Episode 166 Transcript

00:00:00:03 - 00:00:12:01
Dr. Tori Hudson
Lifestyle. Nutrition. Exercise. Botanicals. Nutraceuticals. Hormones. Good. Menopause management is knowing all of that spectrum.

00:00:12:07 - 00:00:37:15
Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton, Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a healthcare professional or simply looking to optimize your own well-being, we've got you covered.

00:00:37:17 - 00:01:02:07
Dr. Jaclyn Smeaton
The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hi, welcome to the DUTCH podcast this week. I'm so glad you are here. I have a really wonderful guest with me today, Doctor Tori Hudson, and we are going to dive into so much about menopausal hormone therapy.

00:01:02:12 - 00:01:22:01
Dr. Jaclyn Smeaton
We've had Doctor Hudson on the podcast before, and she's of course, taught about menopausal hormone therapy and menopause for so long. And today we're going to spend some time mostly talking about the use of testosterone in women, which is an area that's really been growing and kind of been trending online. And one thing I love about talking with Doctor Hudson.

00:01:22:02 - 00:01:44:04
Dr. Jaclyn Smeaton
She's always the voice of reason. She's never an extremist. She doesn't follow trends. So we really get the chance to talk about what is the evidence clearly say what does that not say and where are the research gaps. And I think it was a really valuable conversation because not only do we talk about what do we know about the use of

testosterone in women post menopause, but also how to do it?

00:01:44:06 - 00:02:05:11
Dr. Jaclyn Smeaton
How does she do it in her practice testing before? What types of dosages to use? How is it administered? We talked about all the different delivery formats. How do you follow up and retest? And we talked about all of these things. It was a really valuable conversation. And then you want to stick through to the end of the episode because we have a lot of hot takes about menopausal hormone therapy in general, even with estrogen and progesterone.

00:02:05:11 - 00:02:23:18
Dr. Jaclyn Smeaton
And we get into things like, is oral estrogen safe to use and women. What about women who have had been through menopause in the last ten years? Can they start therapy later or not? And we cover all of these kind of hot topic issues. So it is a lively and full episode. You're going to want to make sure you stay for the full hour.

00:02:23:20 - 00:02:49:18
Dr. Jaclyn Smeaton
I won't keep you waiting any more. Let's go ahead and introduce today's guest. Doctor Tori Hudson is a natural Catholic physician, author, and educator with, like I said, over four decades of clinical experience dedicated exclusively to women's health. She's a medical director of a Women's Time in Portland, program director for the Institute of Women's Health and Integrative Medicine, and adjunct faculty at several leading naturopathic institutions across North America.

00:02:49:23 - 00:03:13:08
Dr. Jaclyn Smeaton
She also was a founder of VI Tanika, a women's health supplement line, and the author of the Women's Encyclopedia of Natural Medicine. Her approach really weaves together conventional diagnostics and treatment, functional testing and evidence informed natural medicine to treat the whole woman, not just her symptoms. I think you're gonna love this episode. Let's kick off. Well, Doctor Hudson, I'm so excited to have you back on the podcast.

00:03:13:08 - 00:03:15:05
Dr. Jaclyn Smeaton
Thanks for joining me today.

00:03:15:07 - 00:03:16:07
Dr. Tori Hudson
Howdy, howdy.

00:03:16:09 - 00:03:19:21
Dr. Jaclyn Smeaton
It's always fun to get the chance to chat in podcast.

00:03:19:23 - 00:03:24:02
Dr. Tori Hudson
I know this one has been a long time coming. It feels like.

00:03:24:07 - 00:03:41:11
Dr. Jaclyn Smeaton
It has been. And it's actually a lot's happened since we've had you on the podcast last time. But you know, I'm really excited to talk today about just kind of the updates in menopause hormone therapy, particularly around testosterone, which we're hearing so much discussion about on social media. And people are wanting to talk to their doctors about it.

00:03:41:11 - 00:03:59:11
Dr. Jaclyn Smeaton
And I think it's going to be a great opportunity to get an update. But before we do that, for anyone who doesn't know who you are, tell us a little. You've been practicing naturopathy, women's health for a really long time. I think yeah, it's that I would I mean that with full compliment. By the way.

00:03:59:13 - 00:04:00:16

You're like looking.

00:04:00:16 - 00:04:01:08
Dr. Tori Hudson
Really?

00:04:01:08 - 00:04:02:02

Oh, no.

00:04:02:03 - 00:04:03:16
Dr. Jaclyn Smeaton
No, not at all. You look great.

00:04:03:18 - 00:04:05:08

40, 42 years.

00:04:05:08 - 00:04:33:00
Dr. Jaclyn Smeaton
It's unbelievable. And I think there's just there's not very many people who've been in practice that long providing women with menopause care. And so this whole person approach to women's health, particularly in like midlife, perimenopause and menopause, you have been practicing this way, this way that's now trending for decades, really like thinking about prevention and thinking about lifestyle and really layering on the right therapies for the right woman, including some hormones.

00:04:33:05 - 00:04:52:13
Dr. Jaclyn Smeaton
I'd love to hear how your approach to hormone therapy has really evolved throughout your career. And of course, you were, you know, in the world pre y practicing. And then through that time change and then now. So can you talk a little bit about how things have shifted in your practice.

00:04:52:15 - 00:04:55:15

Well I mean.

00:04:55:17 - 00:05:42:15
Dr. Tori Hudson
I mean as you kind of infer there's sort of been there's seems like there's sort of three eras of hormone prescribing for postmenopausal women. The first era was sort of everything up until 2002, and the primary reason for prescribing was to reduce the risk of cardiovascular disease. And that was the primary indication. And of course, that wasn't all that compelling at the time to me, because I felt like natural medicine does a very excellent job at reducing the risk of cardiovascular disease.

00:05:42:17 - 00:06:25:12

Dr. Tori Hudson
Then 2002, kind of so it was sort of yes, it was recommended robustly, routinely. And then 2002, you know, kind of the that world fell apart and oh my God, we're causing harm. And therefore we shouldn't be prescribing it at all, was sort of the vibe, because it's going to cause this, this, that and that. And then in the last 24 years that has evolved into understanding more.

00:06:25:12 - 00:07:05:19
Dr. Tori Hudson
Who for whom is it indicated and for whom is it cautionary, for whom is it contraindicated? And, but those people that were in the know in 2002 and really staying up with that research as it was really none, not in the media, you you didn't start prescribing hormones. And you realize that the risk of breast cancer was incredibly nil, almost nothing, and etc., etc. but still the the big populous was heart disease.

00:07:05:21 - 00:07:33:04
Dr. Tori Hudson
Not at all. And now we're, the popular thing to do is it's everybody should go on it for any and all reasons, including things that are imaginary. So we're hopeful, but it's none of those. I would say none of those three eras, have been really.

00:07:33:06 - 00:07:34:10
Dr. Tori Hudson
Accurate.

00:07:34:12 - 00:07:35:19

Okay. You know, are really.

00:07:35:23 - 00:08:13:19
Dr. Tori Hudson
The accurate story. And the menopause practitioners who were studious about menopause never did this, never did this, nor are they doing this. And the current, environment is all perimenopausal women should go on and as soon as possible and, and, and it's going to solve all kinds of problems and prevent all kinds of problems and the a real lack of nuance and a real lack of individualization and a real again, yet again, a whole nother generation of not really paying attention to the research.

00:08:13:19 - 00:08:49:19
Dr. Tori Hudson
And now we have social media aspect and influencers and people who think they know more than they actually know, giving advice that people are following that is potentially harmful. Yeah. And that includes testosterone in the mix now. So, so so there's just this, this generation of perimenopausal women are sort of pushing forward the envelope. And I think once again, we now have the experimentation on women without following good science.

00:08:49:21 - 00:09:13:21
Dr. Jaclyn Smeaton
It's interesting, I was having this conversation earlier with a colleague, another naturopathy doctor up in Canada that it can take a long time for, like primary research to migrate its way into practice guidelines like association based practice guidelines. And the reason for that is that it takes time to do the research, and then it gets small, studies get published, and then larger studies are conducted to confirm.

