between intense workouts, since hormonal changes can slow recovery compared to earlier decades
- Consistency over intensity, since a sustainable routine you actually maintain outperforms an aggressive plan you abandon after a few weeks

Many patients find that once hormone levels stabilize through treatment, their workouts start producing results again in a way that felt frustratingly out of reach before, which itself becomes a strong source of motivation to keep going.

Chapter 8

Sexual Health and Libido

Changes in sexual health and libido are among the most common symptoms of hormonal imbalance, and also among the most difficult for patients to bring up. We want to say clearly, right from the start, that this is a normal medical concern, not something to feel embarrassed about, and it deserves the same thoughtful attention as any other symptom.

How Symptoms Differ for Women and Men

For women, declining estrogen often leads to vaginal dryness, thinning of vaginal tissue, and discomfort during intimacy, a set of symptoms sometimes referred to as genitourinary syndrome of menopause. Declining testosterone, which women produce in smaller amounts than men but still need for healthy function, contributes separately to reduced libido, diminished arousal, and changes in sexual satisfaction.

For men, testosterone is central to sexual function in ways that go well beyond libido alone. It affects erectile function, the frequency and quality of morning erections, and overall sexual satisfaction. Many men notice these changes gradually, sometimes attributing them to stress or age without realizing that a hormonal shift may be driving much of what they are experiencing.

Desire vs Physical Response

It can also help to understand the difference between desire and physical response, since they are affected by hormones somewhat differently.

- Libido, the mental and emotional interest in intimacy, is influenced heavily by testosterone in both men and women, along with dopamine activity in the brain
- Physical arousal and function depend more on blood flow, tissue health, and nerve sensitivity

- These are influenced by estrogen in women, and by testosterone alongside vascular health in men
- A person can experience a change in one of these areas without the other

An accurate description of your specific symptoms helps your provider narrow down what is actually happening.

It Is Rarely Just One Factor

It is worth noting that sexual health concerns are rarely caused by a single factor. Relationship dynamics, stress, certain medications, underlying health conditions like diabetes or cardiovascular disease, and mental health all play a role alongside hormones. This is exactly why a proper evaluation matters, since treating hormone levels alone will not resolve a concern that is being driven primarily by something else entirely.

That said, when hormonal decline is a genuine contributing factor, and clinical evidence suggests it very often is, restoring hormone levels through BHRT can meaningfully improve sexual health for both men and women. Women may benefit from targeted estrogen therapy, testosterone support, or localized treatments depending on their specific symptoms. Men often see improvement in libido, energy, and sexual function as testosterone levels return to a healthier range.

A Note on Timing and Cardiovascular Health

For men, it is worth noting that erectile difficulties are not always primarily hormonal, even when testosterone is low. Cardiovascular health plays a central role in erectile function, since achieving and maintaining an erection depends on healthy blood flow. This is actually valuable information, since erectile difficulty can sometimes be an early warning sign of cardiovascular issues that deserve their own attention, which is one more reason this symptom should never be brushed aside or treated as purely a bedroom concern.

Communication with a partner is also worth mentioning, even briefly. Changes in libido or sexual function can understandably create tension or hurt feelings within a relationship, particularly when the cause is not understood. Framing these changes as a physiological shift with a real medical explanation, rather than a reflection of attraction or commitment, can go a long way toward keeping a relationship steady while treatment addresses the underlying cause.

It is also worth noting that improvement in this area, once treatment begins, tends to be gradual rather than immediate, and it can be one of the last symptoms to fully resolve compared to changes in energy or mood. This is not a sign that treatment is not working. Tissue health, blood flow, and nerve sensitivity all take time to respond fully to restored hormone levels, and patience during this phase of treatment tends to be rewarded with meaningful, lasting improvement rather than a quick fix that fades.

We encourage you not to suffer through these changes in silence, and not to assume they are simply an inevitable part of getting older that you have to accept. Sexual health is a meaningful part of overall wellbeing and quality of life. Bringing it up with your provider, even if it feels uncomfortable at first, is often the first step toward getting real answers.

Making the Conversation Easier

Many patients tell us the hardest part of addressing sexual health concerns is simply finding the words to start the conversation. A few approaches that patients have found helpful include:

- Writing down your specific concerns before the appointment, so you do not have to find the words on the spot
- Being as specific as possible, since general statements like everything feels off are harder to act on than a clear description of what has changed
- Remembering that your provider has almost certainly heard this exact concern many times before, from many other patients

- Asking directly whether hormones could be a contributing factor, if your provider has not already raised the topic

A good provider will meet this topic with the same clinical seriousness as any other symptom, without judgment and without rushing past it.

Chapter 9

Testosterone in Women

When people hear the word testosterone, they usually think of men. But testosterone is a vital hormone for women too, produced primarily by the ovaries and adrenal glands, and it plays a far more significant role in female health than most people realize.

