

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 100-200 mg)	1-2 x daily	Cyclically days 14-25	
		Topical	5-50 mg daily (usual 20-30 mg)	1-2 x daily	Cyclically days 14-25	
Peri-Menopause	Progesterone	Oral SR	25-400 mg daily (usual 100-200 mg)	1-2 x daily	Cyclically days 14-25	
		Topical	5-50 mg daily (usual 20-30 mg)	1-2 x daily	Cyclically days 14-25	
	Bi-estrogen (50:50)	Oral SR	0.1-0.5 mg daily	1-2 x daily	Cyclically days 1-25	Continue Progesterone as above
		Topical	0.05-0.25 mg daily	1-2 x daily	Cyclically days 1-25	Continue Progesterone as above
Menopause (Natural or Post-Menopause)	Same protocol as surgical menopause; may need less testosterone Make sure Progesterone to Estrogen ratio is high enough to suppress endometrial hyperplasia If patient/physician are 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					
Menopause (Surgical)	Progesterone	Oral SR	25-400 mg daily (usual 100-200 mg)	1-2 x daily	May use continuously or stop 3-5 days a month	
		Topical	10-50 mg daily (usual 20-30 mg)	1-2 x daily	May use continuously or stop 3-5 days a month	
	Bi-estrogen (50:50)	Oral SR	0.1-0.5 mg daily	1-2 x daily	May use continuously or stop 3-5 days a month	
		Topical	0.1-0.25 mg daily	1-2 x daily	May use continuously or stop 3-5 days a month	
	Testosterone	Oral SR	1.0-4.0 mg daily	1x daily in am	<div style="border: 1px solid black; padding: 10px;"> Note: Oral estradiol is not recommended because (1) high level of estrone produced and (2) oral estrogens do not appear as safe as other routes of administration </div>	
		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	Progesterone	Oral SR	50-400 mg daily	2 x daily	Titrate up until symptoms become tolerable; monitor BMD, Lipids, BP	
		Topical	20-50 mg daily	2 x daily		
	Estriol	Oral SR	0.5-8 mg daily	1-2 x daily		
		Topical/vaginal	0.1-2 mg daily (usual 0.25-0.5mg)	1-2 x daily		

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. Compiled by Jim Paoletti, RPh.

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BHRT Physiologic Dosing Guidelines (Females) – Tri-est 80:10:10; Bi-est 80:20

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- *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 100-200 mg)	1-2 x daily	Cyclically days 14-25	
		Topical	5-50 mg daily (usual 20-30 mg)	1-2 x daily	Cyclically days 14-25	
Peri-Menopause	Progesterone	Oral SR	25-400 mg daily (usual 100-200 mg)	1-2 x daily	Cyclically days 14-25	
		Topical	5-50 mg daily (usual 20-30 mg)	1-2 x daily	Cyclically days 14-25	
	Tri-estrogen (80:10:10)	Oral SR	0.25-1.0 mg daily	1-2 x daily	Cyclically days 1-25	Continue Progesterone as above
	Bi-estrogen (80:20)	Topical	0.1-0.5 mg daily	1-2 x daily	Cyclically days 1-25	Continue Progesterone as above
Menopause (Natural or Post-Menopause)	Same protocol as surgical menopause; may need less testosterone Make sure Progesterone to Estrogen ratio is high enough to suppress endometrial hyperplasia If patient/physician are 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					
Menopause (Surgical)	Progesterone	Oral SR	25-400 mg daily (usual 100-200 mg)	1-2 x daily	May use continuously or stop 3-5 days a month	
		Topical	10-50 mg daily (usual 20-30 mg)	1-2 x daily	May use continuously or stop 3-5 days a month	
	Tri-estrogen (80:10:10)	Oral SR	0.25-1.0 mg daily	1-2 x daily	May use continuously or stop 3-5 days a month	
	Bi-estrogen (80:20)	Topical	0.1-0.5 mg daily	1-2 x daily	May use continuously or stop 3-5 days a month	
	Testosterone	Oral SR	1.0-4.0 mg daily	1x daily in am	<div style="border: 1px solid black; padding: 10px;"> Note: Oral estradiol is not recommended because (1) high level of estrone produced and (2) oral estrogens do not appear as safe as other routes of administration </div>	
		Topical	0.25-2.0 mg daily	1x daily in am		
	DHEA (optional)	Oral SR	5-15 mg daily (usual 5-10 mg)	1x daily in am		
		Topical	0.5-2.5 mg daily	1x daily in am		
Cancer Risk Patients	Progesterone	Oral SR	50-400 mg daily	2 x daily	Titrate up until symptoms become tolerable; monitor BMD, Lipids, BP	
		Topical	20-50 mg daily	2 x daily		
	Estriol	Oral SR	0.5-8 mg daily	1-2 x daily		
		Topical/Vaginal	0.1-2 mg daily (usual 0.25-0.5 mg)	1-2 x daily		

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