00:09:13:21 - 00:09:53:04
Dr. Jaclyn Smeaton
And then once they're finally is enough evidence to make a recommendation more standardized, you have to pull the experts together that work with the group. Maybe it takes a year for them to gather at their next annual meeting. Then they have to agree, and then they have to write the guidelines, and they have to publish the guidelines, like you're looking at multiple years between the research being present to make good decisions for women, and that being put in a way that more doctors can really see that in what you're saying right now around this history is making me think of that conversation, because with the why, probably the people who read the research and didn't

00:09:53:04 - 00:10:09:12
Dr. Jaclyn Smeaton
just listen to the headline probably picked up on a lot of the deficiencies around that data immediately. Yeah. I mean, maybe you can talk a little bit about that, because I love how you said like, it almost didn't change the prescribing practices for the group of providers who was really in the know. Yeah.

00:10:09:14 - 00:10:42:10
Dr. Tori Hudson
I mean, I was, fortunate because I, I was really following, you know, things closely. And

I was fortunate in that I went to some of those scientific meetings at the Menopause Society, and Doctor Leanne Spear off was in a real leader. He wasn't in one of the authors of the WB, but he was a main comment or interpreter speaker about, hey, here's what this study is missing.

00:10:42:10 - 00:11:06:23
Dr. Tori Hudson
And by the way, he was one of the people that called attention to, hey, these are, 65 year old women. That's like a whole different thing. That if you start menopause, if you start menopausal hormone therapy later in the game. And so I was, I think that was I definitely was at that first Menopause Society NAMs meeting post that paper.

00:11:07:01 - 00:11:07:21
Dr. Jaclyn Smeaton

00:11:07:23 - 00:11:34:18
Dr. Tori Hudson
And where it was a hot topic. And Clarkson, who proposed the the whole window hypothesis with the monkeys he was presenting. And so I just I got immersed, sort of from the sort of first shelf, you know, people who were, and I, it is really stuck with me. And it's made a big difference in my kind of understanding and following it all all this time.

00:11:34:20 - 00:11:35:18
Dr. Jaclyn Smeaton
I'm curious about.

00:11:35:20 - 00:11:36:03

People.

00:11:36:03 - 00:11:39:11
Dr. Tori Hudson
I know everything there is to know, but. But,

00:11:39:12 - 00:11:40:02
Dr. Jaclyn Smeaton
No one does.

00:11:40:02 - 00:12:15:22
Dr. Tori Hudson
And it's a moving target to dopamine is right. There's this, and then there's this, and there's this, and then there's this. But I think, one of the thing I think the flaws that's happening with testosterone is. These tiny studies that are mostly retrospective and not randomized controlled trials that might show, oh, maybe it improves mood and maybe it improves energy and maybe, you know, these are tiny, tiny studies.

00:12:16:00 - 00:12:43:18
Dr. Tori Hudson
And so I, I, I think it's important to say, okay, this is actually what we really do know about testosterone in and what and in what population. And this is what is not enough evidence and a big fat maybe. And then this is the areas of potential harm that we're kind of ignoring. And so we could talk about all those whenever you want.

00:12:43:19 - 00:13:05:14
Dr. Jaclyn Smeaton
I definitely want to talk about all those. It's interesting with testosterone because I think, there are like there was a really interesting piece published by, Sarah Glenn where she did basically just a survey of patients before and after testosterone, which isn't perfect, but there is so many, like I'd call them, quality of life related improvements that so many women consistently noted.

00:13:05:16 - 00:13:30:00
Dr. Jaclyn Smeaton
And then you hear someone like Susan Davis, who's a big researcher in the field of testosterone and she's very conservative with her application, revolves around saying that, no, there's really nothing to that. And she says that pretty clearly inflation. Right. But I misrepresent misrepresenting her position by saying that. But that like outside of libido, there's really nothing else that testosterone is consistently helping.

00:13:30:02 - 00:13:48:10
Dr. Jaclyn Smeaton
So anyway, it's a very interesting conversation. We can talk let's start with testosterone then. Because, I mean, I think one thing that's really interesting is that testosterone seems to have just crept in to that standard menopausal care discussion for women, despite, like decades of it being used clinically.

00:13:48:12 - 00:13:50:00

Yeah. Even.

00:13:50:02 - 00:13:50:09
Dr. Jaclyn Smeaton
Yeah.

00:13:50:15 - 00:13:51:02

Tell us a little.

00:13:51:03 - 00:13:54:04
Dr. Jaclyn Smeaton
More about that.

00:13:54:06 - 00:14:33:19
Dr. Tori Hudson
Well, I mean, testosterone has been around for off label for use in women for a long time. And and it's primary indication per the FDA and per the menopause societies around the world, its primary indication is for, hyperactive sexual desire disorder, which is a persistent and, recurrent deficiency or absence of, desire for sex or fantasies about sex that is bothersome.

00:14:33:19 - 00:14:36:10
Dr. Tori Hudson
That's kind of thing. Something that we should tag on there.

00:14:36:12 - 00:14:39:07

I love that it is in the person.

00:14:39:07 - 00:14:44:22
Dr. Tori Hudson
It's not just that, oh, you're not having sex and you don't want to. No, it's it has to be bothersome.

00:14:45:03 - 00:14:46:00

In all these.

00:14:46:02 - 00:14:47:19
Dr. Jaclyn Smeaton
Puzzle women, right. Premenopausal.

00:14:47:23 - 00:14:52:00

And another really important point.

00:14:52:02 - 00:15:27:07
Dr. Tori Hudson
Yeah. In terms of the testosterone prescribing popularity that's happening. So we know that testosterone modulates sexual behavior. And this is where the evidence is. It exists in a sufficient way, in sufficient numbers, with sufficient consistency to say, yes, this can work for women. What's not clear at all is the mood, the cognition, the muscle mass, the weight, the energy.

00:15:27:07 - 00:15:48:00
Dr. Tori Hudson
And a lot of women come to my office asking for it for those reasons, especially energy. It just this morning, a 76 year old woman, she's been on her estrogen and progesterone for many a year or so and and is continuing it for various reasons. But she has stopped the testosterone and says, you know, I'm feeling a little tired lately.

00:15:48:00 - 00:15:50:23
Dr. Tori Hudson
I really want to add back that testosterone to help me.

00:15:51:01 - 00:15:52:17

Well, I mean.

00:15:52:19 - 00:16:02:17
Dr. Tori Hudson
There's about at least ten different potential causes of fatigue and tiredness. And and then she goes on to explain her insomnia and her stress.

00:16:02:18 - 00:16:03:15

00:16:03:17 - 00:16:33:15
Dr. Tori Hudson
So I think we're ignoring I think once again, there is this tendency to kind of go with this populist idea rather than, okay, what is why are you fatigued? And let's go through these steps and, and what's going on with your mood and what's going on with your life and what's going on with their sleep and what's going on with your nutrition, what's going on with your exercise.

00:16:33:15 - 00:16:58:22
Dr. Tori Hudson
And you know, all those things. And I'm not, I'm not denying that testosterone could help some women with mood, energy, and cognition, but I don't feel like that is a.

00:16:59:00 - 00:17:24:23
Dr. Tori Hudson
I'm I'm hesitant to just I'm not going to prescribe it without doing due diligence on those things. And, and, you know, all the proper steps then. Okay, we could try it and see if it helps you if and if you don't have those side effects. What I don't like happening is just keep cranking up the testosterone dose higher and higher.

00:17:24:23 - 00:17:51:16
Dr. Tori Hudson
Ignoring the the therapy, the the range of physiological dosing. There's there's some folks out there saying, oh yeah, you can have a testosterone level twice as high as that high end of what it ought to be. And a physiological age range, if that's what it takes to feel better and you're not having any side effects, that's a lot of that going on.

00:17:51:18 - 00:18:23:08
Dr. Tori Hudson
And I would say that's one big fat experiment. And women, again, because we have no idea what long term use of testosterone does in women. We are talking about what 55, 60% of women being overweight or obese. So metabolic issues, we have no idea what that testosterone might be doing harm was we have no long term data on the breast cancer thing.

00:18:23:08 - 00:18:49:19

Dr. Tori Hudson
And as you've heard me say it, well, well, I feel so much better on high doses. And so therefore let's do it. And I'm like, well, people feel better on, you know, cocaine too. And so it's not that's not the guide and just the lack of overt side effects from the testosterone to me is not the be all, the end all safety parameter.

