



HORMONE PANEL TESTING WHAT, WHEN, WHY

Periodic hormone panel testing should be a standard procedure in chronic pain care. Why? Some specific hormones are essential for pain control and others for healing and restoration of damaged tissues.

Why Test? Unfortunately, both chronic pain and opioids suppress some hormones, especially testosterone, estradiol, pregnenolone, and DHEA. Cortisol and progesterone are sometimes suppressed. If even one of these hormones is deficient you will have a hard time controlling pain or getting better. Bottom line. You can't control pain and acquire healing and restoration with deficient hormone levels.

The Hormone Panel: pregnenolone, progesterone, dehydroepiandrosterone (DHEA), estradiol, testosterone, cortisol.

Opioid Problem: Opioids can suppress all the hormones in the panel. Long-acting opioids like oxycontin, morphine, methadone, fentanyl patches, and intrathecal opioids are the worst. Short-acting opioids like hydrocodone and hydromorphone do not constantly remain in blood so they give the pituitary and other glands time to recover. Long-acting opioids constantly (24 hrs) suppress pituitary and other glands. Consequently, any person who takes a long-acting opioid needs hormone panel testing at least every 6 months. All deficiencies must be replenished.

Unknown Fact About Hormones: Major receptors in the brain that control pain including opioid/endorphin, dopamine, GABA, serotonin, use hormones as energizers (i.e., think gas for your car).

When To Test: It is essential that a chronic pain patient get a hormone panel test when and if their pain medications seemingly have reduced their power. This includes intrathecal opioids.

Summary: Both chronic pain and opioids can suppress some hormones that the body needs for pain control and tissue healing. Panel testing and hormone replacement may be necessary if one's pain relief medications seem to lose their effectiveness.

References

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