In women, testosterone contributes to muscle tone, bone density, energy levels, mental clarity, and libido. It also plays a role in mood regulation and overall sense of vitality. Women naturally produce testosterone at levels much lower than men, but the hormone is essential nonetheless, and its decline, which begins well before menopause and continues afterward, can produce symptoms that are frequently misattributed to other causes.

Recognizing Low Testosterone in Women

A woman experiencing low testosterone might notice:

- Persistent fatigue that does not improve with rest
- A decline in muscle strength despite continued exercise
- Low motivation and difficulty concentrating
- Reduced sexual desire and diminished arousal
- A general sense of flatness or reduced enjoyment in daily life

Because these symptoms overlap so heavily with low estrogen, thyroid dysfunction, and even depression, low testosterone in women often goes unrecognized and untested for years.

Why Testing Requires Nuance

Testing testosterone levels in women requires some nuance, since normal reference ranges are lower and narrower than in men, and levels naturally fluctuate throughout the menstrual cycle in women who are still cycling. This is another area where a single lab value rarely tells the whole story, and why symptom history combined with careful lab interpretation matters so much.

How Treatment Differs From Men's Protocols

One reason testosterone in women has historically been under discussed is that, until fairly recently, there was no formulation specifically approved and dosed for female physiology in many regions. Providers often had to rely on off label use of male formulations at carefully reduced doses, or compounded preparations built specifically for female dosing ranges. A 2019 global consensus statement from several international medical societies helped formalize evidence based guidance for testosterone use in women, reinforcing that dosing and monitoring for women must be handled very differently than for men (Davis et al., 2019).

When low testosterone is identified as a genuine contributing factor, treatment options for women typically involve much smaller doses than those used for men, often delivered through creams, gels, or low dose pellets, always with careful monitoring to keep levels within a healthy female range. The goal is never to reach male level testosterone. It is to restore levels back to what is normal and healthy for a woman's physiology.

What to Watch For

Side effects, when they occur, are usually dose related and reversible with adjustment. These can include:

- Acne or oilier skin
- In higher doses, unwanted hair growth

- In higher doses, voice changes

This is precisely why women are started on conservative doses with close monitoring, and why any of these signs should be reported to your provider promptly so your dose can be reassessed rather than continued as is.

Testosterone in women is not just about libido, either, and we want to be careful not to leave that impression. Many women who begin testosterone therapy for primarily sexual concerns are pleasantly surprised to notice improvements in gym performance, muscle recovery, mental focus, and overall drive as well. The hormone's reach extends well beyond the bedroom, which is part of what makes it such a meaningful piece of a woman's overall hormonal picture.

Timing also matters when considering testosterone therapy in women. Some providers prefer to first address estrogen and progesterone levels, particularly during perimenopause and menopause, before layering in testosterone, since correcting the more dominant hormonal shifts sometimes resolves a portion of the fatigue and low mood on its own. Others may recommend addressing all three hormones together from the start, depending on the severity and pattern of symptoms. Neither approach is universally right or wrong. It is a clinical judgment that should be made collaboratively between you and your provider based on your specific presentation.

If you are a woman experiencing persistent fatigue, low motivation, or a decline in libido that has not responded to other interventions, testosterone is a hormone worth discussing with your provider. It is often the missing piece in a puzzle that has otherwise gone unsolved, and it deserves to be part of the conversation rather than left out of it entirely.

DHEA and Its Relationship to Testosterone

DHEA, produced primarily by the adrenal glands, deserves a brief mention alongside testosterone, since the two are closely connected. DHEA serves as a building block that the body converts into both testosterone and estrogen, and like testosterone, it declines steadily with age in both women and men. Some women with low testosterone

symptoms are found to have low DHEA as well, and in certain cases, supporting DHEA levels can be part of a broader strategy alongside or instead of direct testosterone therapy. This is another reason why a comprehensive hormone panel, rather than testing a single hormone in isolation, tends to give a much clearer picture of what is actually happening in your body.

Chapter 10

Testosterone and Men's Health

Testosterone is often described as the defining hormone of male health, and for good reason. It influences muscle mass, bone density, red blood cell production, fat distribution, mood, cognitive function, and sexual health. Testosterone levels naturally peak in a man's late teens and twenties, then begin a gradual decline, typically around one percent per year starting in the thirties.

That one percent figure sounds small, but it accumulates. By the time many men reach their fifties or sixties, they may have lost twenty percent or more of their peak testosterone levels, and the symptoms of that decline often creep in so gradually that men attribute them to normal aging, stress, or simply getting older, rather than recognizing a treatable hormonal shift.

