

## POST MENOPAUSE WITH ESTROGEN DOMINANCE

### **CASE 1 PRESENTATION:**

A 52 year old woman with BMI of 29 (overweight is classified 25-29.9). No menses for two years and she reports no menopausal symptoms other than occasional night sweats. Self reported history of fibrocystic breast disease; mother had uterine cancer. Eats commercially raised chicken, turkey and red meat - standard American diet (SAD). She is increasingly fatigued by the end of her day.

### **KEY SYMPTOMS:**

- Fatigue
- Weight gain waist and hips
- Constipation
- Low libido
- Thinning hair
- Breast tenderness

| <b>HORMONE TEST</b> | <b>IN RANGE</b> | <b>OUT OF RANGE</b> | <b>UNITS</b> | <b>RANGE</b> |
|---------------------|-----------------|---------------------|--------------|--------------|
| E2 (Estradiol)      |                 | 4.0 H               | pg/ml        | 1.0-1.5      |
| Pg (Progesterone)   | 25              |                     | pg/ml        | 25-100       |
| Pg/E2 Ratio         |                 | 6 L                 |              | 50-100       |
| Testosterone        | 20              |                     | pg/ml        | 20-50        |
| DHEA-s              | 3.5             |                     | ng/ml        | 3-10         |
| AM Cortisol         | 5.3             |                     | ng/ml        | 3-8          |

### ANALYSIS:

- Estradiol is high in a postmenopausal woman (most pre-menopausal women fall into 1.5-3pg/ml range).
- Thyroid symptoms of constipation, fatigue, thinning hair and weight gain needs further investigation by assessing TSH, free T3, and free T4. Anti-thyroid antibodies help determine an autoimmune component.
- Low normal testosterone and DHEAS commonly occurs in postmenopausal women. Low libido can be corrected with appropriate androgen therapy.

### CLINICAL PEARL:

The goal is to balance estrogen and progesterone and reduce estrogen burden. Relative high estrogen to progesterone can create a functional

hypothyroidism with reported symptoms of fatigue, weight gain, constipation and thinning hair.

TREATMENT CONSIDERATIONS:

- Bio-identical progesterone to balance estrogen dominance.
- DHEA as replacement to help raise testosterone. <sup>1</sup>
- Nutritional counseling to include:
  - High fiber foods and/or ground flax seed with food.
  - Organically raised meats that will lower exogenous estrogen burden.
  - Smaller portions of meat per meal.
  - Reduction of simple carbohydrates and sugars
- Indole 3 carbinol increases liver phase II enzymes assisting estrogen clearance.