

The Mortar & Pestle:

MD Custom Rx's monthly e-newsletter

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MDCustomRx.com

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

Compounded Hormone Therapy for Postmenopausal Women

An update from the American Journal of Physiology Heart and Circulatory Physiology

The Women's Health Initiative (WHI) was "a large-scale, prospective, blinded, randomized-controlled trial designed to provide evidence regarding use of hormone treatment to prevent cardiovascular disease in menopausal women. The results of the WHI dramatically changed clinical practice, negatively impacted funding for hormone research, and left scientists to unravel the 'why' of the results. Now over a decade and a half since the initial publication of the WHI results, basic and clinical scientists often do not interpret the results of the WHI with the precision needed to move the science forward." ¹



When the WHI was terminated due to concerns about increased breast cancer risk associated with conjugated equine estrogen (CEE) with continuous combined medroxyprogesterone acetate (MPA) for women with a uterus and CEE alone for women who had undergone hysterectomy alone or with either unilateral or bilateral oophorectomy, "huge numbers of women stopped using hormone treatments for symptoms of menopause and to prevent osteoporosis, and clinicians faced a dilemma on how to treat their patients for these conditions." Some unwarranted concerns that originated with the WHI persist to this day, so this update is warranted.

Robert D. Langer, MD, MPH, one of the WHI investigators, notes: “Key lessons from the WHI are that the effects of HRT on most organ systems vary by age and time since last physiologic exposure to hormones and that there are differences between regimens. In the years since the first WHI report, we have learned much about the characteristics of women who are likely to benefit from HRT. The range of HRT regimens has also increased. Not all women have indications for HRT, but for those who do and who initiate within 10 years of menopause, benefits are both short-term (vasomotor, dyspareunia), and long-term (bone health, coronary risk reduction). Critically, the 'facts' that most women and clinicians consider in making the decision to use, or not use, HRT are frequently wrong or incorrectly applied.”²

The misuse of the WHI data is based on major misconceptions. The conclusion from the WHI stating ‘this regime’ of hormone product specifically referred to 0.625 mg daily oral CEE + 2.5 mg daily MPA but has been applied to all formulations of estrogen and progestogens, including [transdermal] 17β-estradiol... and natural progesterone.”³

Orally administered hormones enter the enterohepatic circulation (“first-pass effect”), potentially altering production in the liver of inflammatory and procoagulant proteins that are associated with increased risk of both venous and arterial thrombosis. Alternatively, transdermal products are absorbed into the systemic circulation having less proinflammatory and procoagulatory effects. A multicenter case-control study [Estrogen and Thromboembolism Risk (ESTHER)] evaluated the route of administration of menopausal hormone products on venous thromboembolism (VTE). Consecutive cases of idiopathic VTE were evaluated in postmenopausal women between 45 and 70 years of age from community hospitals. The risk for developing a VTE in current users of oral estrogen users was 4 times that of transdermal estrogen or nonusers. An additional finding from that study was that the type of progestogen also affected the risk of developing VTE with micronized progesterone being associated with decreased risk compared with synthetic progestogens.⁴

Hormone therapy is indicated for prevention of vasomotor symptoms. The Study of Women Across the Nation (SWAN) identified patterns of vasomotor symptoms which are risk factors for endothelial dysfunction and future adverse cardiovascular events. It can be argued that vasomotor symptoms represent a type of chronic condition for which hormone therapy represents a primary preventive strategy for cardiovascular disease related to this dysregulation.⁵

Many women seek treatment to alleviate menopausal vasomotor symptoms, and use combination compounded hormone therapy to achieve the benefits of estrogen/progesterone for endometrial protection.⁶ Hormone therapy initially consisted of estrogens alone and progestogens were secondly added to estrogens for preventing the risk of endometrial cancer associated to estrogens use. “It is now well known that oral and transdermal estrogens are differentially associated with VTE risk. The choice of progesterone versus a synthetic progestogens may be another important determinant of the thrombotic risk among hormone users. Both randomized controlled trials and meta-analyses of observational studies have suggested that the VTE risk was higher among users of estrogens plus progestogens than among users of estrogens alone. With respect to the different pharmacological classes of progestogens, there is evidence for a deleterious effect of medroxy-progesterone acetate on VTE risk. In addition, observational studies showed that norepregnane derivatives were significantly associated with an increased VTE risk whereas micronized progesterone could be safe with respect to thrombotic risk.”⁷

Our compounding professionals can customize a formulation to contain the most appropriate estrogen(s) in the proper dose(s) to be taken via the best route for each woman. Progesterone can be added or taken separately.

References:

^{1,3,4,5} [Am J Physiol Heart Circ Physiol. 2017 Nov 1; 313\(5\): H1013–H1021](#)

² [Climacteric. 2017 Apr;20\(2\):91-96.](#)

⁶ [Expert Rev Clin Pharmacol. 2019 Aug;12\(8\):729-739.](#)

⁷ [Maturitas. 2011 Dec;70\(4\):354-60.](#)

As we Focus on Heart Health and patient awareness of risk factors and therapies, our compounding pharmacist can work with each man and woman and their health care providers to customize medications to improve compliance and reduce side effects.

- Medications such as anti-hypertensives can be compounded as liquids for patients who have difficulty swallowing.
- Transdermal preparations can reduce side effects and drug interactions.

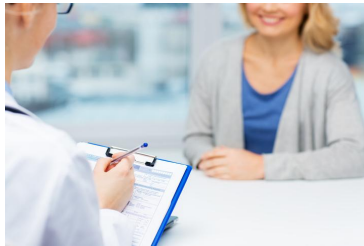
We use a patient-centered, science-based approach that empowers patients and practitioners to work together to treat the underlying causes of disease and promote optimal wellness. Our pharmacist often recommends the use of professional quality supplements to support heart health and other body systems, such as.

- Fish Oils, Omega 3 Fatty Acids
- Probiotics to improve gut health and boost immunity
- Co-Enzyme Q-10, particularly for patients who take statins
- Vitamins and minerals such as vitamin D and magnesium in highly absorbable forms

Your questions are welcome.

MD Custom Rx Educational Events

We regularly offer educational events at the pharmacy. Be sure to share our events with your patients. **VISIT OUR WEBSITE** to see our schedule and to register. If you are interested in speaking on a topic, please contact the pharmacy.



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