00:18:49:21 - 00:19:19:13
Dr. Tori Hudson
When someone starts creeping above that upper range of total testosterone on a serum test, if they go above and beyond that, with the prescription that I've given, if it's a little bit above, okay. But if they're above that, and even if they're not having testosterone, you know, related acne, facial hair, everything, etc., I will suggest that we reduce the dose a little bit because we don't have that long term, data for safety.

00:19:19:18 - 00:19:24:13
Dr. Jaclyn Smeaton
So, you know, I think people going like multiples above the top end of you.

00:19:24:13 - 00:19:25:00

00:19:25:01 - 00:19:34:12
Dr. Jaclyn Smeaton
I haven't seen, prescribers dosing women, like, so far outside the range. I'm interested to hear more about that practice. I mean, I haven't seen that.

00:19:34:12 - 00:19:35:03

Yeah.

00:19:35:05 - 00:19:48:12
Dr. Tori Hudson
That there is one woman what's certain? Kelly. There are people talking about that and saying, oh yeah, you women can have 160 serum level or 180 and it's okay. And I don't agree with that.

00:19:48:14 - 00:19:49:22

So how do you find there's no.

00:19:49:22 - 00:19:53:23
Dr. Tori Hudson
And there's absolutely no data for the safety of doing.

00:19:53:23 - 00:20:12:10
Dr. Jaclyn Smeaton
That. Yeah. And I think it's important when it comes to know data. It's like you have to understand no data doesn't mean it's inherently safe. It's like if you lack data showing harm doesn't mean it's safe. If you lack data, showing safety doesn't mean it's harmful. It just truly means it's no one's asked the question. No one's borne it out in research.

00:20:12:10 - 00:20:28:15
Dr. Jaclyn Smeaton
And it's based, you know, their actions are based on a hypothesis that could later be proven right or wrong. I think that's I like to level set that for people because I think that it's tricky right now, particularly in women's health, because there just is lack of research period in so many areas.

00:20:28:20 - 00:20:29:03
Dr. Tori Hudson
Yeah.

00:20:29:05 - 00:20:55:15
Dr. Jaclyn Smeaton
So providers are making the decisions they can to the best of their ability. But oftentimes, like you said, without clear information. So how do you approach dosing testosterone when there's like no FDA approved products? I've actually heard just last week that the packets that are like, you know, that you use for ten days for women, that those have been at least Amazon pharmacies restricted prescribing to females of that product, like the pump.

00:20:55:15 - 00:21:28:06
Dr. Jaclyn Smeaton
Now, which is really interesting. I don't know if that's true or not, but I've heard a couple of providers say that. So, but how do you approach dosing when there's no FDA approved products and there's no like, reference range established for a target?

Yeah, it's still kind of a moving target. So given your experience, length of time prescribing and the fact that you read all this research, how are you working with patients who come in saying, I have a, you know, biochemically low, low T or low androgen profile and I have low libido and I want to try testosterone.

00:21:28:08 - 00:21:55:04
Dr. Tori Hudson
Well, let's talk about that for a second. There is no lab value of testosterone in a woman that relates to low libido. That's the first thing like you. So that's like, oh, wow. You can have a low, medium or high test result and have low, medium or high or no libido. There is no relationship. That's the first problem we have.

00:21:55:04 - 00:22:15:17
Dr. Tori Hudson
And that's because curious, you know, women make very little testosterone. So the accuracy of these tests, even the the the test that you want, the liquid gas chromatography tests is still, you know, less than ideal at detecting these low amounts.

00:22:15:19 - 00:22:22:22
Dr. Jaclyn Smeaton
Can I add something else to this conversation, too? Because desire in women is so complex, it's like even more.

00:22:22:23 - 00:22:24:07

Well, yeah, we should start there.

00:22:24:07 - 00:22:42:07
Dr. Jaclyn Smeaton
Right there. Because I think we need to, like, rule it back. When you talk about, okay, the role of testosterone in libido, we would be completely missing the boat if we didn't talk about the fact that that from my experience clinically, your androgen levels for a woman, it's like a drop in the bucket of desire. Really. There's so much more to it.

00:22:42:07 - 00:23:07:22
Dr. Jaclyn Smeaton
Like the quality of your relationship. How much safe do you feel in the relationship? I mean, women, I feel like intimacy is very different for women and men. And then you

also have the like, that men tend to be more like initiating physical intimacy, where women, you judge libido almost based upon their receptivity versus on the outright desire or like fantasy or whatever measure you'd use.

00:23:07:22 - 00:23:10:23
Dr. Jaclyn Smeaton
For men, it's just very different.

00:23:11:01 - 00:23:44:17
Dr. Tori Hudson
Yeah. There's what is it called, the bio psychosocial model of sexual function. And I think if a practitioner is prescribing testosterone, they need to be educated. We need to be educated on what are the potential underlying causes of low libido and women. And that's that is step number one for sure. Because yes, there are multiple other pieces of the pie that could be the cause or part of the cause.

00:23:44:18 - 00:24:06:05
Dr. Tori Hudson
Indeed, that is important. But let's say we've done that and let's say we get to all these things seem to be in place. You know, her husband washes the dishes and takes care of the kids. So, yeah, she feels like having sex with him. But. So we've taken we've asked all those questions. We we've come to the point of maybe.

00:24:06:07 - 00:24:32:15
Dr. Tori Hudson
And she's post-menopausal and maybe testosterone would help her. So the first thing that I do is test her total serum testosterone level. And that is the recommendation of the global consensus position statement on the use of testosterone therapy and for women is that we should do that test not. And then you might say, well, why am I doing that test if it's not related to libido?

00:24:32:17 - 00:25:00:16
Dr. Tori Hudson
Well, that we're wanting to do that test so that we don't over so we don't hike women's testosterone up too high is the main reason. So the test result does not tell you. Oh yes, she will respond or not or yes, you should use this dose or that dose. It might guide you as to well, if she's already high normal, it will guide me to say, well, I'm not going to start at the highest end of the dosing.

00:25:00:16 - 00:25:31:08
Dr. Tori Hudson
Then. And if it's very, very low, if not below the low end of normal, that might tell me, oh, I think I could start at the high end of the dosing. So it does tell me that. But so I do this total testosterone. It's the free testosterone is not necessary to do that is not. So they tell us a reflection of, systemic testosterone effects.

00:25:31:12 - 00:25:43:21
Dr. Jaclyn Smeaton
That's really counter to what I would have anticipated, because, I mean, if you have a lot or a little of sex hormone binding globulin, it's going to impact how much testosterone is available to the tissue.

00:25:43:23 - 00:25:57:11
Dr. Tori Hudson
Well, I could go back and find out why they recommend that, but that is what they recommended. All we need is a total testosterone. With this the right assay,

00:25:57:13 - 00:25:59:22
Dr. Jaclyn Smeaton
What should we then asked me?

00:26:00:00 - 00:26:12:10
Dr. Tori Hudson
They say that free testosterone, there is no evidence that free testosterone is the biologically active testosterone fraction.

00:26:12:12 - 00:26:16:00

I bet you want to. Costner's probably would want to debate that.

00:26:16:00 - 00:26:21:00
Dr. Jaclyn Smeaton
Yeah, we can keep going. But that is another that that's part that's the only piece of the guidelines.

00:26:21:02 - 00:26:52:18
Dr. Tori Hudson
I'm going with this. And also hormone thing is not cheap and and you know and so I

don't feel like we need to add on tests that we don't really need. So I do that test, determine the dose. And for me the, the the by and large the maximum dose that I'm going to ever give is ten milligrams a day to a female who wants to maintain femaleness for this purpose of, of sexual dysfunction.

00:26:52:21 - 00:27:31:11
Dr. Tori Hudson
And, I use a compounding pharmacy. It's economical if let's say we're going to start at five milligrams a day, number one is going to be a cream because that's, the most bioavailable form, an oral testosterone can cause some other potential problems. So it's an eye cream. So if I want to deliver five milligrams a day, which is half the high end, then I'm going to write the prescription for 20mg/g, and she's going to take a quarter gram a day, which is five milligrams, and that will last her four months.

00:27:31:11 - 00:27:39:22
Dr. Tori Hudson
So that 80 bucks is going to last four months. That's very economical. Now there are.

00:27:40:00 - 00:27:55:04
Dr. Tori Hudson
People using the prescriptions for men. Let's talk about the the testosterone gel. So one tube for the last one day if we're prescribing for a man.

00:27:55:06 - 00:27:55:14

Right.

