PBH Health LLC
Embrace Health, Enjoy Longevity
support@pbhhealthllc.com | 202-240-7159 | Fax 202-449-1044 | www.pbhhealthllc.com

CLIENT EDUCATION

Hormone Therapy at PBH Health LLC

What we do, why we do it, and what you can expect | Version 2, 29 October 2026

Our philosophy

Menopause is not only hot flashes. When estrogen falls, it touches your sleep, your mood and memory, your joints, your bones, your bladder and your sexual health. For years women were told to live with it. We do not believe suffering that can be prevented should simply be endured.

Much of the old fear came from a large study of hormone pills given mostly to women many years past menopause.[5] Since then, the evidence has been looked at again. In November 2025 the FDA began removing the broad "boxed" warnings about heart disease, breast cancer and dementia from menopause hormone labels, and approved the first of those label changes in February 2026; a warning about the uterus remains for estrogen taken without progesterone.[6,7] At PBH Health LLC we listen first: to what you are feeling, what you hope for, and what worries you. Then you and Dr. Herbert decide together. We treat until you feel like yourself, and we stay with you all year.

What we prescribe, and why

What we give	How you take it	Why
Estradiol, the same estrogen your ovaries made	A small patch on the skin, changed once or twice a week. A gel or spray if you prefer.	Relieves hot flashes, night sweats, poor sleep, joint aches and brain fog, and helps protect bone.[1] Through the skin, it reaches your bloodstream without first passing through the liver. In large studies, estrogen through the skin has not shown the rise in blood clots seen with estrogen pills.[2,3]
Progesterone, if you have a uterus	One capsule at bedtime. Or a hormonal IUD placed by your gynecologist, which we help arrange.	Keeps the lining of the uterus healthy while you use estrogen.[1] The capsule is micronized progesterone, identical to your own; some women find it helps them sleep. Using a hormonal IUD for this purpose is an accepted, off-label use.
Vaginal estrogen or DHEA	A cream, a small insert, or a soft ring that stays in place for three months.	Treats dryness and painful sex, and eases bladder urgency, leaking and repeat urinary infections. Very little reaches the rest of the body, so it suits most women for as long as they need it.[4]

What we do not use

Estrogen pills. Because estrogen through the skin has not shown the blood-clot risk of pills, the skin is the route we use.[2,3]

Compounded hormone creams, troches or pellets. Their strength can vary from batch to batch and they are not FDA-approved.[8] Every menopause hormone we prescribe is an FDA-approved product. If any other medication Dr. Herbert prescribes for you is ever compounded, Dr. Herbert will tell you so, and why.

Saliva, urine or large hormone panels. They do not tell us how to dose you. How you feel does.[1]

What to expect

1. **Your visit with Dr. Herbert.** A full video visit about your history, your goals and your questions. If hormone therapy is right for you, you will review and sign a medication consent, and your prescription goes to the pharmacy you choose. We usually begin with one or two medications, not everything at once.
2. **The first weeks.** Hot flashes, night sweats and sleep often begin to improve within a few weeks. Some breast tenderness, bloating or light spotting is common early on and usually settles.
3. **Your follow-up at 4 to 12 weeks.** You see Dr. Herbert again. If you are not feeling better, we adjust the dose. Vaginal and bladder symptoms take longer: allow 8 to 12 weeks.[4]
4. **Through the year.** Your health coach checks in at three, six and nine months and brings any concern to Dr. Herbert the same day.
5. **Every year.** You and Dr. Herbert review how you feel and your health history, and decide together whether to continue. There is no fixed stop date.[1]

Because we see you by video, we ask you to keep an in-person relationship with your gynecologist or primary care physician and to stay current with your mammogram. We work with them, and we will help you book and keep track of those visits.

Is it right for me?

For most healthy women who start before age 60, or within ten years of their final period, the benefits outweigh the risks.[1,7] Women in perimenopause can be treated too, and women further past menopause are considered one by one. Hormone therapy is not birth control.

Tell Dr. Herbert if you have ever had breast or uterine cancer, a blood clot, a stroke, a heart attack, liver disease, migraine with aura, unexplained vaginal bleeding, or a peanut allergy (the progesterone capsule contains peanut oil).[9] These do not always rule out treatment, but they change the plan, and we will work with your specialists on the safest one for you. If you have had breast cancer, we start nothing until Dr. Herbert has conferred with your oncologist and surgeon. If hormones are not right for you, there are non-hormonal options, and we will go through them with you.

> **Once you are on therapy, call us the same day on 202-240-7159 for** any vaginal bleeding after your first six months of treatment, or heavy bleeding at any time; a new breast lump; pain or swelling in one leg. **Chest pain, trouble breathing, sudden weakness or trouble speaking: call 911.** PBH Health LLC is not an emergency service.

To begin: call 202-240-7159 or email support@pbhhealthllc.com and ask for a hormone therapy visit with Dr. Herbert. Hormone therapy is part of your PBH Health LLC membership, at no additional membership fee; like all your visits with Dr. Herbert, hormone visits are billed to your health insurance. Care is available only while you are in a state where Dr. Herbert is licensed.

This sheet is general education and does not replace your own visit. Hormone therapy is prescribed only after an individual evaluation, and a prescription is not guaranteed. All medications have risks and side effects, which Dr. Herbert will review with you. Individual results vary.

Pamela Anne Herbert, M.D.
Founder and Medical Director, PBH Health LLC

References

1. The 2022 hormone therapy position statement of The North American Menopause Society. Menopause. 2022;29(7):767-794.

2. Canonico M, et al. Hormone therapy and venous thromboembolism among postmenopausal women: impact of the route of estrogen administration and progestogens (ESTHER study). Circulation. 2007;115(7):840-845.

3. Vinogradova Y, Coupland C, Hippisley-Cox J. Use of hormone replacement therapy and risk of venous thromboembolism: nested case-control studies using the QResearch and CPRD databases. BMJ. 2019;364:k4810.

4. The 2020 genitourinary syndrome of menopause position statement of The North American Menopause Society. Menopause. 2020;27(9):976-992.

5. Manson JE, et al. Menopausal hormone therapy and health outcomes during the intervention and extended poststopping phases of the Women's Health Initiative randomized trials. JAMA. 2013;310(13):1353-1368.

6. U.S. Department of Health and Human Services. Fact sheet: FDA initiates removal of "black box" warnings from menopausal hormone replacement therapy products. November 2025. hhs.gov.

7. U.S. Food and Drug Administration. FDA approves labeling changes to menopausal hormone therapy products. Press announcement, 12 February 2026. fda.gov.

8. National Academies of Sciences, Engineering, and Medicine. The Clinical Utility of Compounded Bioidentical Hormone Therapy. National Academies Press; 2020.

9. Prometrium (progesterone, USP) capsules. U.S. prescribing information. Contains peanut oil.