Recognizing Low Testosterone

Common symptoms of low testosterone, sometimes called hypogonadism when clinically significant, include:

- Persistent fatigue
- Reduced muscle mass despite continued exercise
- Increased body fat, particularly around the abdomen
- Low libido
- Difficulty concentrating and irritability
- Symptoms that can closely resemble depression
- Reduced body hair and, in more severe cases, changes in testicular size

How Diagnosis Actually Works

Diagnosing low testosterone properly requires more than a single blood test, in line with guidance from the Endocrine Society's clinical practice guideline on testosterone therapy (Bhasin et al., 2018). Testosterone levels naturally fluctuate throughout the day, typically peaking in the morning, which is why testing is usually recommended between seven and ten in the morning for the most accurate reading. A single low result should generally be confirmed with a second test, along with an evaluation of symptoms, before a diagnosis is made.

Treatment Options

Once low testosterone is confirmed, treatment options include:

- Injections, typically administered weekly or biweekly
- Topical gels, applied daily
- Patches, applied daily
- Pellets, inserted every three to six months for a steady, consistent release

Pellet therapy has become increasingly popular among men because it provides a steady, consistent hormone level over several months without the daily maintenance required by gels or the more frequent dosing required by injections.

Why Monitoring Never Stops

Restoring testosterone to a healthy range often produces noticeable improvements in energy, mood, muscle strength, and sexual function, frequently within the first several weeks of treatment. That said, testosterone therapy requires ongoing monitoring, including regular bloodwork to track hormone levels, red blood cell counts, and prostate health, since testosterone therapy is not appropriate for every man and carries considerations that should be discussed thoroughly with your provider before starting treatment.

It is worth understanding why prostate health monitoring is such a routine part of testosterone therapy for men. For years, there was a widespread belief that testosterone therapy could fuel prostate cancer growth, based largely on outdated research from decades ago. More recent studies have significantly softened that concern for men without existing prostate cancer, though monitoring PSA levels and discussing prostate health history remains a standard, sensible precaution rather than an outdated formality. Men with a personal history of prostate cancer require a much more careful, individualized conversation with their provider before considering testosterone therapy.

Red blood cell count, specifically a measure called hematocrit, is another important marker to track, since testosterone therapy can increase red blood cell production. In most men this stays within a healthy range, but in some cases levels can climb higher than desired, which increases the thickness of the blood and, in turn, certain cardiovascular risks. This is easily monitored through routine bloodwork and easily managed through dose adjustment when it occurs, which is exactly why regular follow up testing matters so much throughout treatment.

Fertility Considerations

It is also worth mentioning fertility, since this comes up often with younger men considering testosterone therapy. Testosterone replacement can suppress natural sperm production, since the body senses adequate testosterone from an external source and reduces its own signal to produce more, a signal that also drives sperm production. Men who are still hoping to conceive should discuss this directly with their provider before starting treatment, since alternative approaches or fertility preserving strategies may be more appropriate depending on their specific goals and timeline.

A question we hear often from men considering treatment is whether starting testosterone therapy means committing to it permanently. It does not, though stopping abruptly after an extended period of treatment can cause a temporary dip in symptoms as your body's own production, which has been suppressed by the external supply, gradually ramps back up. Any decision to pause or discontinue treatment should be made in

conversation with your provider, who can help you taper appropriately and know what to expect during that adjustment period.

Supporting Testosterone Naturally, Where Possible

For men whose testosterone decline is mild, or for those looking to support treatment once it begins, certain lifestyle factors have a genuine, evidence supported effect on testosterone levels:

- Maintaining a healthy body weight, since excess fat tissue converts testosterone into estrogen
- Prioritizing resistance training, which has a direct, measurable effect on healthy testosterone production
- Getting adequate quality sleep, since a significant portion of daily testosterone production occurs during sleep
- Managing chronic stress, since elevated cortisol directly suppresses testosterone production
- Limiting excessive alcohol consumption

For men with clinically significant low testosterone, lifestyle changes alone are unlikely to fully resolve the deficiency, but they meaningfully support the results of treatment and, in some borderline cases, may reduce the degree of intervention needed.

Chapter 11

Who Is a Candidate for BHRT?

Not everyone experiencing hormonal symptoms is automatically a candidate for BHRT, and that is actually a good thing. It reflects a level of clinical care that protects patients rather than treating hormone therapy as a one size fits all solution.

Good candidates for BHRT are typically adults experiencing symptoms consistent with hormonal decline, such as fatigue, mood changes, sleep disturbances, low libido, or changes in body composition, confirmed through both a thorough symptom history and appropriate laboratory testing. Candidacy is never based on symptoms alone or on lab results alone. It requires both pieces of the picture together.

