

HRT BASICS

Purity Health Patient Information

Disclaimer

This information is provided for Purity Health patients only. It is intended for educational purposes and should not replace personalised medical advice. Please ensure you are guided by a knowledgeable and qualified practitioner when implementing any of the above recommendations.

Understanding Perimenopause and Hormonal Change

We are born with all the eggs we will ever have, around one to two million at birth, and this declines over time. By around the age of 37, both the number and quality of eggs begin to decline more rapidly. This is when hormonal fluctuations often begin, even if periods are still regular. This phase is called perimenopause, and it is driven by fluctuating, not absent, hormones.

Egg Decline and the Onset of Symptoms

As ovarian function becomes less consistent, hormone levels fluctuate unpredictably. This is why women may notice changes in cycle length, mood, sleep, and energy long before periods stop completely.

Early and Premature Menopause

It is also important to recognise that some women experience menopause earlier than expected. Menopause before the age of 45 is considered early menopause and affects around 1 in 20 women. Premature ovarian insufficiency, which refers to menopause before the age of 40, affects around 1 in 100 women. More rarely, menopause can occur at a much younger age, affecting around 1 in 1,000 women under the age of 30 and approximately 1 in 10,000 under the age of 20. These women often require more specialised support, as the long-term health implications can be significant if not addressed appropriately.

Menopause, Ageing, and Inflammation

Menopause and ageing are, in many ways, inflammatory processes. As Oestrogen declines, inflammation increases, affecting the brain, cardiovascular system, joints, skin, and metabolism. This is why symptoms can feel widespread and disconnected, but they are not random.

Why Blood Tests Are Not Always Helpful in Perimenopause

In perimenopause, blood tests are often not helpful because hormone levels fluctuate

daily. If a woman is still having periods, the issue is usually imbalance rather than deficiency, and the aim is to stabilise those fluctuations rather than chase numbers.

What Are Body-Identical Hormones?

In HRT, we use body-identical hormones, meaning they are chemically identical to the hormones your body produces. These are different from older synthetic hormones. They are often derived from plant sources such as yam but are processed to become identical to human hormones and are regulated and approved.

Oestrogen: Delivery and Dosing

Oestrogen is usually given trans dermally, through the skin, as a gel or patch. This allows for more stable absorption and avoids first-pass metabolism in the liver. The aim is to restore physiological levels and improve symptoms, and treatment should always be guided by how a woman feels rather than fixed dosing.

Oestrogen, Blood Clots, and Route of Delivery

The risk of blood clots depends on how Oestrogen is given. Oral Oestrogen passes through the liver and can increase clotting factors, slightly increasing clot risk. Transdermal Oestrogen, given through the skin, bypasses the liver and does not have this effect, making it the preferred and safer option for most women. Gels are currently the most accessible form, as patches can sometimes be difficult to obtain.

When Oestrogen Alone Is Not Enough

If symptoms persist despite what appears to be adequate Oestrogen, we must think beyond hormones alone. This is where histamine and inflammatory pathways become important. Women may also have symptoms such as anxiety, poor sleep, food sensitivities, or waking between 2 and 4 a.m. In these cases, addressing histamine through diet and, in some cases, antihistamines can be helpful.

Progesterone: The Calming Hormone

Progesterone plays a key role in sleep and calming the nervous system. It is best taken at night, around two hours before sleep, and on an empty stomach, as food can interfere with absorption and reduce its calming effect.

How to Use Progesterone in Perimenopause

In perimenopause, progesterone is typically used to support hormonal balance and symptom control. How it is taken can vary depending on individual circumstances, including whether cycles are still present. The approach should be individualised and guided by symptoms.

Testosterone in Women: The Missing Piece

Testosterone is licensed for the treatment of low sexual desire (HSDD), but many women report additional benefits beyond this. It plays an important role in motivation, energy, confidence, memory, learning, libido, and overall psychological wellbeing, and may also

support cholesterol, blood pressure, and glucose regulation. Treatment should be individualised and guided by both symptoms and appropriate blood monitoring.

Oral Oestrogen and Low Testosterone Symptoms

Oral Oestrogen can significantly reduce testosterone levels. When testosterone is low, women may experience low libido, fatigue, brain fog, poor motivation, reduced confidence, second-guessing themselves, and a sense that they are not themselves anymore, often described as feeling like a switch has been turned off.

Why Testosterone Requires Blood Test Guidance

Testosterone should always be guided by blood tests and prescribed carefully, as both low and excessive levels can cause symptoms.

Complex Presentations: PMDD and Neurodivergence

Premenstrual dysphoric disorder (PMDD) is one of the more complex presentations and is often seen in women who are more sensitive to hormonal fluctuations. Many of these women also have features of neurodivergence, histamine sensitivity, endometriosis, or PCOS. These conditions often sit on a background of chronic inflammation.

Inflammation as the Common Driver

Chronic inflammation is often the underlying driver of many symptoms, including hormonal imbalance, histamine sensitivity, and metabolic dysfunction.

Weight, Metabolism, and Hormonal Health

Weight challenges are often driven by metabolic dysfunction rather than lifestyle alone. If weight is a concern, it is important to address the metabolic pathway as part of a structured approach.

Low Histamine Diet as a Reset Tool

A low histamine diet is not intended to be lifelong restriction, but rather a short-term strategy to calm the system, reset mast cell activity, and allow the gut to heal.

Breast Cancer Risk in Context

Breast cancer risk must be understood in context. Data presented by Prof Isaac Manyonda, Obstetric and Gynaecologist and Menopause Expert, shows that if 1000 women are followed over 5 years, around 23 will develop breast cancer as a baseline risk. Lifestyle factors have a much greater impact. Smoking increases this to around 25 per 1000, alcohol to around 28 per 1000, and obesity (BMI over 30) to approximately 47 per 1000. In contrast, regular exercise reduces risk to around 16 per 1000. In women who have had a hysterectomy and are using Oestrogen alone, risk is also lower, around 16 to 19 per 1000.

The Bigger Picture: A Whole-System Approach

HRT is not just about replacing hormones. It is about understanding the whole system,

hormones, metabolism, inflammation, and the nervous system, and supporting the body in a structured and individualised way.

How We Approach This at Purity Health

At Purity Health, we take a whole-system approach, addressing hormonal balance alongside lifestyle, metabolic health, and inflammation, so that care is structured, personalised, and sustainable.

Best Wishes

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 Dr Purity Menopause Reset
Dr Purity Carr OHS Menopause Doctor 10:10 Moments
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