

# **Hormone Symptom Checklist**

## **Low Estrogen Symptoms**

- Hot flashes
- Night sweats
- Vaginal dryness
- Painful intercourse
- Vaginal atrophy
- Recurrent bladder infections (UTI's)
- Urinary incontinence (urinary leakage)
- Headaches / migraines
- Brain fog
- Forgetfulness
- Poor concentration
- Depression / low mood
- Anxiety
- Mood swings
- Crying easily
- Lethargy
- Insomnia
- Thinning hair
- Facial hair
- Dry skin
- Weight gain - especially around the midsection
- Joint pain or knee/back/shoulder aches
- Osteopenia/osteoporosis
- High blood sugar / insulin resistance
- Light periods
- No periods

## **High Estrogen Symptoms**

- Breast/nipple tenderness
- Breast fullness/pain
- Pelvic cramps
- Heavy bleeding
- Postmenopausal bleeding

- Rapid weight gain, in particular hips/buttocks
- Ovarian cysts
- Breast cysts/fibrocystic breasts
- Polyps
- Fibroids
- Irritability/mood swings/impatience

### **Low Progesterone Symptoms**

- PMS
- Menstrual cramps
- Fibrocystic breasts or breast tenderness
- Infertility or miscarriages
- Irregular cycles
- Spotting between cycles
- Heavy periods
- Fibroids
- Breast and ovarian cysts
- Fluid retention
- Osteoporosis
- Hypothyroidism
- Trouble getting to sleep
- Anxiety
- Depression (usually more anxiety but can be low mood)
- Irritability and mood swings
- Heart palpitations
- Hot flashes
- Low libido
- Histamine intolerance

### **High Progesterone Symptoms**

- Grogginess/drowsy in the morning after taking progesterone
- Depression
- Reflux/GERD
- Dizziness
- Water retention
- Leg discomfort/pain
- Irritability/edginess

## **Low Testosterone Symptoms**

- Low libido
- Inability to orgasm
- Poor muscle mass/sarcopenia
- Aches and pains
- Depression
- Fatigue
- Loss of motivation/self-confidence/self-esteem
- Weight gain: testosterone plays a role in insulin signalling and glucose regulation in the body
- Gut inflammation
- Autoimmunity
- Anemia
- Poor memory/concentration

## **High Testosterone Symptoms**

- Aggressiveness
- Oily skin / acne
- Oily scalp / hair
- Increased hair growth on body/face
- Hair thinning/loss on scalp

## **Hypothyroid Symptoms**

- Fatigue
- Weight gain
- Cold Intolerance
- Constipation
- Dry Skin
- Hair Loss
- Muscle Weakness
- Joint Pain
- Depression
- Memory Problems
- Bradycardia
- Hoarseness:
- Puffy Face

- Heavy or Irregular Menstrual Periods
- Goiter
- High Cholesterol
- Carpal Tunnel Syndrome
- Decreased Sweating

## What to ask for regarding BHRT

### Progesterone

If you want to obtain progesterone, ask specifically for **bio-identical, oral, micronised progesterone**.

**Dosing:** Oral doses can range from as low as 100 mg (often too low for many women) up to 300–400 mg. Work with your provider on this, but remember that dosing too low can sometimes cause side effects — the oxymoron of progesterone!

**Potential reactions:** Some women don't tolerate oral progesterone well. Side effects may include next-day grogginess or low mood. If this happens, switching to a vaginal or topical route is often best.

### Absorption differences:

- Oral or topical progesterone → ~20% absorbed
- Vaginal progesterone → ~80% absorbed

Because of this, dosages vary significantly between routes.

### Extra notes:

- Constipation can occur with progesterone use. If this happens, stool testing and targeted microbiome support are strongly recommended.
- This is a topical progesterone that many of my clients use [[HERE](#)].

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### Estrogen

Ask for **bio-identical estradiol**, or you may opt for **Bi-est**.

**Preferred delivery routes:** Topical (gel, cream, patch) or vaginal. Oral estrogen is generally avoided due to its higher clotting risk.

### **Vaginal estrogen:**

- Local vaginal estrogen is a much lower dose and used specifically for genitourinary symptoms (pain, burning, irritation, dryness).
  - If you have these symptoms, your systemic estrogen is likely already low, so you may need **both** vaginal (local) and topical (systemic) estrogen. And yes, they can be used together.
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### **Testosterone**

For women, **cream or gel** is recommended over injections or pellets.

I always encourage women to optimise **progesterone and estrogen first** before introducing testosterone. One reason is that testosterone accelerates estrogen clearance. A high testosterone-to-estrogen ratio has been linked in the literature to worse cardiovascular outcomes, so balance is key.

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### **Pellets and Injections**

#### **Pellets:**

- Small compressed hormone implants inserted under the skin.
- Downsides: expensive, minor surgical procedure (risk of infection/bruising/bleeding), irregular absorption, no way to adjust dose for 3–4 months, and often start with a **supraphysiological “spike”** that then tapers — leaving women with a “high” followed by a crash. That initial spike can also carry risks.

#### **Injections:**

- May have a time and place, but are rarely needed once dosage is fine-tuned with other delivery methods.
- Most women do not need to inject hormones to get good results.