Age Is Not the Deciding Factor

Age matters, though perhaps not in the way people assume. BHRT is not reserved exclusively for patients in their fifties and sixties. Perimenopausal women in their late thirties and forties, and men experiencing early testosterone decline in their thirties and forties, can also be appropriate candidates if their symptoms and lab work support it. What matters most is the clinical picture, not a specific number on a birth certificate.

Health Conditions That Require Extra Care

Certain health conditions require careful consideration before starting BHRT, and in some cases may rule it out entirely, including:

- A personal or strong family history of certain hormone sensitive cancers
- Unexplained vaginal bleeding in women
- Active blood clotting disorders
- Uncontrolled cardiovascular disease
- Certain liver conditions

This is exactly why a comprehensive medical history and thorough evaluation are essential before treatment begins, rather than something to rush through.

What a Full Workup Includes

It is worth mentioning what a comprehensive workup typically includes, since patients often arrive unsure of what to expect.

- Baseline bloodwork covering relevant sex hormones and thyroid function
- Additional markers depending on age and history, such as cholesterol, blood sugar, and complete blood count
- A thorough personal and family medical history, including cancer, blood clots, cardiovascular disease, or liver conditions
- A full review of current medications and supplements

Patients sometimes ask whether being on other medications automatically disqualifies them from BHRT. In most cases it does not, though certain combinations require closer monitoring or dose adjustments. Blood thinners, for example, may interact with certain hormone delivery methods, and this is exactly the kind of detail a thorough medication review is designed to catch before treatment ever begins, rather than discovering it after the fact.

Lifestyle and Goals

Lifestyle and goals matter too. BHRT tends to work best for patients who are also willing to support their treatment with reasonable attention to sleep, nutrition, and physical activity. Hormone therapy can meaningfully improve how you feel, but it works within the context of your overall health rather than in isolation from it.

It is also worth acknowledging that candidacy can change over time. A patient who is not currently a good fit for hormone therapy, perhaps due to an active health concern that needs to be addressed first, may become an appropriate candidate later once that issue

is resolved or stabilized. Being told BHRT is not right for you at this particular moment is not necessarily a permanent answer. It is a reflection of where your health stands right now, and that picture can and often does change.

Finally, motivation matters more than patients often realize. The patients who tend to have the best experience with BHRT are not necessarily those with the most severe symptoms, but those who come in curious, willing to ask questions, and ready to be an active participant in their own care rather than a passive recipient of a prescription. If that describes you, even if you are still uncertain about the details, you are already off to a strong start.

If you are unsure whether you are a good candidate, the honest answer is that you will not know for certain until you go through a proper evaluation. There is no harm in starting that conversation, even if it turns out BHRT is not the right fit. At minimum, you will walk away with a clearer understanding of what is actually happening in your body.

When a Second Opinion Makes Sense

Occasionally, patients feel uncertain after an initial consultation, whether they were told they are not currently a candidate, or whether a recommended treatment plan does not feel like the right fit. Seeking a second opinion is always a reasonable step, particularly for a decision as personal as hormone therapy. A second opinion is most useful when you bring your existing bloodwork and records along, since it allows the new provider to build on the evaluation already completed rather than starting entirely from scratch. There is no need to feel awkward about seeking additional input. Good providers understand that patients want to feel confident in their care, and a second opinion often either confirms the original recommendation or surfaces a detail worth a closer look.

Understanding the Cost Conversation

Cost is a legitimate part of candidacy discussions, even though it rarely gets addressed directly. Before committing to a treatment plan, it is worth asking your provider's office for a clear breakdown of what the initial evaluation costs, what ongoing treatment and monitoring typically run, and what your insurance is likely to cover based on your specific plan. A transparent office should be able to walk you through this without hesitation. Understanding the full financial picture upfront helps you make a sustainable decision, since hormone therapy tends to work best as a consistent, long term commitment rather than something started and stopped based on unexpected costs partway through.

Chapter 12

Safety, Risks, and Myths

Few areas of medicine carry as much misinformation as hormone therapy, and much of that confusion traces back to a single, widely misunderstood study. The Women's Health Initiative, published in 2002, initially reported increased risks of breast cancer, heart disease, and stroke associated with hormone therapy, and the news coverage that followed caused hormone therapy use to drop sharply, almost overnight, across the country (Rossouw et al., 2002).

The Context That Often Gets Left Out

What often gets left out of that story is important context. The women in that study were, on average, in their early sixties, many more than a decade past menopause, and the hormone formulations used were synthetic, not bioidentical. Follow up analyses in the years since have shown that risk profiles differ significantly based on the age of the patient when therapy begins, the type of hormone used, and how the hormone is delivered (Manson et al., 2013). Starting hormone therapy closer to the onset of menopause, sometimes called the timing hypothesis, appears to carry a considerably different risk profile than starting it many years later (Clarkson et al., 2013).

