

# ESTROGEN & YOUR TESTOSTERONE

Why the FORM of your estrogen matters – and what to ask about it

**01** — WHAT YOU'LL LEARN

- ✓ How oral estrogen can lower your free testosterone
- ✓ The difference between pills and skin (patch/gel)
- ✓ What's well-established vs. still individual
- ✓ Questions to bring to your clinician

## **01** — WHY THE FORM MATTERS

When we talk about estrogen in perimenopause and menopause, we usually focus on the dose. But HOW you take it – as a pill, or through your skin – changes how it behaves in your body. One of the clearest examples is its effect on your testosterone.

## **02** — THE MECHANISM: SHBG

Estrogen taken by mouth passes through your liver first – the 'first-pass effect.' That prompts the liver to make more SHBG (sex hormone binding globulin). SHBG binds up testosterone, which leaves less 'free' testosterone available for your tissues to actually use.

### **THE SHORT VERSION**

Oral estrogen -> liver first-pass -> more SHBG

More SHBG -> less free testosterone

Less free testosterone can affect energy, mood, libido, and muscle

## 03 — WHY TESTOSTERONE MATTERS FOR WOMEN

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Testosterone isn't just a 'male' hormone. In women it plays a role in energy, mood, muscle, and how we feel in our own skin — not only libido. So a drop in free testosterone can show up as more than one symptom, and it's easy to miss.

## 04 — PILLS VS. SKIN

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Estrogen delivered through the skin — a patch or a gel — skips that first-pass trip through the liver, so it tends not to raise SHBG the same way. That's one reason the ROUTE of your estrogen is worth a real conversation, not an afterthought.

### THIS DOESN'T MEAN PILLS ARE BAD

Oral estrogen is the right choice for plenty of women, and many feel wonderful on it. This isn't pill-shaming — it's simply that if your energy or drive shifted after starting oral estrogen, the route is one thing worth looking at.

## 05 — WHAT'S PROVEN VS. INDIVIDUAL

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Well-established: oral estrogen raises SHBG more than transdermal does, and higher SHBG lowers free testosterone. Individual: how much this affects how YOU feel, and whether a change is worth making for you. Your symptoms and your full hormone picture matter more than any single lab number.

## 06 — WHAT TO BRING TO YOUR CLINICIAN

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**01**

### NOTE YOUR TIMELINE

When did your symptoms start — and did anything shift after you started or changed estrogen?

**02**

### ASK ABOUT THE FULL PANEL

Total testosterone, free testosterone, and SHBG are most useful read together, not in isolation.

03

**DISCUSS THE ROUTE**

If free testosterone is a concern, ask whether a transdermal option (patch or gel) might fit you better.

04

**DECIDE TOGETHER**

There's no one-size-fits-all. The goal is a plan that fits your symptoms, history, and preferences.

**A NOTE FROM DR. PARMAN**

This guide is for education, not medical advice. Your hormones are personal – use it to have a better conversation with your own clinician, who knows your history.