

A close-up photograph of a person's back, showing skin texture and some minor blemishes. The person has blonde hair visible at the top and bottom edges. The text "Systemic Estradiol" is overlaid in the center in a white, bold, sans-serif font.

Systemic Estradiol

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PATIENT GUIDE

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

What Is Systemic Estradiol?

Estradiol is the dominant form of estrogen during your reproductive years, with receptors found throughout the body including the brain, bone, cardiovascular system, and genitourinary tract. Levels decline during perimenopause and menopause, which can affect several body systems at once. Systemic estradiol replaces this decline to help relieve symptoms and support long-term health.

Why Is Systemic Estradiol Prescribed?

Estradiol may be prescribed for:

- Hot flashes and night sweats
- Joint pain or stiffness
- Sleep disturbance, low mood, or anxiety
- Supporting bone density and reducing bone loss
- Brain and cognitive health

Starting estradiol within 10 years of menopause is associated with reduced cardiovascular disease, dementia, and all-cause mortality; starting after age 65 is not recommended for cognitive protection and may increase risk.

How to Use Systemic Estradiol

This medication is a bioidentical topical cream, applied daily to the inner forearms or inner thighs. See additional documentation for how to administer cream using Topi-Click dispenser.

- Typical starting amount is a pea-sized amount applied once daily
- Available in several concentrations; your clinician selects the strength based on your symptoms
- If you have an intact uterus, **you must also take oral progesterone alongside systemic estradiol** to protect your uterine lining

Estradiol patch:

- Bioidentical estradiol patches are another common way to administer systemic estradiol. As of mid-2026, this product is currently in a nationwide shortage and is temporarily unavailable. Ask your clinician if this becomes an option again in the future.

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, subsequent monthly check-ins, and any lab testing,** 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 Systemic Estradiol

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

- Undiagnosed vaginal bleeding — this must be evaluated before starting
- History of an estrogen-sensitive cancer (such as breast, endometrial, or ovarian cancer)
- History of a blood clot (DVT or pulmonary embolism)
- A heart attack or stroke within the last year
- Active liver disease
- High-risk cardiovascular disease
- Currently smoking — combining hormone therapy with tobacco use significantly increases risk of blood clot, stroke, and heart attack
- Prolonged immobility in the last 3 months (such as after surgery or a leg injury)

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

- History of migraines
- Currently smoke, vape, or use nicotine products
- Take tranexamic acid, norethindrone, ospemifene, raloxifene, lenalidomide, pomalidomide, thalidomide, or a seizure medication

Possible Side Effects

Because estradiol affects hormone-sensitive tissue throughout the body, tell your clinical team about any new or unexpected symptoms while you're on treatment.

When to Contact the Clinical Team

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

- Breast tenderness, new lumps, or unusual changes
- Any vaginal bleeding or spotting that concerns you, especially if you're postmenopausal
- Migraines that are new, worsening, or different from your usual pattern

Go to your nearest Emergency Room or call 911 right away if you have any of the following:

- difficulty breathing or swelling of your face, lips, tongue, or throat
- pain, swelling, or warmth in your leg
- sudden chest pain or shortness of breath

- signs of a stroke — sudden numbness or weakness of the face, arm, or leg, trouble speaking, confusion, loss of balance or coordination, a severe headache, or vision changes

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.

