PIVOT | The HRT Cheat Sheet

Your guide to estrogen, progesterone, testosterone & DHEA | Jennifer Roelands, MD

01 ESTROGEN: SYSTEMIC OPTIONS

Systemic estrogen treats moderate to severe hot flashes and night sweats and helps prevent bone loss. Options differ in delivery and risk profile.

Patch	Estradiol: Dotti, Climara, Vivelle-Dot; generics	Skin patch changed once or twice weekly depending on product; avoids first-pass liver metabolism.
Gel	EstroGel, Divigel, Elestrin	Applied to skin daily; allow to dry and follow transfer precautions.
Spray	Evamist	Daily skin application; follow product instructions.
Pill	Oral estradiol; Premarin	Oral estrogen has different clotting and liver effects than transdermal therapy.
Systemic vaginal ring	Femring	Delivers systemic estradiol; typically replaced every 90 days.

LOCAL VAGINAL ESTROGEN

Primarily for vaginal dryness, painful intercourse and urinary symptoms related to genitourinary syndrome of menopause (GSM).

Cream	Estradiol vaginal cream; Premarin vaginal cream	Flexible dosing; may be messier.
Tablet	Vagifem, Yuvafem	Low-dose vaginal estradiol tablet.
Softgel insert	Imvexxy	Low-dose vaginal estradiol insert.
Local ring	Estring	Low-dose vaginal estradiol; changed about every 90 days.

Key distinction: A low-dose local vaginal estrogen product is not equivalent to a systemic estrogen product. Low-dose local vaginal estrogen generally does not require a progestogen; systemic estrogen usually does if you have a uterus.

02 | Progesterone & progestins

For women with a uterus, adequate endometrial protection is generally needed when using systemic estrogen. Micronized progesterone and synthetic progestins are not identical.

Oral micronized progesterone	Prometrium; generic progesterone	Body-identical progesterone; can cause drowsiness and is often taken at bedtime.
Oral synthetic progestins	Medroxyprogesterone acetate (Provera); norethindrone acetate	Can protect the uterine lining; adverse effects vary.
Levonorgestrel IUD	Mirena	May reduce bleeding and provide contraception; use for endometrial protection with menopausal estrogen is off-label in the U.S.
Vaginal progesterone	Prescription or compounded preparations	Not a standard, validated substitute for established menopausal endometrial-protection regimens.
Compounded progesterone cream	Custom pharmacy preparations	Not reliable for protecting the uterine lining during systemic estrogen therapy.

COMBINATION HORMONE PRODUCTS

Combined patches	CombiPatch; Climara Pro	Contain estrogen and a progestin.
Combined pills	Activella; Bijuva; FemHRT; Prempro	Contain estrogen plus progesterone or a progestin.
Estrogen + SERM	Duavee	Conjugated estrogens plus bazedoxifene; no progesterone in this product.

DR. JEN EXPLAINS

If you have a uterus, ask specifically how your uterine lining will be protected. Progesterone may help sleep in some women, but it should not be viewed as a universal insomnia treatment.

03 | Testosterone & DHEA

TESTOSTERONE

The strongest evidence for testosterone in women is for selected postmenopausal women with distressing hypoactive sexual desire disorder (HSDD), after appropriate evaluation. No testosterone product is FDA-approved specifically for women in the U.S.

Transdermal gel	Male-labeled gel used off-label at carefully adjusted female dosing	Best-supported systemic approach when appropriately prescribed and monitored.
Compounded cream	Custom testosterone cream	Not FDA-approved; concentration and quality can vary.
Injection	Testosterone cypionate / enanthate	Generally not recommended for HSDD in women; risk of excessive levels.
Pellet	Compounded testosterone implants	Generally not recommended; difficult to reverse or adjust.
Oral androgen	Oral testosterone preparations	Generally not recommended; adverse lipid and other effects.

Important: A low testosterone blood result alone does not diagnose HSDD. Evidence does not support routine testosterone for brain fog, fatigue, muscle building or longevity.

DHEA / PRASTERONE

Prescription vaginal DHEA	Intrarosa (prasterone), 6.5 mg	FDA-approved for moderate-to-severe painful intercourse due to menopause.
Oral DHEA	Over-the-counter supplements	Not FDA-approved for menopause symptoms; benefit and safety uncertain.
Compounded vaginal DHEA	Custom inserts / creams	Not FDA-approved; variable quality and dosing.
Topical DHEA	Compounded skin creams	Limited evidence for menopause symptom management.

Dr. Jen explains: Vaginal prasterone is not the same as taking oral DHEA. Discuss breast cancer history and unexplained bleeding before treatment.

04 | Your HRT conversation guide

WHICH OPTIONS ADDRESS WHICH CONCERNS?

Hot flashes / night sweats	Systemic estrogen	Discuss endometrial protection if you have a uterus.
Vaginal dryness / painful sex	Low-dose vaginal estrogen; vaginal DHEA	Lubricants and moisturizers can also help.
Recurrent UTIs linked to GSM	Vaginal estrogen	Requires clinical assessment of recurrent infections.
Distressing low desire	HSDD evaluation; selected testosterone therapy	Testosterone use is off-label in the U.S.
Sleep disrupted by night sweats	Treat vasomotor symptoms; assess other sleep causes	Persistent insomnia or possible sleep apnea warrants evaluation.

FIVE QUESTIONS TO ASK YOUR DOCTOR

1. Am I a candidate for hormone therapy based on my symptoms and history?

2. Which route (patch, pill, gel, or local vaginal treatment) fits my needs?

3. If I have a uterus, how will we protect the uterine lining?

4. What are my individual risks, contraindications, and nonhormonal alternatives?

5. How will we monitor benefits, side effects, and whether to adjust treatment?

A NOTE ABOUT SAFETY & COMPOUNDING

Hormone therapy is not appropriate for everyone. Discuss unexplained vaginal bleeding, pregnancy possibility, certain hormone-sensitive cancers, prior blood clots, stroke, heart attack, liver disease and other personal risk factors. Systemic menopausal hormone therapy is not contraception. FDA-approved estradiol and micronized progesterone can be body-identical; compounded products are not automatically safer or more effective. Estriol-containing drugs are not FDA-approved in the U.S.

SOURCES & FURTHER READING

FDA: Menopause (fda.gov/consumers/womens-health-topics/menopause); FDA: Menopausal Hormone Therapies with Updated Prescribing Information (2026); DailyMed: Intrarosa prescribing information (2026); ISSWSH Clinical Practice Guideline for Systemic Testosterone for HSDD in Women (2021).
Educational resource only. Not a prescription or individualized medical advice. Product availability and labeling can change. Review with your treating clinician. | drjenniferroelands.com/pivotresources-1/