Real Risks Worth Knowing

This does not mean hormone therapy is risk free, and no honest provider will tell you it is. Real risks and considerations exist and should be discussed openly, including:

- A modest increase in blood clot risk with certain oral formulations
- Breast cancer risk considerations that vary based on individual and family history
- Cardiovascular considerations that depend heavily on timing and existing risk factors
- The need for ongoing monitoring, including regular bloodwork and checkups

This monitoring requirement is precisely why responsible hormone therapy is never a set it and forget it prescription.

Common Myths, Addressed Directly

Myth: Bioidentical hormones carry no risk because they are natural. In reality, these are still potent hormones that require medical oversight and monitoring.

Myth: Hormone therapy always causes cancer. The actual relationship is nuanced and depends heavily on individual factors, not a blanket yes or no.

Myth: Once you start hormone therapy, you can never stop. In reality, treatment can be adjusted or discontinued under medical guidance at any point.

Myth: Pellet therapy cannot be adjusted once inserted. In reality, future insertions can be adjusted based on bloodwork and symptoms.

Myth: Hormone therapy is only for people with severe, disruptive symptoms. In truth, even moderate symptoms affecting quality of life are worth evaluating.

What Responsible Monitoring Looks Like

It is also worth discussing what responsible monitoring actually looks like in practice, since this is where much of the real safety of treatment comes from. This typically includes bloodwork at regular intervals to confirm hormone levels are staying within a healthy range, not simply guessing based on symptoms alone. For women on estrogen therapy, this often includes ongoing discussions about mammography and breast health screening (Faubion et al., 2022). For men on testosterone, it includes tracking hematocrit and prostate specific markers as discussed in an earlier chapter (Bhasin et al., 2018). None of this monitoring is optional or a formality. It is the mechanism that keeps hormone therapy safe over the long term.

We also want to address a myth that runs in the opposite direction, the idea that any hesitation or caution from a provider means they simply do not want to help you. Sometimes a provider recommending additional testing, a more conservative starting dose, or a period of watching and waiting is not a barrier to your care. It is good medicine. The providers who move the slowest and ask the most questions are often the ones most invested in getting your treatment right the first time, rather than rushing toward a prescription without a complete picture.

If something you read online or heard from a friend does not match what your provider is telling you, bring it up directly. A good provider will welcome that conversation, walk through the actual evidence with you, and help you understand how it applies specifically to your situation, not just to hormone therapy in general.

Putting Risk Numbers in Perspective

One reason hormone therapy risk can feel so alarming is that raw numbers are often presented without context. When researchers describe a risk as doubled or increased by a certain percentage, that is a relative risk, and it can sound far more dramatic than the actual, absolute chance of something happening to any individual patient. A modest increase in a very rare event can still be a very rare event afterward. This is not a reason to dismiss real risks, but it is a reason to ask your provider to translate statistics into terms that actually apply to your personal situation, factoring in your age, your health history, and the specific formulation and delivery method being considered, rather than relying on a headline figure that was calculated for a very different population than the one you belong to.

Chapter 13

What to Expect During Treatment

Starting BHRT is a process, not a single decision made in one appointment, and understanding what that process actually looks like can ease a lot of unnecessary anxiety.

The Evaluation Phase

It typically begins with a comprehensive consultation, where your provider reviews your symptoms, medical history, family history, and treatment goals in detail. This is followed by baseline bloodwork, which usually includes hormone levels along with other relevant markers, such as thyroid function, lipid panels, and, depending on your history, additional screening tests that give a fuller picture of your overall health.

Once your results come back, your provider will discuss what they mean and recommend a personalized treatment plan. This might include hormone therapy through pellets, creams, or other delivery methods, and often includes complementary recommendations around nutrition, sleep, and lifestyle factors that support hormonal health alongside treatment.

If Pellet Therapy Is Recommended

If pellet therapy is recommended, the insertion procedure itself is brief, typically performed in office under local anesthesia, with the pellets placed just under the skin, usually in the hip area. Most patients return to normal activity within a day or two, with only minor restrictions around vigorous exercise for a short period afterward while the area heals.

What the First Few Months Look Like

In the weeks following the start of treatment, it is normal for changes to unfold gradually rather than all at once.

- Weeks one to four: many patients report improvements in energy and mental clarity
- Months two to three: changes in libido, mood, and sleep often become more noticeable
- Months three to six: body composition changes typically become apparent as hormone levels stabilize
- Ongoing: your provider fine tunes dosing based on bloodwork and how you are feeling

Follow up appointments and repeat bloodwork are a standard and important part of the process, typically occurring a few weeks after starting treatment and then at regular intervals afterward. These appointments allow your provider to confirm that hormone levels are landing in a healthy, appropriate range and to make any necessary adjustments to your dosing or delivery method.