00:27:55:19 - 00:28:22:15
Dr. Tori Hudson
And it should last ten days. If we're at the high end there's ten milligrams a day. It's the last ten days for women. So one thing that can be done is she can buy a five cc syringe off of Amazon or wherever, and then she would take one half cc a day and one tube would last for ten days or a pea sized amount.

00:28:22:17 - 00:28:35:12
Dr. Tori Hudson
What I don't like about doing this is I feel like there's too much opportunity for error, and there's too much opportunity for, oh, I think I'll just take more.

00:28:35:14 - 00:28:36:07
Dr. Jaclyn Smeaton
Interesting,

00:28:36:09 - 00:28:55:10
Dr. Tori Hudson
On my own. And I feel like when I say one quarter grandma day on the bottle and it's that's one click a day, there's the more tendency to be compliant and, and let alone if they're saying a pea size amount. Well, that. What kind of pea is it? I don't know.

00:28:55:12 - 00:28:56:03

I have small.

00:28:56:03 - 00:29:15:11
Dr. Tori Hudson
Peas and large peas in my garden. So I don't really like prescribing the male products in one tenth the dose for women because of the because of that. Because of those reasons.

00:29:15:12 - 00:29:17:12
Dr. Jaclyn Smeaton
Okay. Makes sense.

00:29:17:13 - 00:29:56:00
Dr. Tori Hudson
And we have I think over too many things are. Oh. And then the other thing I should say in terms of my habits, I will then retest the total testosterone in 4 to 6 weeks and have her come back in 6 to 8 weeks, and it takes 6 to 12 weeks to see a change in libido. And if there's no change at that first follow up of 6 to 8 weeks, and the testosterone is not above the not the upper range of physiological range, then we and she's not responding as she's not having side effects.

00:29:56:00 - 00:30:02:14
Dr. Tori Hudson
Then we could go up and then we'll repeat that drill again.

00:30:02:16 - 00:30:26:17
DUTCH Podcast

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00:30:26:18 - 00:30:29:07
DUTCH Podcast
Welcome back to the DUTCH Podcast.

00:30:29:09 - 00:30:36:16
Dr. Jaclyn Smeaton
Is there a top end of like if you're not getting just if their woman's not feeling better and I guess you have a.

00:30:36:16 - 00:30:39:10

Do you think I might have done this considered.

00:30:39:10 - 00:30:41:11
Dr. Tori Hudson
To be ten milligrams a day.

00:30:41:13 - 00:30:41:21

Okay.

00:30:41:22 - 00:31:08:19
Dr. Tori Hudson
I have pledged a little bit and gone to like 12. But, but I watch her total testosterone in her blood and that test has to be drawn in the morning. And before she applies her dose that day, if she has her dose first and then goes to the lab, she might have a sky high. And that's not an accurate, you know, read.

00:31:08:21 - 00:31:29:14
Dr. Jaclyn Smeaton
Yeah. It's interesting. We did a we published a study earlier this year, in Frontiers in Reproductive Health on the use of because we hear a lot in the practice of, salivary monitoring of testosterone dosages as well. And we just did a review of, like, what

data is out there on serum, what data is out there on saliva monitoring.

00:31:29:16 - 00:31:46:14
Dr. Jaclyn Smeaton
And what we tend to see is saliva really seems to over represent how much testosterone is in the body. I don't know if you've had I'll send you the links for you so you can take a look at it, but it can lead to people thinking that their exposure is really incredibly high to testosterone.

00:31:46:19 - 00:31:54:20
Dr. Tori Hudson
Yeah, I'm surprised people are even testing saliva for testosterone, because we've known for a long time that that was not an accurate way to measure testosterone.

00:31:54:23 - 00:32:21:14
Dr. Jaclyn Smeaton
Yeah. But we're we still see it a lot in practice. I mean, we hear about it a lot because people call us asking. And so it's something that, yeah, we wanted to see if there is literature out here on that particularly interesting. There's a lot of literature on testosterone because of, like trans male population. They have a lot of data on, like what doses actually produced in this patient population, desired side effects of masculinized action and what doses consistently don't.

00:32:21:14 - 00:32:41:08
Dr. Jaclyn Smeaton
So well. It's really a unique opportunity from a research perspective, to have this full range of exposure to testosterone in a biological female to see when do when do you symptoms what is kind of an upper limit where there is generally safety and you're not going to see hirsutism or, voice changes as the big one that's in.

00:32:41:08 - 00:32:43:00
Dr. Tori Hudson
Front of the individual.

00:32:43:02 - 00:32:44:12
Dr. Jaclyn Smeaton
It's very individual.

00:32:44:13 - 00:33:17:11

Dr. Tori Hudson
It's very individual. And I've heard people say when I raise this question of, well, I when I raise the argument that I don't think we should keep cranking women's post-menopausal women's testosterone above this certain level, that this is, I'll say, well, it hasn't been, it's not causing breast cancer in, in, you know, trans people and it's not causing this or that and trans people, I'm like, that's a whole different group of people.

00:33:17:11 - 00:33:47:08
Dr. Tori Hudson
Generally it's younger. Number one. And and I mean, I would say that's the big difference. It's younger and there's a postmenopausal woman's. The risks should be benefits, and risks should be seen for her, not compared to men or compared to trans or compared to reproductive age women.

00:33:47:10 - 00:34:23:10
Dr. Jaclyn Smeaton
Even, when it comes to testosterone use in menopausal women, it seems like it really was overlooked for a long time for for, I think because there's so much focus on like estrogen and progesterone being the quote unquote, female hormones and testosterone being really reserved for men. Do you think that the, the, the way that testosterone is lagged behind other hormones is that due to just lack of efficacy in or consistent efficacy for different concerns women bring, or is it a research gap, or is it that symptoms aren't taken seriously?

00:34:23:10 - 00:34:25:18
Dr. Jaclyn Smeaton
Like where do you think that that falls?

00:34:25:19 - 00:34:26:23
Dr. Tori Hudson
Like why is why are.

00:34:26:23 - 00:34:27:11
Dr. Jaclyn Smeaton
We.

00:34:27:13 - 00:35:05:09
Dr. Tori Hudson

Or are we lagging behind? And testosterone? Well, I don't know. That is it is lagging behind at the moment because it's so popular. But I understand what you're saying. Well, I think we have to start with maybe what is the what are there's some biases happening around women. Should I get testosterone? For some cultural gender bias reasons?

00:35:05:11 - 00:35:44:12
Dr. Tori Hudson
And, also, are we looking is there a bias that femaleness is not good enough? And therefore, no, we should be giving maleness. You know, I don't know. I don't know. I think there might be something going on in that whole world. I do think, the research gap is significant. You know, we almost had a testosterone patch in the US, and it was just like it was like ready to come on out and on.

00:35:44:12 - 00:35:51:04
Dr. Tori Hudson
And the FDA approved and the I just like, boom, you know, kind of just put the skids on that.

00:35:51:04 - 00:35:53:19
Dr. Jaclyn Smeaton
It's just surprising that that hasn't been revisited.

00:35:54:00 - 00:36:12:12
Dr. Tori Hudson
Oh yeah. Yeah. That's been a long time now, right? Yeah. I mean, we should say that testosterone is approved in Australia. That's the one country for women, for menopausal women. They have a commercial product. You probably know maybe where else it might also be approved, but I know it is in Australia.

00:36:12:14 - 00:36:30:02
Dr. Jaclyn Smeaton
Where do you think we're going to go with testosterone use in women in the next 5 to 10 years? I mean, I can hear the concern in your voice that maybe we're going to have a pendulum swing where it's being overprescribed. Or maybe you say we're already there, but if we look at it 5 to 10 years down the line, if you had to, like, look inside your crystal ball.

00:36:30:04 - 00:36:33:06

Dr. Jaclyn Smeaton
But yeah, we're going to we're going to take there. Are we going to be.

00:36:33:08 - 00:37:10:03
Dr. Tori Hudson
Well, I mean hopefully they'll have addressed some of these research gaps which that, global consensus position statement has identified. And so I think there will be more research that will bring more clarity. I hope that there's some other consistent benefits. You know, I hope it helps with cognition in particular. I hope that I think that is a troublesome phenomenon in women.

00:37:10:05 - 00:37:16:04
Dr. Tori Hudson
So I hope it hell, I care more about those things and I, frankly, than I do about people's sex drive.

