



What Hormones Do I Need?

Approximately 50% of women who are treated with estrogen will experience uterine bleeding. The primary cause of bleeding is stimulation of the uterus by estrogen. This usually results in notifying your gynecologist or family to have an evaluation, which may include a vaginal ultrasound and endometrial biopsy. Estrogen can also stimulate the breast tissue causing breast pain and cysts. It also increases the risk of breast cancer especially synthetic forms. Higher levels of estrogen are needed for pregnancy. Most women feel better with lower levels of estrogen.

What's the Best Form of Treatment?

Most women choose a **testosterone pellet alone**. Most symptoms, including hot flashes, are relieved with testosterone pellets alone. A study by Sherwin in 1985 looked at testosterone, testosterone with estradiol, estradiol alone and placebo. The group of women who responded best was the testosterone alone! The groups that did the worst was estrogen alone and placebo. Higher levels of testosterone were associated with a better response. These results are expected since most cells in a woman's body contain an enzyme that converts testosterone to estradiol. **Testosterone**, not circulating estradiol, is the major precursor for estrogen production in the brain, bones, vascular system, breast and adipose tissue. Some physicians do not understand this and may insist that estrogen therapy is needed.

Testosterone increases muscle mass and bone density while decreasing fat. Diet and exercise are extremely important for health and well-being. Our Thin Centers Diets which are low in sugars are ideal to help you lose weight and feel great. However, a diet high in refined carbohydrates/sugars will prevent weight loss and other benefits of testosterone implant therapy. Some medications can also interfere with the effect of the testosterone implant. At our center, we will evaluate your medications and adjust them accordingly.

Most patients treated with testosterone implants choose not to use estradiol.

Excess estrogen: can cause **anxiety, weight gain, belly fat, tender breasts, PMS, and mood swings**. Long-term exposure to stronger estrogens like estradiol and Premarin can increase the risk of breast cancer.

Some women convert too much testosterone to estradiol, which can interfere with the beneficial effects of testosterone. A natural 'aromatase inhibitor' like Aromat 8pn or Hormone protect with DIM or a prescription (i.e. anastrozole) may be prescribed to prevent this. Patients, including breast cancer survivors, may be treated with the combination testosterone and anastrozole implants.

If needed, one of the most effective and safest ways to deliver estrogen is **vaginally** as a cream or tablet. This treats vaginal and urinary symptoms like dryness, discomfort, urgency, frequency, hesitancy, and incontinence.

Estriol (E3) is less stimulatory to the breast tissue and uterus than estradiol and may be combined with **progesterone** in a single cream. The vaginal cream may be used daily for 14 days, then 2 to 6 days per week as needed. Once tissue is healed and symptoms are no longer present, the vaginal cream or tablet may be discontinued.



Progesterone may be used in addition to testosterone to help women who have difficulty with sleep, hot flashes, tension or anxiety. Testosterone and progesterone have beneficial effects on the brain and nervous system.

The **pellets** are the **most effective** form of hormone therapy available.

Testosterone replacement can prevent and reverse disease progression.

For information on testing and hormone therapy contact:

Thin Centers MD

Dr. Anthony Capasso M.D.

1351 13th Avenue South, Suite 110 Jacksonville Beach, FL 32250

Telephone : **904-694-0992**