What a Temporary Adjustment Period Can Feel Like

It is worth setting expectations around what an adjustment period can feel like, since it does not always follow a straight upward line. Some patients experience a brief window in the first week or two where they notice minimal change, or occasionally mild side effects such as slight breast tenderness in women or mild bloating, as the body adjusts to a new hormonal baseline. These effects are typically temporary and tend to resolve as your body settles into the new normal. Any symptom that feels concerning or does not improve within a reasonable timeframe should always be reported to your provider rather than assumed to be normal and simply endured.

Communication between appointments matters more than many patients realize. Most practices offer a way to reach the care team with questions or concerns between scheduled visits, and we encourage patients to use that resource rather than waiting weeks to mention something that is bothering them. Hormone therapy works best as a

collaborative, ongoing process, not a set it and forget it prescription handed over at a single visit.

Patience matters here. Hormonal balance is not something that resolves overnight, and expecting immediate, dramatic results can lead to unnecessary frustration. Give your body time to respond, stay consistent with follow up appointments, and communicate openly with your provider about what you are noticing along the way, both the improvements and anything that does not feel quite right. That ongoing conversation is what allows your treatment plan to be fine tuned specifically to you.

Finally, it helps to think of the first three to six months as a calibration period. This is the window where your provider is learning how your specific body responds to treatment, comparing your subjective symptoms against your objective bloodwork, and making the small adjustments that turn a reasonable treatment plan into one that is genuinely well suited to you. Most patients find that by this point, their dosing has stabilized and follow up visits become less frequent, shifting into a maintenance rhythm that simply confirms things are continuing to go well.

Choosing a Delivery Method That Fits Your Life

Part of what to expect during treatment involves choosing how your hormones will actually be delivered, and this decision deserves real thought since it affects your day to day experience of treatment. A few practical considerations worth weighing with your provider include:

- How comfortable you are with a brief in office procedure, if considering pellets
- Whether you would rather manage a daily routine, such as a cream or gel, or prefer a less frequent process
- Any skin sensitivities that might make certain topical methods less comfortable
- Your travel schedule, since some methods require more precise timing than others
- Your personal preference around how quickly you would like to be able to adjust or stop treatment if needed

There is no universally superior delivery method. The best choice is the one that fits realistically into your life, since a treatment you can maintain consistently will always outperform one that looks ideal on paper but proves difficult to stick with.

Chapter 14

Lifestyle Factors That Influence Hormones

Hormone therapy can be a powerful tool, but it does not operate in a vacuum. The daily choices you make around sleep, nutrition, movement, and stress all directly influence hormone production and how effectively your body responds to treatment.

Sleep Comes First

Sleep deserves top billing here, since it is closely tied to nearly every hormone discussed in this guide. Growth hormone is released primarily during deep sleep. Testosterone production is closely tied to sleep quality and duration. Cortisol, your primary stress hormone, follows a daily rhythm that depends heavily on consistent sleep patterns. Chronic poor sleep disrupts this entire system, which is part of why prioritizing seven to nine hours of quality sleep is one of the most impactful things you can do for your hormonal health, therapy or no therapy.

Nutrition as a Building Block

Nutrition plays a similarly foundational role.

- Adequate protein intake supports muscle maintenance, increasingly important as hormonal changes naturally reduce muscle mass with age
- Healthy fats are essential building blocks for hormone production itself, since hormones like testosterone and estrogen are synthesized from cholesterol
- Highly processed foods and excess sugar can contribute to insulin resistance, which negatively affects hormonal balance across the board
- Consistent meal timing helps support a stable blood sugar pattern, which in turn supports more stable cortisol and energy levels

Movement and Resistance Training

Physical activity, particularly resistance training, has a meaningful and well documented effect on hormone health. Strength training supports testosterone production in men, helps preserve muscle mass and bone density in women through menopause, and improves insulin sensitivity in both sexes. Even moderate, consistent activity, three or four sessions a week, produces measurable benefits over time.

Managing Stress and Cortisol

Stress management is the piece most often overlooked, and arguably one of the most important. Chronic stress keeps cortisol elevated, and elevated cortisol interferes with the production of other hormones, including testosterone and progesterone, through a mechanism sometimes described as pregnenolone steal, where the body prioritizes stress hormone production at the expense of other hormones sharing the same underlying pathway. Practices like regular exercise, adequate sleep, and simple stress reduction techniques such as deep breathing or time outdoors can meaningfully support hormonal balance.

Alcohol, the Environment, and Body Weight

Alcohol and its effect on hormones deserves a brief mention, since it comes up often in conversations with patients. Regular alcohol consumption can disrupt sleep architecture, elevate cortisol, and in men, has been associated with reduced testosterone production over time. Moderate, occasional consumption is unlikely to meaningfully affect most patients, but if you are working through significant hormonal symptoms, taking an honest look at your drinking habits is a reasonable and often overlooked part of the broader picture.

