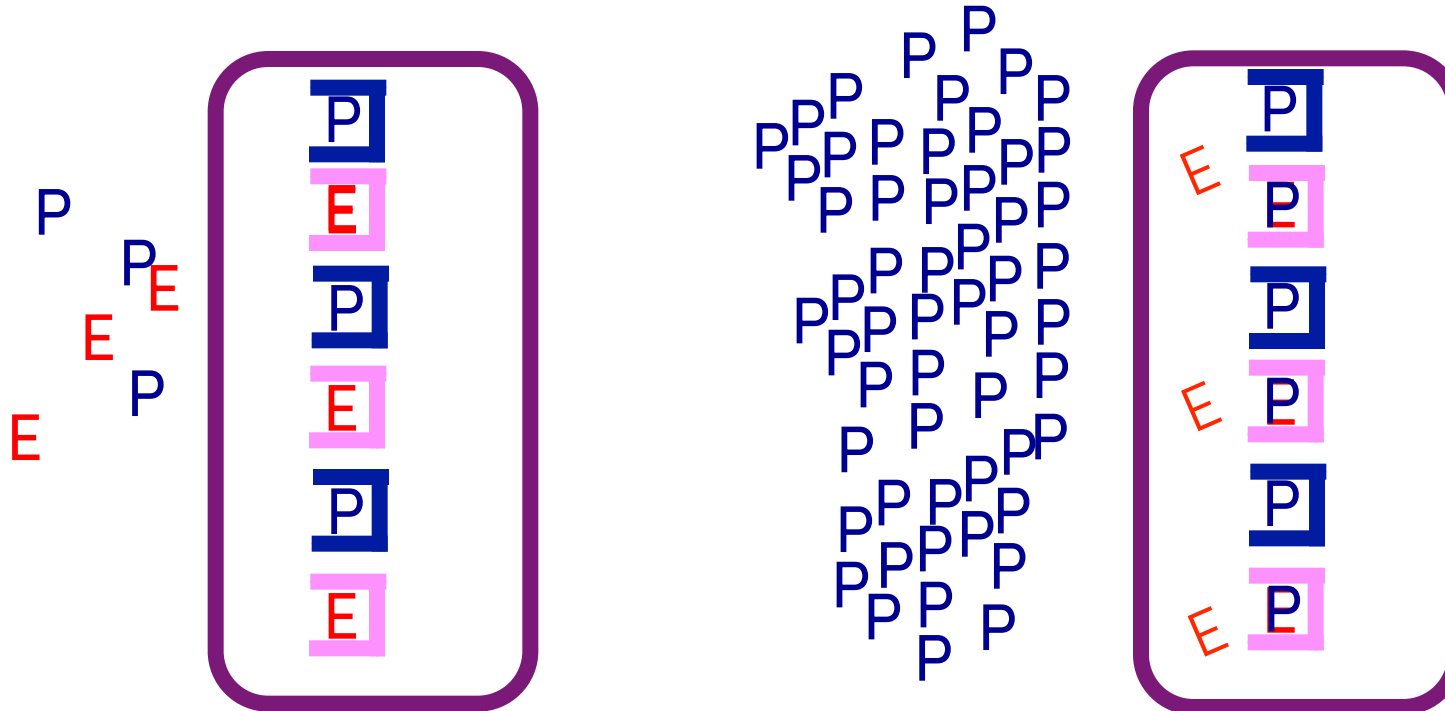


Overload of Estrogen Receptor Sites by Excess Progesterone

Estrogen binds best to Estrogen Receptor Sites



Beware of excessive Progesterone dosage causing Sx of E deficiency!

Unusual symptoms with Progesterone Rx

Over-sensitivity to Progesterone:

In a woman who has gone years without progesterone

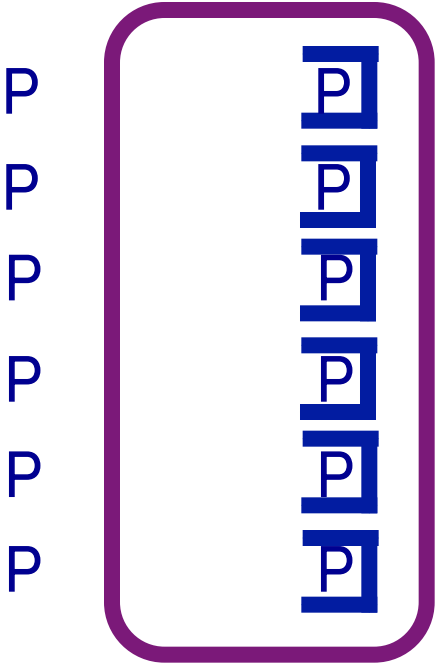
from having a prior & early total hysterectomy
or for other reasons

Allergy to progesterone

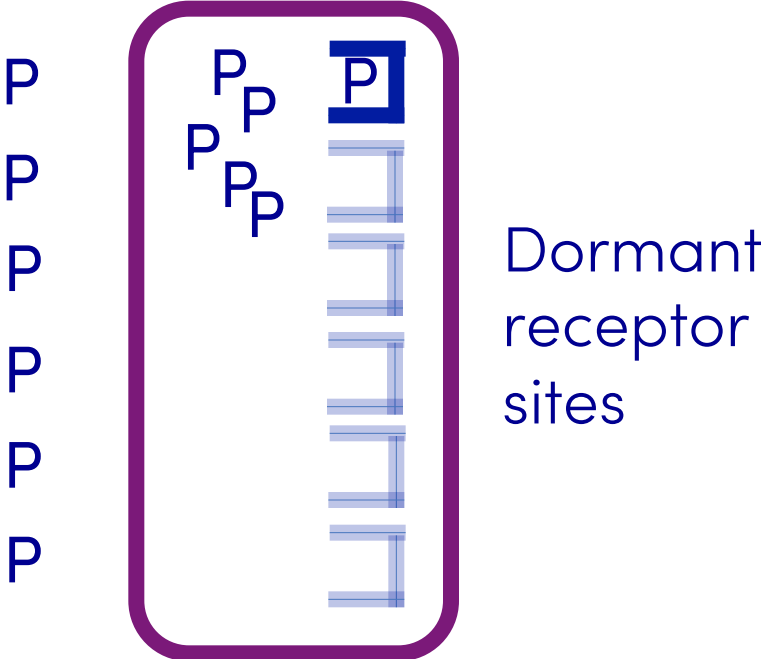
De-sensitize

Over-sensitivity to Progesterone:

Young
menstruating



No P for
many years



...start with a low dose and
increase very gradually

Approx 10% of administered oral progesterone is bio-available:

Approx 90% is metabolized to pregnanediol in the first pass through the liver

Thus 100 mg of oral progesterone could lead to 5 - 10 mg of circulating progesterone

mid-luteal output of ovarian progesterone in a young menstruating woman is +/- 40mg

It is not necessary to achieve these robust youthful mid-luteal levels in treating a menopausal woman

Pregnanediol, the principle metabolite of progesterone, is 15 - 25% of circulating [non-first-pass] progesterone)