00:37:16:04 - 00:37:19:17
Dr. Jaclyn Smeaton
But I know it is important to be thinking about that.

00:37:19:20 - 00:37:40:07
Dr. Tori Hudson
Because it's a day to day, you know, impairment, if they're right up there, fatigued, if they're, if they're cognitively suffering. I so I don't know, Jacqueline advice, I don't know. Do you think a testosterone commercial product for women is going to come out in the US in the next 5 to 10 years? I can't.

00:37:40:07 - 00:37:52:06
Dr. Jaclyn Smeaton
Tell. I'd be surprised if that wasn't something in development. I mean, at least there I would say that generally what we're seeing in pharmacy, pharmaceutical medicine is that you see a market demand and everyone races to fill it.

00:37:52:06 - 00:37:54:00

So. Right. Yeah, they want to.

00:37:54:02 - 00:38:14:13
Dr. Jaclyn Smeaton

You know, and then if you see research that supports its use because of sponsored research, I mean, not to be jaded here, but we've seen this happen before, right? You have a condition that arises and then or a market opportunity and then you find a drug that can treat that. And then you go you know, the that money actually gets diverted into that area to conduct research.

00:38:14:18 - 00:38:32:18
Dr. Jaclyn Smeaton
And that research supports approval of a product through the FDA that's, you know, it's it's business. So I do think there is going to be one. And hopefully the research that is conducted is large enough that it does really, truly create clarity around where from maybe helpful for women and may not be.

00:38:32:18 - 00:38:35:00

And yeah, yeah.

00:38:35:00 - 00:38:36:21
Dr. Jaclyn Smeaton
Also the safety data of course will be.

00:38:36:21 - 00:38:38:06

Borne out right.

00:38:38:08 - 00:39:01:22
Dr. Tori Hudson
About a testosterone mean product for women. I don't I mean, I feel like we can fully function right now with compounding pharmacies and, and, and, okay, one tenth of the male dose with the testing gel. But but it would be if a product did come out, it would be a sign that there is now decent research and more research to come.

00:39:01:22 - 00:39:04:02
Dr. Tori Hudson
So that's that's a good thing.

00:39:04:04 - 00:39:06:06
Dr. Jaclyn Smeaton
Yeah. I think it's probably I think we.

00:39:06:06 - 00:39:07:07

Haven't talked about.

00:39:07:07 - 00:39:09:18
Dr. Tori Hudson
Injectable, testosterone.

00:39:09:18 - 00:39:09:21

For.

00:39:09:22 - 00:39:33:18
Dr. Jaclyn Smeaton
Lunch. I think let's talk about injectable. And I think another piece that comes up that's really controversial is pellet therapy. And I think that's another one that there's a lot of very strong opinions on. I think some of them are warranted and some of them are not. Personally, from my own experience in research. And I've I've never inserted a pellet, but I did go through the training and pellets because I wanted to better understand that as a therapy.

00:39:33:20 - 00:39:35:21
Dr. Jaclyn Smeaton
But let's talk about those injectables.

00:39:35:21 - 00:40:02:04
Dr. Tori Hudson
And well, I think, again, we're talking about females wanting to maintain their femaleness. In terms of the pellets and the injectable, I feel like going that route is one more big experiment on women, and I'm not in favor of it. And I think we see we and the research shows that there are super physiological levels that happen when you do that.

00:40:02:04 - 00:40:30:02
Dr. Tori Hudson
They're that form of therapy and we have no data on what's the safety of that over a period of time. So again, people say, oh, I feel great. Well. And I say, well, yeah, people feel great on cocaine too. But so I to me I'm, I'm, I discourage it, I discourage

colleagues, I answer this way when asked.

00:40:30:04 - 00:40:32:23
Dr. Tori Hudson
And.

00:40:33:01 - 00:40:53:06
Dr. Tori Hudson
And people build have the have businesses and practices around this very thing. But to me it is potentially harmful. And, and, and just an experiment in the wild wild west of menopause prescribing.

00:40:53:08 - 00:41:01:23
Dr. Jaclyn Smeaton
I think that's like the general conventional point of view towards pellet therapy. Do they feel that way about injecting a injected testosterone in women as well?

00:41:02:00 - 00:41:03:02

I do I think the.

00:41:03:02 - 00:41:09:20
Dr. Jaclyn Smeaton
Biggest risk with those is that they have you can't undo the dose once it's in the body. Right. And that's really that bottom.

00:41:09:20 - 00:41:11:09

Line is no flexibility.

00:41:11:09 - 00:41:29:21
Dr. Jaclyn Smeaton
Yeah, I'm actually was really surprised because we've been doing like a research review on particularly pellet administration, in women. And there actually is more probably clinical data than you'd think on that. I think we're going to write it out because there's a lot out there, and a lot of the earlier studies on testosterone were using pellets and women.

00:41:29:21 - 00:41:47:21

Dr. Jaclyn Smeaton
So there is actually more data than I think most people assume there is. And this is I'm not in defense or in promotion of. I want to be clear that I think there are legitimate concerns that if a woman is given too much, you can't take the pellets out. The risk of like side effects, like infection and abscess are low, but that does happen.

00:41:48:02 - 00:41:54:11
Dr. Jaclyn Smeaton
But the bigger worry is that if the dose is too high, you have to wait six months until it just naturally comes down.

00:41:54:13 - 00:41:56:16

I mean, and I would I haven't seen what you're.

00:41:56:17 - 00:42:16:14
Dr. Tori Hudson
What you're, you know, finding. But to me, what kind of research on what kind of women, you know, meaning are they post-menopausal? Are they this way or that way? Do they have these other health problems or those other health problems? Was it 50 people or was it, you know, hundreds of people? Was it two months or was it five years?

00:42:16:15 - 00:42:18:15
Dr. Tori Hudson
So there's a lot of stuff in there.

00:42:18:15 - 00:42:41:07
Dr. Jaclyn Smeaton
Yeah. There's not just like all testosterone. There's not as much data as we'd like to see. So, you know, you're totally right. I think the route of administration itself is not inherently a problem. But I think that across the board it's just a matter of can you change the dose if you need to? And with testosterone, you need to kind of go low and slow, because if you go too high, it can cause permanent harm.

00:42:41:07 - 00:42:58:21
Dr. Jaclyn Smeaton
So yeah, there's a legitimate risk there. And I did the same for injectable testosterone that usually that's not as long of a time in the body. But you can get that super

physiological, you know, pharmacokinetics from both of those exposures where it goes quite high before it settles into a dose. And then about, do.

00:42:58:21 - 00:42:59:23

You find it odd.

00:42:59:23 - 00:43:14:09
Dr. Tori Hudson
That there's this mindset as like, oh, testosterone, estrogen and progesterone. But yet no way on birth control pills? I mean.

00:43:14:11 - 00:43:15:23
Dr. Jaclyn Smeaton
It's really interesting.

00:43:16:01 - 00:43:17:08

I feel like.

00:43:17:10 - 00:43:43:02
Dr. Tori Hudson
That to me is like a real disconnect that the birth control pills have such a, bias against them. But, you know, many, many consumers and practitioners. But yet everybody's drinking the Kool-Aid, on menopausal hormone therapy. And by the way, I prescribe.

00:43:43:04 - 00:43:48:09

You know, a lot of driver of hormones, but not a lot. But, I think.

00:43:48:10 - 00:43:50:14
Dr. Jaclyn Smeaton
We just got to do it.

00:43:50:16 - 00:44:04:23
Dr. Tori Hudson
Yeah, but I'm, Let's do our due diligence. Let's. It's needs to be individualized on a regular basis. What are the benefits and what are the risks for this woman at minimum, each year?

00:44:05:00 - 00:44:08:21
Dr. Jaclyn Smeaton
I love how provocative this conversation we've gotten. This is great. Let's keep going.

00:44:08:21 - 00:44:10:12

There's just one thing that bothers me.

00:44:10:12 - 00:44:11:17
Dr. Tori Hudson
Can I say one?

00:44:11:18 - 00:44:12:12

I am a rabbi.

00:44:12:12 - 00:44:42:06
Dr. Jaclyn Smeaton
Hence, let me comment on the birth control piece though, because I would say yes, there are some individuals who have this bias and maybe it's because we're using bioidentical hormones predominantly and menopausal hormone therapy. At least the providers I see with that bias tend to choose more bioidentical. However, I would also say there is a large number of predominantly like conventionally trained OB GYNs who are using OCP but still tell women that menopausal hormone therapy is unsafe or too risky for them.