Environmental factors are worth a mention as well, even briefly. Certain chemicals found in some plastics, personal care products, and pesticides, sometimes referred to as

endocrine disrupting chemicals, can interfere with normal hormone function. While avoiding every possible source is neither realistic nor necessary, simple steps like reducing exposure to heavily fragranced products, choosing glass over plastic for food storage where practical, and being mindful of highly processed foods can modestly reduce your overall exposure over time.

Body weight itself also deserves mention as a two way relationship with hormones, tying back to an earlier chapter. Excess body fat, particularly visceral fat, can itself disrupt hormonal balance, while hormonal imbalance can make maintaining a healthy weight more difficult. This is not meant to place blame. It is simply an acknowledgment that these systems influence each other in both directions, which is exactly why a comprehensive approach, rather than a narrow focus on any single factor, tends to produce the most lasting results.

None of this means lifestyle changes alone will fully resolve significant hormonal imbalance, especially once levels have declined substantially. But lifestyle factors absolutely amplify the results of hormone therapy when it is needed, and in some milder cases, they may reduce or delay the need for it altogether. Think of hormone therapy and healthy lifestyle habits as partners working toward the same goal, rather than one replacing the need for the other.

The overarching message of this chapter is one of partnership rather than pressure. You do not need to overhaul every aspect of your life overnight to support your hormonal health. Small, sustainable changes to sleep, nutrition, movement, and stress management, layered alongside appropriate medical care when it is needed, tend to produce far better long term results than dramatic short lived efforts that are difficult to sustain.

A Word on Supplements

Patients often ask whether specific vitamins or supplements can support hormonal health alongside treatment. Some, such as vitamin D, magnesium, and omega 3 fatty acids, have reasonable evidence supporting a general role in hormonal and metabolic health,

particularly for patients with an existing deficiency. Others marketed specifically for hormone balance make bold claims that are not well supported by rigorous research. Before starting any new supplement, it is worth mentioning it to your provider, both to confirm it is actually useful for your specific situation and to check for any interaction with your current treatment plan. More is not always better, and an evidence based, targeted approach tends to serve patients far better than a cabinet full of products purchased on the promise of a quick fix.

Chapter 15

Frequently Asked Questions

This chapter gathers the questions we hear most often from patients, in one place for easy reference.

- How long does it take to feel results from BHRT? Most patients begin noticing changes in energy and mental clarity within the first two to four weeks. Improvements in mood, libido, and body composition often develop more gradually, typically over two to three months, as hormone levels stabilize and your body adjusts.
- Is BHRT covered by insurance? Coverage varies significantly depending on your insurance plan and the specific treatment prescribed. Some aspects of care, such as diagnostic bloodwork, may be covered, while compounded hormone medications or pellet therapy may involve out of pocket costs.
- Will BHRT make me gain weight? Properly dosed BHRT is far more likely to support healthy weight management than to cause weight gain, particularly by helping preserve muscle mass and improve metabolic function. Any concerning changes in weight during treatment should be discussed with your provider.
- Can I stop BHRT once I start? Yes. Hormone therapy is not a lifelong commitment made in a single appointment. Treatment can be adjusted or discontinued under medical guidance based on your response, your goals, and how your life circumstances evolve over time.
- Is BHRT safe for someone with a family history of cancer? This depends heavily on the specific history involved and requires a detailed conversation with your provider. A strong family history of certain hormone sensitive cancers may affect candidacy or require additional monitoring, but it does not automatically rule out treatment.
- How is BHRT different from over the counter supplements marketed for hormone balance? Over the counter supplements are not regulated with the same rigor as prescription hormone therapy, and they are not monitored through bloodwork the way BHRT is. Prescription therapy with proper monitoring offers a level of precision that supplements simply cannot match.

