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Compounded Hormone Therapy for Postmenopausal Women

The Women's Health Initiative (WHI) was a large well-designed study intended to provide evidence regarding the use of hormone treatment to prevent cardiovascular disease in menopausal women. The results of the WHI dramatically changed clinical practice, and negatively impacted funding for hormone research. Now, almost 20 years since the initial publication of the WHI results, scientists have reanalyzed the WHI with significant insight that can change women's health with appropriate use of bio-identical hormone replacement therapy (BHRT).

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 removal of the ovaries, huge numbers of women stopped using hormone treatments for symptoms of menopause and to prevent osteoporosis. Physicians faced a dilemma on how to treat their patients for these conditions

Robert D. Langer, MD, MPH, one of the WHI investigators, noted: "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 are candidates for HRT, but for those who are and who begin HRT within 10 years of menopause, benefits are both short-term (help for hot flashes and painful intercourse), and long-term (bone health, coronary risk reduction). Unfortunately, the "facts" that most women and practitioners often consider in making the decision to use (or not use) HRT are frequently wrong or incorrectly applied.

The misuse of the WHI data is based on major misconceptions. The conclusion from the WHI was based on oral therapy but has been applied to all formulations of estrogen and progestogens, including transdermal estradiol and natural progesterone. Orally administered hormones are metabolized by the liver before reaching the rest of the body (first-pass effect), potentially altering production of inflammatory and clotting proteins that are associated with increased risk of blood clots. Alternatively, transdermal products are absorbed directly into the systemic circulation and produce less inflammation and clotting. The risk for developing a venous thromboembolism (VTE) in women who use oral estrogen was shown to be 4 times that of transdermal estrogen or nonusers. An additional finding was that the type of progestogen also affected the risk of developing VTE with micronized progesterone being associated with decreased risk, compared to synthetic progestogens which increased the risk of clot formation.

Hormone therapy is indicated for prevention of vasomotor symptoms (night sweats, hot flashes,

and flushes). The Study of Women Across the Nation (SWAN) identified patterns of vasomotor symptoms which are risk factors for future cardiovascular problems. 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.

Many women seek treatment to alleviate menopausal symptoms, and use combination compounded hormone therapy to achieve the benefits of estrogen and progesterone. Our pharmacist is available to answer your questions.

References:
Am J Physiol Heart Circ Physiol. 2017 Nov 1; 313(5): H1013–H1021
Climacteric. 2017 Apr;20(2):91-96.
Expert Rev Clin Pharmacol. 2019 Aug;12(8):729-739.
Maturitas. 2011 Dec;70(4):354-60.

Our compounding pharmacist can customize medications which contain the most appropriate hormone(s) in the proper dose(s) to be taken via the best route to improve compliance and reduce side effects.

READ MORE ABOUT HORMONE THERAPY FOR WOMEN

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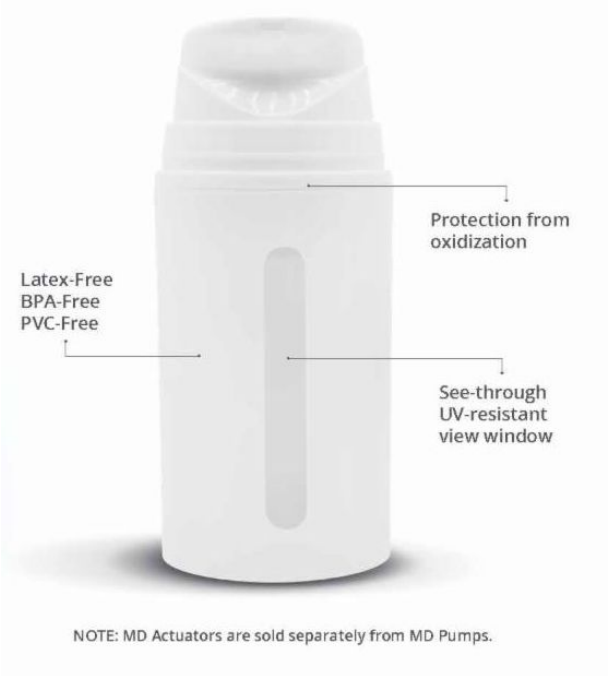

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