00:44:42:06 - 00:44:45:14

So let's just get that control pill. I will do that. Yeah.

00:44:45:14 - 00:44:57:21
Dr. Jaclyn Smeaton
So it's like, oh no, you're too young, you're perimenopausal. So we really can't get you on MD why don't we put you on a combined oral contraceptive? And it's like, well, that's a progestin, which is way more stronger binding. The hormone dosing is way higher.

00:44:57:23 - 00:45:00:18

How are you doing this at least five times.

00:45:00:18 - 00:45:03:12
Dr. Tori Hudson
Higher than what I'm talking about for this woman.

00:45:03:13 - 00:45:05:16

So I feel like that was another crazy one.

00:45:05:18 - 00:45:13:20
Dr. Jaclyn Smeaton
I see it both ways. And there's more. Which ones on your mind? Because I have others too. We should just bring up and talk about these myth busts.

00:45:13:22 - 00:45:19:13
Dr. Tori Hudson
Well, I'm glad you brought up that other side of that same, that issue of birth control pills.

00:45:19:15 - 00:45:23:18

Well, I,

00:45:23:20 - 00:45:29:01
Dr. Tori Hudson
This is pretty recent for me to really kind of grab hold of this.

00:45:29:03 - 00:45:29:21

You know, no.

00:45:29:21 - 00:45:57:11
Dr. Tori Hudson
One is dying of hot flashes and night sweats, and no one is dying of low libido, and no one is dying of. I just wish I felt better, but women are dying of heart disease. And to me, all this noise about let's test this, this, that, not, about hormonal related stuff and, well, what's their what's their lipid?

00:45:57:11 - 00:46:16:12
Dr. Tori Hudson
What's their apolipoprotein B, what's their lipoprotein, what's their A1. See. What's their kidney function. What is her objective and subjective risk of cardiovascular disease? I'd like to see a lot more noise come from here to over here, because that's where women are dying up.

00:46:16:14 - 00:46:24:20
Dr. Jaclyn Smeaton
I love that this has been a soapbox for you lately, too, because we've talked about this like, I think every time I've talked to you, we've talked about cardiovascular risk in person.

00:46:25:00 - 00:46:25:18

But.

00:46:25:20 - 00:46:27:22
Dr. Tori Hudson
I don't I don't like being so predictable.

00:46:27:22 - 00:46:29:08

But but it's rightfully so.

00:46:29:08 - 00:46:46:10
Dr. Jaclyn Smeaton
I mean, I'm glad it's a soapbox for you because you're absolutely right. But it's not sexy and it's not, something people think about until you have a heart attack. I mean, it's something that it's hard to, you know, it's just kind of boring and mundane to be thinking about prevention of cardiovascular disease.

00:46:46:12 - 00:46:48:15

You were important for a long time.

00:46:48:16 - 00:47:03:22
Dr. Jaclyn Smeaton

Yeah. It's been it's struggled it like needs a rebrand. But it's so critically important. And I'm glad that you're bringing this up. And I was. Well, I wanted to ask you because a lot of the data I that pushed for hormone therapy was around cardiovascular protection.

00:47:03:22 - 00:47:04:20

Yeah. It was that.

00:47:04:20 - 00:47:09:17
Dr. Jaclyn Smeaton
Data still relevant? Is that something that we should be talking with our patients about?

00:47:09:19 - 00:47:10:15

Well.

00:47:10:17 - 00:47:38:00
Dr. Tori Hudson
As you know, the prevention of cardiovascular disease is not considered an indication for prescribing menopausal hormone therapy. This is something else. That sort of naturopathic functional medicine integrative medicine community has grabbed hold of to say, oh, we should you should go on hormones now to prevent heart disease. Well, the reason why it's not an approved indication, because the data is really mixed on this topic.

00:47:38:00 - 00:48:09:20
Dr. Tori Hudson
It's not at all clear that you prescribe menopausal hormone therapy, in perimenopause or early menopause. Then it will reduce the risk of heart disease. And of course, if you start it later, it will actually increase, the risk. So I feel like that would be something else to get great clarity on. I'd like to see clarity on this is ten menopausal estrogen therapy is starting at a certain age.

00:48:09:20 - 00:48:36:02
Dr. Tori Hudson
And in certain women reduce their risk of heart disease. And by were at it we got to know the answer to the whole Alzheimer's thing as well. Is it is it a plus or minus or a neutral? We don't know that. And for a practitioner to say, oh, I'm putting you on

hormones to prevent heart disease and Alzheimer's disease, they should also say, I hope, I mean, we and we don't know for sure that that's going to that that's true.

00:48:36:08 - 00:49:13:06
Dr. Jaclyn Smeaton
I think it's a really complex these two areas cognitive health, Alzheimer's disease, cardiovascular I know that's three. But I'm grouping Alzheimer's and cognitive there. I think it's going to be really tough for research to clarify whether hormones are helpful or not helpful in the long term, because they're so multifactorial. And I think the question really ends up being, is estrogen therapy dose from perimenopause on enough to affect all of the other things that have driven that disease in a woman, enough to make it worth being on.

00:49:13:06 - 00:49:32:22
Dr. Jaclyn Smeaton
Right? That's really the question we're asking, because we know fundamentally both of those conditions are metabolic in nature and driven by so many pieces. And we know estrogen can help with healthy metabolism or help preserving it. When we look at things like women who are on GLP ones and estrogen tend to lose more weight than women who are on GLP ones alone.

00:49:32:22 - 00:49:49:17
Dr. Jaclyn Smeaton
Like there's evidence to suggest that and more that that estrogen helps with metabolic health parameters. But it's almost overcoming this mountain of challenge and is like hormone enough, you know?

00:49:49:19 - 00:50:17:17
Dr. Tori Hudson
Well, well, well, I also like to add to the conversation again that there's a lot of noise around hormones, hormones, hormones, when actually what we do know is that drinking low to no alcohol reduces your risk of Alzheimer's. Exercising X amount of time a week reduces your risk of Alzheimer's. Eating a mediterranean diet reduces your risk of Alzheimer's.

00:50:17:17 - 00:50:28:03
Dr. Jaclyn Smeaton
Wait, I think about Joep. Is nano is work too on talks and exposure and connections to cardiovascular disease. There's so many other yeah, I'm really big drivers.

00:50:28:05 - 00:50:39:12
Dr. Tori Hudson
Yeah. So why do you think there is this hyper focus for in Perry and postmenopausal women right now around that.

00:50:39:14 - 00:50:43:19
Dr. Tori Hudson
All your your problems are hormones and the solutions is hormones.

00:50:43:21 - 00:50:50:06
Dr. Jaclyn Smeaton
Well I think there's a I think that there's an appropriateness to looking at the role of hormones because we do know that with the.

00:50:50:08 - 00:50:52:05

No, I am not saying that's not appropriate.

00:50:52:05 - 00:50:55:16
Dr. Tori Hudson
But I'm just saying this hyper focus of.

00:50:55:18 - 00:50:58:14

Well, it's a matter of women and their morals, and the.

00:50:58:14 - 00:51:11:03
Dr. Tori Hudson
Solution for women is their hormones. I think what I don't understand, I don't feel like that is the direction that we should be emphasizing.

00:51:11:08 - 00:51:27:22
Dr. Jaclyn Smeaton
Yeah, I think I view it as a yes. And because I completely agree, we're missing the boat. If the only thing we talk about and focus on is hormones, I mean, we're not to bother, doctor. So we trained in this like the reason why I chose this path is because I want it to be focusing on all the lifestyle factors that preserve health long term.

00:51:28:03 - 00:51:49:06
Dr. Jaclyn Smeaton
And there is an additional risk after the cessation of ovarian function with menopause. We know that there is a steep change in risk factors around that time, like 12 months before the last period to the a couple of years after, there is a huge change in bone health. There's a huge change in heart health, like there is a very steep cliff, which I.

00:51:49:07 - 00:52:10:13
Dr. Jaclyn Smeaton
So in that when we look at that, I think it is appropriate for us to be looking at hormone therapy as a way to reduce the exposure of that cliff, make it less steep, slow it down, eliminate it. We're not really sure what that's going to look like yet. And I think when we're looking at women who are in that age bracket, they've already lived a life.