- What happens at the first appointment? Your first appointment typically involves a detailed discussion of your symptoms, medical history, and goals, along with an order for baseline bloodwork if it has not already been completed.
- Do I need to be experiencing severe symptoms to start BHRT? No. Even moderate symptoms that are affecting your quality of life are worth evaluating. There is no requirement to wait until symptoms become unbearable before seeking answers.
- How often will I need bloodwork once I start treatment? Most patients can expect follow up bloodwork a few weeks after starting therapy, and then at regular intervals afterward, often every three to six months once dosing has stabilized.
- Can I take BHRT alongside other medications, like antidepressants or blood pressure medication? In most cases, yes, though it always depends on the specific combination involved, which is why a full medication review is part of your initial evaluation.
- Is there an age at which BHRT is no longer appropriate to start? There is no strict upper age cutoff, though older patients require a more careful individualized risk assessment. Age alone is never the deciding factor.
- Will my results look the same as someone else's? No, and this is worth setting as an expectation early. Two patients with similar symptoms and similar starting hormone levels can respond somewhat differently to the same treatment, based on individual metabolism, lifestyle, and overall health. Your provider will tailor your plan based on how you specifically respond, not based on what worked for someone else.
- Can I travel while on BHRT? Yes, in most cases. Pellet therapy in particular tends to be travel friendly since it does not require daily dosing. If you use creams, gels, or injections, planning ahead for storage and timing is worth a quick conversation with your provider before an extended trip.
- What if I try BHRT and it does not help? This does happen occasionally, and it does not necessarily mean hormone therapy has nothing to offer you. It may mean your dose needs adjustment, your delivery method is not the right fit, or another factor entirely is driving your symptoms. This is exactly why follow up appointments and honest communication with your provider matter so much throughout the process.
- Do I need to fast before hormone related bloodwork? This depends on which specific markers are being tested. Some panels, particularly those including cholesterol or blood

sugar, may require fasting, while others do not. Your provider's office will let you know what to expect ahead of your specific appointment.

If you have a question that was not covered here, do not hesitate to bring it up directly with your provider. No question about your own health is a silly one, and a good provider will always make time to answer it thoroughly.

A Quick Glossary of Terms

Hormone health comes with its own vocabulary. Here are simple definitions of the terms used throughout this guide, for easy reference.

- **Andropause:** The gradual decline in testosterone experienced by men with age, sometimes referred to as male menopause, though it unfolds far more gradually than female menopause.
- **Bioidentical hormones:** Hormones that are chemically identical in molecular structure to those the human body naturally produces.
- **BHRT:** Bioidentical hormone replacement therapy, treatment using bioidentical hormones to help restore hormonal balance.
- **Compounded medication:** A medication prepared by a specialty pharmacy to a provider's specific prescription, allowing customized dosing not available in standard manufactured products.
- **Cortisol:** The body's primary stress hormone, produced by the adrenal glands, which follows a natural daily rhythm.
- **DHEA:** A hormone produced by the adrenal glands that serves as a building block for both testosterone and estrogen.
- **Genitourinary syndrome of menopause:** A collection of symptoms, including vaginal dryness and urinary changes, caused by declining estrogen after menopause.
- **Hypogonadism:** A clinical term for significantly low testosterone production in men.
- **Menopause:** The point marked by twelve consecutive months without a menstrual period, reflecting a significant, sustained decline in estrogen and progesterone.
- **Perimenopause:** The transitional stage leading up to menopause, marked by fluctuating rather than steadily declining hormone levels.
- **Pellet therapy:** A method of hormone delivery in which small pellets are inserted under the skin to provide a steady release of hormone over several months.
- **Sarcopenia:** The gradual, age related loss of muscle mass and strength.
- **Timing hypothesis:** The concept that starting hormone therapy closer to the onset of menopause carries a more favorable risk profile than starting many years later.

- **Visceral fat:** Fat stored around the abdominal organs, which is more metabolically active and carries greater health risk than fat stored elsewhere on the body.

Questions Worth Bringing to Your First Appointment

Walking into a first appointment can feel overwhelming, especially if you are still sorting out which symptoms matter and which questions to ask. Consider bringing a version of this list with you, adjusted to whatever feels most relevant to your own situation.

- What bloodwork will you be ordering, and what will each marker tell us?
- Based on my symptoms, what do you suspect might be going on before we even see lab results?
- How does my age and health history affect what treatment options make sense for me?
- If BHRT is recommended, which delivery method would you suggest for someone in my situation, and why?
- What results should I realistically expect, and on what timeline?
- What follow up schedule do you recommend once treatment begins?
- What symptoms or changes should prompt me to contact your office before my next scheduled visit?
- Are there any lifestyle changes you would recommend alongside treatment?
- What are the specific risks that apply to someone with my personal and family health history?
- If this treatment does not work as expected, what would our next steps look like?

A Final Word

Hormonal change is one of the most universal experiences of aging, and yet it remains one of the least openly discussed. Our hope is that this guide has given you a clearer, more grounded understanding of what is happening in your body and what options genuinely exist to support you through it.

You do not have to accept fatigue, brain fog, low libido, or a body that no longer feels like your own as simply the price of getting older. These are, very often, treatable symptoms with an identifiable physiological cause. The first step is a conversation with a provider who takes your concerns seriously and is willing to look at the full picture, not just a single lab value in isolation.

We are here for that conversation whenever you are ready to have it.

Whatever brought you to this guide, whether it was a specific symptom that finally pushed you to look for answers or simple curiosity about a topic you have heard mentioned but never fully understood, we hope you leave with more clarity than you started with. Your body has been trying to tell you something. It might finally be time to listen.

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