

Progesterone



Progesterone (Oral)

PATIENT GUIDE

This guide covers what progesterone is, what to expect, and when to reach out to your clinical team.

What Is Progesterone?

Progesterone is a hormone that, alongside estrogen, regulates the menstrual cycle and protects the lining of the uterus (endometrium).

Why Is Progesterone Prescribed?

Progesterone may be prescribed for:

- Protecting the uterine lining if you have an intact uterus and are taking systemic estradiol — progesterone is required in this case and cannot be replaced by topical progesterone cream
- Sleep support — progesterone has a mild sedative effect, which is why it's typically taken at bedtime
- Perimenopausal symptoms such as irregular cycles, mood changes (especially anxiety), or sleep disruption
- Other hormonal imbalances

How to Use Progesterone

This medication is a capsule, taken by mouth at bedtime.

- Typical starting dose is 100mg at bedtime; your clinician may adjust within a range of 50–300mg based on your needs
- If you still have a menstrual cycle, your clinician may have you take progesterone on a defined schedule (such as cycle days 12–26); if you don't have a cycle or it is highly irregular, it may be taken every night
- **If you have an intact uterus and take systemic estradiol, progesterone must be taken consistently as prescribed** — skipping doses can increase your risk of certain cancers

Dosing Adjustments:

- Your dose may need to be optimized over time based on your symptoms, side effects, and any lab results, as determined by your clinician through the portal
- **Based on the information from your initial medical intake and subsequent monthly check-ins**, your clinician determines your starting dose, whether and when to increase it, and your maximum dose

Required Labs

Lab testing is not required to start estradiol therapy, but it is strongly recommended.

Hormone levels on lab testing do not always correlate reliably with symptoms in women, so your clinician **relies primarily on symptoms – not lab values – as the primary guide to dosing** in alignment with the latest guidance from the Menopause Society.

Who Shouldn't Use Progesterone

Do not take this medication if any of the following apply to you:

- Known allergy to progesterone or peanut oil (many micronized progesterone capsules contain peanut oil)
- Active liver disease
- History of a blood clot (DVT or pulmonary embolism)
- Undiagnosed vaginal bleeding — this must be evaluated before starting

Talk to your clinician if any of the following apply to you:

- History of depression
- Significant daytime sleepiness or drive/operate machinery early in the morning after your dose, since progesterone can cause drowsiness

Possible Side Effects

Common:

- Drowsiness or dizziness, especially the morning after your dose
- Bloating
- Breast tenderness
- Mood changes

Less common:

- Headache
- Spotting or irregular bleeding, especially when first starting

If you experience any side effects, notify your clinical team through the portal. A dosage or timing change may be appropriate.

When to Contact the Clinical Team

Stop using this product and contact your clinician through the portal if you develop:

- Vaginal bleeding or spotting that concerns you, especially if it's new or worsening
- Significant drowsiness, dizziness, or difficulty with balance the day after your dose
- Mood changes that feel severe or unusual for you

Go to your nearest Emergency Room or call 911 right away if you have difficulty breathing or swelling of your face, lips, tongue, or throat.

Questions?

Ask your clinical team through the portal if you have any questions or concerns.

This Information is made available to you through Altro. All content was provided, reviewed, and approved by the medical director of the clinical team.