00:52:10:13 - 00:52:30:00
Dr. Jaclyn Smeaton
You can't undo anything that's been done. So what can we do now is always the question. And hopefully providers are taking that holistic approach to really focus on proper screening. Like you talked about all the lifestyle factors and then using hormones as one more tool in the toolkit, but not the only tool.

00:52:30:02 - 00:52:31:14
Dr. Jaclyn Smeaton
You disagree? Push back.

00:52:31:15 - 00:52:32:04

No.

00:52:32:06 - 00:53:08:07
Dr. Tori Hudson
No no no I don't I'm just thinking while you're talking. I just I wish that providers and especially providers in our community were. Thinking more judiciously and individualizing and and not just oh everybody, no matter what, no matter what age, no matter what the circumstances, you should go on these hormones and you should go on these super physiological doses of hormones.

00:53:08:13 - 00:53:30:05
Dr. Tori Hudson
I feel like there's that habit and practice and vibe is out there, and I feel like it's odd to me that the alternative medicine community is the ones that are. Doing that because we're historically kind of more hesitant.

00:53:30:07 - 00:53:34:23
Dr. Jaclyn Smeaton
Like no matter like slow down drug prescriptions. Yeah, I see what you're saying.

00:53:35:00 - 00:53:53:04
Dr. Tori Hudson
But I feel like in the, in the, in the era of sort of biohacking, it seems like, you know, it's, it's. It's, it's, it's gotta, it's, it's, it's kind of winning. Winning the race.

00:53:53:06 - 00:54:19:03
Dr. Jaclyn Smeaton
Yeah. I mean that's interesting because I think you talk about this as you could almost see the push and pull between the I'm going to use the extreme examples. Right. Well you have like the aging gracefully. Don't do any intervention support women do the menopausal transition from a comfort perspective but don't use hormones, which actually is really what I was trained on to be honest, because I was in med school during the time of GI, like I was there from 2003 to 2007.

00:54:19:03 - 00:54:40:04
Dr. Jaclyn Smeaton
So I took my guy in class, like right at the height of everyone talking about lowest dose, shortest duration possible. So I think the strength in that is I learned all of the other things and that I don't feel like I learned hormone prescribing really at all in school. I've learned that since then. Because in my practice I used it so minimally.

00:54:40:04 - 00:55:05:06
Dr. Jaclyn Smeaton
It was my last resort for women who weren't better on all the other therapeutics and lifestyle changes. So the nice thing about that, as I feel very well prepared to help women who don't want to be on hormones or to make sure we have a comprehensive plan put together. But I think my paradigm is really shifted now where women are living a lot longer and we know more about the ovary, and we know more about the epigenetic changes that happen around menopause.

00:55:05:06 - 00:55:23:00
Dr. Jaclyn Smeaton
And we know about a lot of these other risks and the timing of those risks that I do think it's like a wellness lever that a lot of women appropriately are looking at. But you know. Right. I mean it's not for everybody and it doesn't have to be if a woman is saying I really don't want to be on hormones, who are we to be selling her on them.

00:55:23:00 - 00:55:30:10
Dr. Jaclyn Smeaton
I think it's you know, you're sharing what they can do, what they can't do and who they're good for and who they're risky for. And, you know, I mean.

00:55:30:10 - 00:55:57:08
Dr. Tori Hudson
I also wanted to say, you know, there I have other conversations with other populations of women where I they're afraid to go higher on hormones, and I want them to go on like they have premature they haven't had their POI since they were 25 and right. And like and and so there's those conversations like if because you haven't been on hormones you are at higher risk for, you know, x y and z.

00:55:57:08 - 00:56:34:13
Dr. Tori Hudson
So I the beauty of nature pelvic medicine for me is and you've heard me talk about this just like to know the spectrum of options. You know, lifestyle, nutrition, exercise. Botanicals, nutraceuticals, hormones and over-the-counter medications, other prescription non-hormonal medications to me, to good menopause. Management is knowing all of that spectrum and the benefits, the ups and the downsides of all.

00:56:34:13 - 00:56:46:15
Dr. Tori Hudson
At one. Is this under treatment? When is this over treatment? When is this just the right treatment. And it evolves and changes. It's not static. Because she's aging.

00:56:46:17 - 00:57:04:06
Dr. Jaclyn Smeaton
Definitely. Well I have two more things I want to make sure we talk about today. These okay. We wrap our time together. The first should be pretty quick. But I think this is another bias I see particularly in the naturopathic community which is anti oral

estrogen like oral estrogen is unsafe.

00:57:04:06 - 00:57:05:23
Dr. Tori Hudson
Oh good I'm glad you brought that one up.

00:57:06:00 - 00:57:23:11
Dr. Jaclyn Smeaton
Yeah. And I this is something that I was also trained on like oh God I would never give anyone oral estrogen. No way. But then when I actually did the research myself, the way that I read it is transdermal is safer, but oral is safe. And I cannot speak to that a little bit because you are such a respected voice here.

00:57:23:14 - 00:57:38:11
Dr. Jaclyn Smeaton
There's not a lot of people who have spent more time in the literature. And I do think that for some women, transdermal is a pain in the butt. They don't want to put a patch on, they don't want to put a gel or a cream on, and they'll pop their pills with everything else. Can you just share your perspective on that?

00:57:38:13 - 00:58:16:17
Dr. Tori Hudson
Oral is cheap and easy. And we it's been maligned. And again, something has happened where it's got to be a patch. You know, I wouldn't even necessarily say across transdermal is not inherently safer than oral except, you know, in terms of diabetes and strokes. Those are the big areas. There's a few other people that should should be on transdermal migraines with auras, elevated triglycerides, you know, a few others.

00:58:16:17 - 00:58:26:21
Dr. Tori Hudson
But but the DVT and the stroke is the biggie. And and even that to say it's a biggie. That risk is tiny in most people.

00:58:27:00 - 00:58:28:11
Dr. Jaclyn Smeaton
Right.

00:58:28:13 - 00:59:00:23

Dr. Tori Hudson
So unless I would ask practitioners to review what are the contra indications to oral, what are the cautions to oral and don't don't automatically deprive women of oral estrogen, like you said the patch. But a women don't like the pitfalls of it. Liza mark doesn't you know, it's the the contact dermatitis. The gel is messy. Yeah.

00:59:01:00 - 00:59:17:12
Dr. Tori Hudson
I, I probably prescribe far more oral than most people that you and I know because it's easy and it's cheap and a compounding pharmacy. Now I can put some this or this or dose of progesterone in there.

00:59:17:14 - 00:59:42:15
Dr. Jaclyn Smeaton
Yeah, yeah. All in one. All right I guess I have two more things still because I thought of another one. We haven't talked today about, vaginal estrogen, and I do feel like this is such an important, like, a PSA for people to know about. And the more data I read, it's like, okay, we used to use it for GSM and postmenopausal, and there's genital urinary syndrome of menopause.

00:59:42:17 - 00:59:57:22
Dr. Jaclyn Smeaton
But now I think like even using it in perimenopausal women. But even women of reproductive age who have recurrent UTIs, this is something that I think is lifesaving medicine and so easy. So can you just share a little bit about vaginal estrogen?

00:59:58:00 - 01:00:03:03

Why we should know about life saving. But I do. It is when you think about magic.

01:00:03:03 - 01:00:40:11
Dr. Tori Hudson
Medicine, it's a magic medicine. And and if you if someone already has GSM, which isn't just itchy or burny or discount or dry, it's recurring UTIs. Like you said, it's urinary incontinence. It's prolapse of the urethra, the bladder, the uterus. It's significant impact on prevention, on treatment and prevention. And older women. Yes. You get UTIs that can go downhill pretty fast.

01:00:40:15 - 01:00:53:13

Dr. Jaclyn Smeaton
That's what I was thinking about, because you end up getting, like, nephritis, sepsis, and you end up in nursing homes. That's a huge burden. And actually, like. And when I say lifesaving, I mean, because that oftentimes progresses like the time people roll downhill.

01:00:53:13 - 01:01:28:23
Dr. Tori Hudson
And unfortunately I don't you might have the numbers, but the number of women that have GSM and then are prescribed estrogen vaginally or who take it, it is like the discrepancy is huge. These these are the women that needed. These are the men and women that are getting it and using it. It's huge. And so everything that we've said so far about benefits and risks of estrogen has nothing to do with this vulvar vaginal estrogen in the low doses, in the prescribed methods.

