

BHRT Physiologic Dosing Guidelines (Females) – Bi-est 50:50

- Protocol is to give new BHRT patients the smallest effective starting dose.
- Compounding allows great flexibility in titrating doses to meet individual needs.
- **Note:** Micronized hormones are used in the following:

Condition	Hormone	Route	Dosage Range	Dosing	Days Given	Notes		
PMS	Progesterone	Oral SR	25-400 mg daily (Usual 25-100 mg)	1-2 x daily	Cyclically days 14-25	May adjust days of therapy prn		
		Topical	5-30 mg daily (Usual 5-20 mg)	1-2 x daily	Cyclically days 14-25	May adjust days of therapy prn		
Peri-Menopause	Progesterone	Oral SR	25-400 mg daily (Usual 100-200 mg)	1-2 x daily	Cyclically days 14-25	May adjust days of therapy prn		
		Topical	5-50 mg daily (Usual 20-30 mg)	1-2 x daily	Cyclically days 14-25	May adjust days of therapy prn		
	Bi-estrogen (50:50)	Topical	0.05-0.20 mg daily (Start low and increase slowly)	1-2 x daily	Cyclically days 1-25	Continue Progesterone as above		
	Testosterone and DHEA	prn	see dose age recommendations below under menopause					
Menopause (Natural or Post-Menopause)	Same protocol as surgical menopause (below); may need less testosterone Make sure Progesterone to Estrogen ratio is high enough to suppress endometrial hyperplasia If patient/physician is not absolutely sure patient is no longer producing endogenous hormones, dose cyclically as in peri-menopause If lack of menopausal symptoms, use lower end of dosage ranges and monitor BMD, Lipids, BP, cognitive function							
Menopause (Surgical)	Progesterone	Oral SR	25-400 mg daily (Usual 100-200 mg)	1-2 x daily	May use continuously			
		Topical	10-50 mg daily (Usual 20-30 mg)	1-2 x daily	Use 6 days per week			
	Bi-estrogen (50:50)	Topical	0.05-0.25 mg daily	1-2 x daily	May use continuously or 6 days per week			
	Testosterone	Oral SR	1.0-4.0 mg daily	1x daily in am	Note: Oral estradiol is not recommended because (1) high level of estrone produced and (2) oral estrogens are not as safe as other routes of administration			
		Topical	0.25-2.0 mg daily	1x daily in am				
	DHEA (optional)	Oral SR	5-20 mg daily (Usual 5-10 mg)	1x daily in am				
Topical		0.5-2.5 mg daily	1x daily in am					
Cancer Risk Patients	Estriol	Oral SR	0.5-8 mg daily	1-2 x daily			Titrate up until symptoms become tolerable; monitor BMD, Lipids, BP	
		Topical/vaginal	0.1-2 mg daily (Usual 0.25-0.5mg)	1-2 x daily				

Note: Sublingual total daily doses are usually twice those of topical when administered as b.i.d. dosing; dose 25-33% total daily dosage less than this if administered as t.i.d. dosing.
(Example: progesterone in menopause, sublingually 50 mg b.i.d or 20-25mg t.i.d)

Please note: Dosing guidelines are meant to be used as a reference only. They are in no way indicating a recommendation for any product, for any patient, or for any clinical situation. Individual dosage should be determined based on results of a hormone/total health evaluation for each patient. Dosages given are the opinion of the author based on his experiences.

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BHRT Physiologic Dosing Guidelines (Male)

Protocol is to give new BHRT patients the smallest effective starting dose.

Note: Micronized hormones are used in the following:

Hormone	Route	Dosage Range (daily unless noted)	Dosing	Notes
Testosterone	S/L or Buccal	2.5 to 20 (usual 5-10)	2-3 times per day	Allow to dissolve under tongue or in buccal pouch Do not swallow
	Topical cream/lotion	1 to 20 mg (usual 5-10)	Once (am) or twice daily	Non-penetrating base Rub in well. Wash hands prior to and after use Caution on possibility of transfer
	IM injection	50 to 80 mgs weekly	Weekly	Cypionate or enanthate
	Implantable Pellets	4 to 6 x 200 mg pellets	q 6 months	
DHEA	Oral	5 to 25 mg	Daily in am	IR or SR
	S/L or buccal	2.5 to 15 mg	2 times daily	Allow to dissolve under tongue or in buccal pouch, Do not swallow
	Topical cream/lotion	1 to 10 mg	Daily in am	Non-penetrating base Rub in well. Wash hands prior to and after use Caution on possibility of transfer
Progesterone	Oral	5-20 mg (usual 5-10)	Once Daily hs	SR capsule
	Topical cream/lotion	0.25-2.5 mg (usual 1-2)	Once daily	Non-penetrating base Rub in well. Wash hands prior to and after use Caution on possibility of transfer
	S/L or buccal	2.5 to 10 mg (usual 2.5 to 5)	2-3 times per day	Allow to dissolve under tongue or in buccal pouch, Do not swallow
Pregnenolone	Oral	10-100 mg (usual 25-50)	IR or SR, 1-2 x daily	
	Topical	1-10 mg (usual 2-5 mg)	Once daily	Non-penetrating base Rub in well. Wash hands prior to and after use Caution on possibility of transfer
Aromatase Inhibition				
Anastrozole	Oral	0.5 to 1.0 mg	q.o.d. to b.i.w.	
Exemestane	Oral	25 mg	2-3 times per week	
Aromat8-PN (Xymogen)		80mg	1-2 capsules daily	
Chrysin	Oral	500-3000mg (usual 500-1500)	1-3 times daily	Pharmaceutical grade
Chrysin	Topical cream/lotion	30-50 mg	daily	Compounded

Note: Must correct underlying adrenal dysfunction, thyroid deficiency, and nutritional deficiency first or concurrently for hormones to provide expected symptom relief

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