

Perimenopause, Menopause, and Hormone Health

Women's Wellness Center | Columbia Hormone Health

What is Menopause and Perimenopause?

Menopause marks the end of ovarian hormone production, typically between age 48 and 52. Key hormones — estradiol, testosterone, progesterone — influence countless body systems, not just reproduction. Their loss affects both quality of life and long-term health. **Perimenopause** refers to the several years before menopause, usually beginning in early 40s. Hormone levels fluctuate widely. Early treatment can ease symptoms and slow degenerative changes that emerge later.

Quality of Life Symptoms: Hot flashes, night sweats, insomnia, mood changes, anxiety, depression, brain fog, low libido, vaginal dryness, and bladder issues are common. Less frequent symptoms may include heart palpitations, dizziness, feeling of skin crawling/itching, dry eyes, and burning mouth sensations.

Long-Term Health Effects: Declining hormones silently accelerate aging processes — increasing risk for heart disease, osteoporosis, diabetes, and dementia. Though these changes aren't felt day-to-day, they directly shorten both lifespan and "healthspan." The good news: hormonal decline is treatable.

A Natural Part of Life — and a Modern Choice

It's true that menopause is natural — but so is living only to age 40, as our ancestors did. Modern women live decades beyond ovarian function, and our medical advances are allowing us to stay healthy throughout those years. Just as we treat low thyroid, diabetes, or infection, it makes equal sense to **replace depleted hormones** using **bioidentical formulations** that are molecularly identical to the body's own.

What Do Our Natural Hormones Do?

Testosterone is vital for **energy, mood, muscle tone, bone health, sexual response, cognitive function, and more**. When testosterone declines, women notice reduced vitality and well-being.

Estradiol governs the menstrual cycle and pregnancy, but its influence extends far beyond reproduction. Receptors are found in all tissues of the body, and **loss of estradiol negatively affects virtually every system of the body**.

Progesterone: Progesterone supports pregnancy during reproductive years and balances estrogen throughout life. It protects the uterine lining from overgrowth and **provides calming effects on the brain**.

Benefits of Hormone Therapy in Perimenopause and Menopause

Testosterone Therapy. Testosterone decline leads to fatigue, brain fog, low libido, depression/anxiety, irritability, joint/muscle pain, lack of focus/motivation/confidence - described as *not feeling like yourself*. Supplementation can:

- ***Elevate energy, mood, libido, orgasm, and mental focus***
- ***Relieve anxiety and depression where other treatments fail***
- ***Increase lean muscle mass and bone density. Relieve joint and muscle aches***
- ***Support brain, bone, and breast health***

Estradiol Therapy. Besides relieving hot flashes, night sweats, and sleep disruption, other benefits include:

- ***40–50% reduction in cardiovascular disease risk***
- ***50% reduction in osteoporosis and fractures, plus reduced arthritis and tooth loss***
- ***Up to 70% reduction in dementia when started early and continued long-term***
- ***Lower rates of breast cancer, colon cancer, lung cancer***
- ***Lower risk of diabetes and macular degeneration***
- ***Preservation of bladder, vaginal, and sexual health, Improved skin elasticity and collagen***

Progesterone Therapy. Progesterone is essential to balance estrogen and prevent thickening of the uterine lining that could increase cancer risk. Additional benefits include reduced anxiety and better sleep when taken at bedtime.

Safety of Hormone Therapy

Testosterone: Bioidentical testosterone for women has been safely used for decades. Most experience significant improvements in quality of life with therapy. Some report acne or increase in facial hair – managed with dose adjustment or well-known effective treatments.

Estradiol: Topical or pellet delivery avoid the liver and **do not increase clot or stroke risk**. Oral estrogen tablets, however, do increase clotting risk due to liver metabolism—hence, **non-oral routes are safest**. Most experience excellent relief with minimal side effects. Minor temporary breast tenderness or light bleeding may occur initially.

Progesterone: Natural progesterone is safe by all delivery routes. Any reported risk applies to **synthetic progestins** (e.g., Provera), not bioidentical. Oral progesterone may cause sleepiness—often a welcome benefit when taken at bedtime.

Is It Safe to Start Hormone Therapy Years After Menopause?

Yes. Hormone therapy remains safe and effective for symptom relief even when started later. In fact, we have observed that including therapeutic dosing of testosterone in the hormone regimen **can reverse osteoporosis** any time in life. However, the *preventive* benefits of hormone therapy—especially for heart, bone, and brain health—are greatest when therapy begins within 10 years of menopause. Yet, those starting therapy many years after menopause can still experience significant improvement in well-being and quality of life. **It is never too late to feel your best!**

How Long Should Hormone Therapy Continue?

Benefits last only as long as therapy continues. When it is stopped, symptoms and disease risks return. Earlier caution suggested using “the lowest dose for the shortest time,” but modern evidence and expert consensus have changed.

According to **The Menopause Society** Position Statement: “*There are no data to support routine discontinuation of hormone therapy at any age.*” Hormone therapy can be **safely continued long-term**.

What Hormone Delivery Method Is Best?

- **Subcutaneous Implants (Pellets):** The **most effective and consistent** delivery method for estradiol and testosterone, tiny hormone pellets are inserted beneath the skin in a brief office procedure. They release hormones gradually over 3–4 months, maintaining **steady, effective levels** without having to think about it on a daily basis. Pellet delivery bypasses liver first-pass, is safe and convenient, and provides reliable symptom control in a natural way for your body to process.
 - **Progesterone** may be taken orally, vaginally, or via an intrauterine device (IUD). Topical application will **not** reach adequate levels in the system to protect the uterine lining.
 - **Vaginal Application:** Vaginal estrogen and/or testosterone act locally to relieve vaginal dryness, discomfort, and urinary symptoms. In low dose will not raise hormone levels, but is effective as local therapy for vulvar/vaginal/bladder tissues.
 - **Topical Cream, Transdermal Patch:** With creams, absorption varies, and hormone levels are inherently inconsistent throughout the day, making lab monitoring useless. Missing applications is common, further contributing to instability of symptom control. For testosterone therapy, limitations of topical methods have led to us discontinuing its use, in favor of the pellet system. For estrogen, a patch gives more consistent delivery than cream, but pellet is superior.
 - **Lozenge/Troche:** Dissolving in the mouth to enter through oral tissues, this method causes large spikes and drops in hormone levels, making consistent balance, symptom relief, and reliable serum monitoring impossible to achieve.
 - **Injection:** Inconvenient, with higher risk of side effects, this method produces huge hormone swings during the week or two between injections, therefore is not recommended for consistent long-term relief of symptoms.
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Hormone therapy can restore physiologic balance, reduce symptoms, and help prevent chronic disease. With accurate information and expert guidance, women can move through this transition with improved well-being, resilience, and long-term health protection.

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