01:01:29:01 - 01:01:44:00
Dr. Tori Hudson
It is, it's a game changer for quality of life. And it's, in the moment. And it's a game changer in prevention as well. And yes, we need to be doing a lot more of it.

01:01:44:02 - 01:02:07:22
Dr. Jaclyn Smeaton
The last one. And I really would love your perspective on this uniquely, because I think you probably have a huge group of women in this category in your practice, having been in practice so long and seen women for literally decades of their lives, we have a group of women who really went through the health care system during why, and they were told not to go on hormones, and they went through menopause and time's gone by and now we see these benefits.

01:02:07:22 - 01:02:29:06
Dr. Jaclyn Smeaton
I'm getting asked this all the time. I'm ten years out. I'm 12 years out. Should I think about going on hormones? Is that absolutely contraindicated? What are you telling these patients and how are you thinking about this? Knowing that there is an increased risk when there is a gap in hormone exposure from menopause and, you know, you know, giving hormones.

01:02:29:06 - 01:02:40:09
Dr. Jaclyn Smeaton

But there's also benefits that can be obtained for some women potentially. How are you handling this? And how are you talking about this with women who feel like they've missed the boat?

01:02:40:11 - 01:03:14:11
Dr. Tori Hudson
Well, I would emphasize it's individual. What is the benefit and what is the risk? And if she's post 60 or post ten years menopause, I really want the nuances of her risks. And for me, the one I'm most concerned about is initiating that later in the game, increasing her risk of cardiovascular disease and possibly Alzheimer's. But the ones that I can really do something about is what is her risk?

01:03:14:13 - 01:03:46:22
Dr. Tori Hudson
One of the one that I can really properly assess is cardiovascular. So I'm going to do her the prevent calculation and and get the data points. I need. For that I'm going to add apolipoprotein B and A and a lipoprotein A. And preferably I'm going to get a coronary artery Cat scan as well. The calcium score before I would initiate systemic estrogen in a woman that's older than 60 or greater than ten years postmenopausal.

01:03:46:22 - 01:04:20:17
Dr. Tori Hudson
That's that would that is my, action plan for them and will I and then what is and does she have a compelling reason to need it? And for me, the most compelling is osteoporosis. If she won't go on a bone drug or she can't take whatever she's tried, she's not willing to try another one. To me, that's the most compelling scenario to initiate after that therapeutic window, but I want to dial in those.

01:04:20:19 - 01:04:27:11
Dr. Tori Hudson
What is her risk for chronic cardiovascular disease and go a little extra mile about that?

01:04:27:13 - 01:04:47:23
Dr. Jaclyn Smeaton
We've talked a lot about the prevent calculator, and I'm going to make sure we put the link to that in the show notes. It's from the American Heart Association. It's free for clinicians and patients to take a look at. So we'll make sure we give that to all of you guys that are listening. Well Tori, how many hours do you think that you and I have

spent in total talking about menopause and menopausal hormone therapy?

01:04:48:01 - 01:04:50:08
Dr. Tori Hudson
A present amount.

01:04:50:10 - 01:04:52:20
Dr. Jaclyn Smeaton
Of well, we get to add one more today.

01:04:52:22 - 01:04:55:01

So, I mean, I know we talked right in.

01:04:55:01 - 01:05:11:04
Dr. Tori Hudson
There with some things and we had a little technical glitches and I was having a little hard time hearing. So I apologize for all that. But I hopefully the spirited good spirited nature and goodwill nature of it all comes across and is helpful.

01:05:11:06 - 01:05:12:12

Definitely a learning.

01:05:12:12 - 01:05:12:23
Dr. Tori Hudson
Tool for.

01:05:12:23 - 01:05:27:01
Dr. Jaclyn Smeaton
Folks. I know there's more we could talk about too, because I think, like even when we talked about testosterone or even testing menopausal hormone therapy, we've talked about that on prior podcast. So I didn't bring that up today. But you and I take a little bit of different approaches on that. And I know we didn't even get into that hot topic to.

01:05:27:03 - 01:05:28:19

You to talk about that.

01:05:28:21 - 01:05:46:04
Dr. Jaclyn Smeaton
But, I would just say if you are interested more in talk about that, we did talk about that in our last episode. So we can you can find that in the podcast history, and we'll make sure we drop that in there. So you can hear the hot debate on that as well. But Doctor Hudson, your legend, really grateful for you spending the time with me today on the podcast.

01:05:46:04 - 01:06:12:13
Dr. Jaclyn Smeaton
And also just for your like, continual commitment to women and to what I really appreciate most about you is you take a very straightforward approach to the recommendation recommendations that you make. That's evidence based. And I think with naturopathic doctors and like everything is trending. When you were describing these three areas of menopause pre I the like extreme negativity of why and then where we are now I think about it as this like triangle.

01:06:12:15 - 01:06:23:16
Dr. Jaclyn Smeaton
You've always kind of been in the middle where you have a very straightforward approach and are not subject to these kind of trends, which is really what medicine should be doing. So thank you so much.

01:06:23:19 - 01:06:27:05

Thank you for that. Yeah, I'll, I'll end because you.

01:06:27:10 - 01:06:47:12
Dr. Tori Hudson
Brought that up and was saying, you know, I'm 74, I was born in 1952. So I've been thinking about menopause since November 24th, 19.

01:06:47:13 - 01:06:50:20
Dr. Tori Hudson
64 at 2 p.m..

01:06:50:22 - 01:06:54:01
Dr. Jaclyn Smeaton

What's the what is? Tell us more about that.

01:06:54:03 - 01:06:55:17
Dr. Tori Hudson
That was when my menstrual cycle.

01:06:55:17 - 01:06:58:11

Started and I was like, okay, when's.

01:06:58:11 - 01:06:59:11
Dr. Tori Hudson
Menopause going to.

01:06:59:11 - 01:06:59:21

Happen?

01:06:59:22 - 01:07:01:15
Dr. Jaclyn Smeaton
When will this end?

01:07:01:17 - 01:07:03:21

That's right. So I've been thinking about it.

01:07:03:21 - 01:07:05:14
Dr. Tori Hudson
For a long time.

01:07:05:16 - 01:07:09:19
Dr. Jaclyn Smeaton
Well, it shows. It shows because you bring a lot of expertise. So thank you so much.

01:07:09:21 - 01:07:11:20

If I did, I hope I didn't.

01:07:11:20 - 01:07:14:17

Dr. Tori Hudson
Alarm or offend anybody, but absolutely not.

01:07:14:19 - 01:07:18:10
Dr. Jaclyn Smeaton
If people want to learn more about you, what are their best places to find you?

01:07:18:11 - 01:07:19:18

01:07:19:20 - 01:07:46:09
Dr. Tori Hudson
Well, I have a blog doctor Tori Hudson, and, and then the institute, the post-graduate. Some virtual seminars or four seminars a year. The big April menopause hormone bootcamp happens every April. Our next seminar is in October, but we have different themes for each weekend. And our good friend, Doctor Jaclyn Smeaton, speaks at these, on a regular basis.

01:07:46:09 - 01:08:09:06
Dr. Tori Hudson
And, but many incredible teachers, we just had one, this last week, this last week. And I learned something that I hadn't had was not on my radar. The glymphatic system. Doctor Diana minnick. You might bring her on. It's it's pretty fascinating, especially when it comes to this kind of cognition, brain aging stuff.

01:08:09:08 - 01:08:11:03
Dr. Jaclyn Smeaton
Yeah, that would be a great topic for us to cover.

01:08:11:05 - 01:08:14:19

So thank you. You can find the website.

01:08:14:21 - 01:08:31:16
Dr. Jaclyn Smeaton
Wonderful. Thanks again, Tori, and thank you, all of you for listening today. And remember that we release a new episode every week. So if you want to join me every Tuesday, you can follow us. Subscribe at Dodge, just anywhere you're listening to the

podcast today. And also be sure to follow us at Dodge Test on all of the social media platforms.

01:08:31:17 - 01:08:32:23

Incredible educational.

01:08:32:23 - 01:08:40:01
Dr. Tori Hudson
Content. You guys provide an impressive. So thank you to DUTCH for all the amazing speakers and education you guys do.

01:08:40:03 - 01:08:41:22
Dr. Jaclyn Smeaton
Thanks so much.

01:08:42:00 - 01:08:54:17
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