Ask us how we can help your patients with the rising costs of prescription medications.

262.373.1050
MDCustomRx.com

The Mortar & Pestle:

MD Custom Rx's monthly e-newsletter

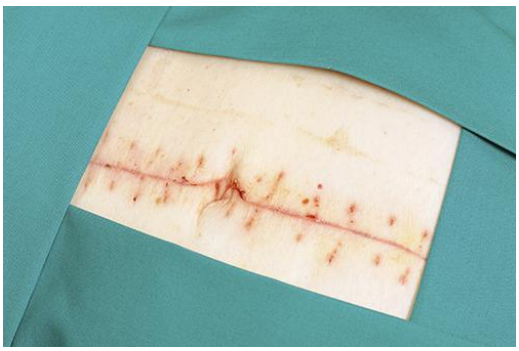
February 2018

Greetings!

Thank you for entrusting in the compounding services at MD Custom Rx to help meet the unique medication needs of your patients. We are excited to share our monthly newsletter with you and look forward to continuing to be your medication problem solvers. Please don't ever hesitate to let us know how we can be of further assistance to you and your practice.

Sincerely,
Dan, Monica and John

Tranilast 8% Liposomal for Post-Cesarean Scars



Tranilast, an antiallergic drug, has been shown to attenuate scar formation possibly through inhibition of transforming growth factor beta 1 activity and consequent suppression of collagen synthesis in fibroblasts.

The efficacy and safety of tranilast 8% gel in improving the appearance and symptoms of new post-cesarean section surgical wounds was evaluated in a prospective double-blind split-scar study. The authors treated each half scar of 26 women with either tranilast 8% liposomal gel or tranilast-free liposomal gel (placebo). Treatment was applied twice daily for 3 months. Twenty women completed the trial. Scar halves were evaluated by 2 investigators and by the patients 9 months after the last application using the Patient and Observer Scar Assessment Scale (POSAS). The participants also rated overall satisfaction and recorded side effects of the treatment. The mean POSAS scores at 9 months post-treatment were significantly lower for tranilast-treated half scars compared with placebo-treated half scars. The women were significantly more satisfied with the tranilast-treated half-scar appearance. Three participants reported itching and erythema on the tranilast-treated side.

Topical tranilast 8% gel provided significantly better postcesarean section scar cosmesis and user satisfaction compared with placebo.

Tranilast preparations can be compounded by prescription.

Dermatol Surg. 2017 Sep;43(9):1157-1163.

MD Custom Rx can help women in all stages of life.

Let MD Custom Rx become part of your health care team. We can discuss your patient's symptoms and work with you to determine a solution. Call 262.373.1050 today. You can also learn more about options for women's health on our website.
LEARN MORE

Vaginal Progesterone for Preventing Preterm Birth and Adverse Perinatal Outcomes in Singleton Gestations with a Short Cervix?

Vaginal progesterone decreases the risk of preterm birth and improves perinatal outcomes in singleton gestations with a midtrimester sonographic short cervix, without any demonstrable deleterious effects on childhood neuro-development.

A shortened cervix is the most powerful predictor of preterm birth, which is the leading cause of death in children younger than 5 years. In addition, surviving preterm babies are at greater risk for short-term health complications including acute respiratory, gastrointestinal, infections, central nervous system, hearing, and vision problems, and long-term neuro-developmental disabilities such as cerebral palsy, impaired learning and visual disorders, as well as chronic diseases in adulthood. The March of Dimes annual report on preterm birth for 2017 indicates that the rate of preterm birth in the United States climbed for the second consecutive year in 2016 after nearly a decade of decline. The latest report puts the national preterm birth rate at 9.8 percent.

In 2012, a systematic review and meta-analysis of individual patient data from randomized controlled trials comparing vaginal progesterone with placebo in women with a singleton gestation and a cervical length ≤25 mm in the mid-trimester reported that the administration of vaginal progesterone was associated with a significant reduction in the risk of preterm birth occurring from <28 weeks of gestation through <35 weeks of gestation. In addition, vaginal progesterone administration was associated with a reduction in the risk of admission to the neonatal intensive care unit (NICU), respiratory distress syndrome (RDS), composite neonatal morbidity and mortality, and birthweight <1500 g. Since the publication of that meta-analysis, vaginal progesterone has been recommended for patients with a singleton gestation and a short cervix by the Society for Maternal-Fetal Medicine, the American Congress of Obstetricians and Gynecologists, the International Federation of Gynecology and Obstetrics, and the National Institute for Health and Care Excellence, among others.

In 2016, the findings of the OPPTIMUM study were reported. This was a randomized controlled trial comparing vaginal progesterone vs placebo in women at risk of preterm birth because of previous spontaneous preterm birth <34 weeks of gestation, a cervical length ≤25 mm, or a positive fetal fibronectin test combined with other clinical risk factors for preterm birth. The results of that trial showed that vaginal progesterone did not significantly reduce the risk of preterm birth or perinatal morbidity and mortality.

The OPPTIMUM report prompted researchers from Perinatology Research Branch of the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the Wayne State University School of Medicine and the Detroit Medical Center to conduct a systematic review and meta-analysis of individual patient data from randomized controlled trials comparing vaginal progesterone with placebo/no treatment on the risk of preterm birth or fetal death in women with a singleton gestation and a cervical length ≤25 mm.

Data were available from 974 women (498 assigned to vaginal progesterone, 476 assigned to placebo) participating in 5 high-quality trials. Two studies used vaginal progesterone capsules 200

mg/day, two used vaginal progesterone gel 90 mg/day and the other used vaginal progesterone suppositories 100 mg/day. Treatment was started between 18 and 24 weeks of gestation and participants were given progesterone from the time of enrollment until 34 to 37 weeks of gestation.

The most recent review/meta-analysis showed that vaginal progesterone significantly decreased the risk of preterm birth at less than 36 weeks of gestation; spontaneous preterm birth at less than 34 weeks of gestation; respiratory distress syndrome; composite neonatal morbidity and mortality; birthweight <2500 g; and admission to the neonatal intensive care unit. There were 7 (1.4%) neonatal deaths in the vaginal progesterone group and 15 (3.2%) in the placebo group. Maternal adverse events, congenital anomalies, and adverse neurodevelopmental and health outcomes at 2 years of age did not differ between groups. The use of progesterone had no deleterious effects on childhood neurodevelopment.

Vaginal progesterone preparations can be compounded by prescription. We are happy to answer your questions.

Ultrasound Obstet Gynecol. 2016 Sep; 48(3): 308-317.
Am J Obstet Gynecol. 2017 Nov 16. [Epub ahead of print]
https://www.sciencedaily.com/releases/2017/11/171117115452.htm

Write a Prescription for a Compound

Learn more about how to write a prescription for a compounded preparation.
Learn More

Collaborative BHRT Prescribing

Learn more about our Collaborative BHRT Prescribing Program.
Learn More

PCAB Accreditation

Why it's important to use a PCAB Accredited Compounding Pharmacy?
Learn More

PCAB ACCREDITED®
Compounding Pharmacy
A SERVICE OF ACHC