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NEW ORLEANS — Compounded transdermal hormone therapy relieves menopausal symptoms while improving cardiovascular risk factors and inflammatory and thrombotic biomarkers, according to a preliminary study.

“By replacing the hormone that’s deficient via transdermal dosing it may be possible to more closely mimic normal physiology and favorably impact cardiometabolic clinical biomarkers.”

Despite FDA expressed concerns of dangers of compounded hormone use, our data suggest that transdermal compounded hormones may offer a safe and effective treatment for hormone-related symptoms when utilizing dosages targeting physiologic reference ranges and compounds, which meet USP standards for potency,” Dr. Kenna Stephenson said at the annual scientific sessions of the American Heart Association.

“Our study would suggest this is a superior way to treat women. Sure, Premarin [conjugated estrogens] gets rid of hot flashes, but it also increases C-reactive protein and increases thrombotic risk,” added Dr. Stephenson, a family physician active in clinical research in women’s health at the University of Texas Health Science Center at Tyler.

Her group’s ongoing study involves 150 women, mean age 51.9 years, with menopausal symptoms, who were randomized to usual care or individualized transdermal plant-derived estrogen, progesterone, testosterone, and dehydroandrosterone therapy prepared by a compounding pharmacist.

After 12 months of follow-up, the women on transdermal therapy showed significant reductions in triglycerides, blood pressure, fasting blood glucose, C-reactive protein, plasma fibrinogen, insulin-like growth factor-I, and factor VII along with significant improvements in total cholesterol, and low-density lipoprotein cholesterol; body mass index; and placebo as a result of increasing pharmacy. There are a growing number of such initiatives linked oral hormone replacement therapy to

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Dr. Stephenson observed in an interview.

As in the ongoing study, her clinical practice is to take a history of hormone-related symptoms such as hot flashes, night sweats, mood changes, sleep deprivation, and unexplained fatigue, measure the patient’s sex hormone levels, and then prescribe a low-dose transdermal hormone compounded specifically for her. Transdermal therapy avoids first-pass hepatic metabolism, thereby preventing buildup of atherogenic sex hormone metabolites, Dr. Stephenson explained.

“What I see in clinical practice as well as in my research studies is their biomarkers improve. They have adequate symptom relief, which is what’s most important to the patients. And once their symptoms are relieved they’re more likely to make positive nutritional and lifestyle changes: They feel like eating the way they’re supposed to,” the family physician continued.

She uses the university medical center’s compounding pharmacy. There are a growing number of such pharmacies around the country as a result of increasing pharmacy. There are a growing number of such initiatives linked oral hormone replacement therapy to

Note: Study population comprised 150 women with menopausal symptoms. Source: Dr. Stephenson

Women on the low-dose combination HT showed improvement in total cholesterol and low-density lipoprotein levels; these levels were unchanged in those who got soy supplements.

In addition, total cholesterol decreased 12%, compared with baseline, in the hormone treatment group but remained unchanged in the soy supplement and placebo groups.

The LDL cholesterol level decreased 18% in the hormone therapy group and, again, did not change in the other groups.

Dr. Stephenson discussed her study available at www.youtube.com/watch?v=IXDCO1w86Q.

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