

PHARMACY

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Thank you for entrusting in the compounding services at Madison Medical Compounding Pharmacy to help meet the unique medication needs of your patients. We are excited to share our monthly newsletter with you and look forward to working with you. Please don't hesitate to let us know how we can assist you and your practice.

LeAnn Chambers, Pharm.D. and Matthew Chambers, Pharm.D.

VTE and CVD Complications in Menopausal Women Using Transdermal Versus Oral Estrogen Therapy

James A. Simon, MD, CCD, NCMP, FACOG of George Washington University School of Medicine, and others evaluated the risk of venous thromboembolism (VTE) and cardiovascular disease (CVD) complications, and assessed healthcare costs in menopausal women using an estradiol transdermal system versus oral estrogen therapy (ET).

Health insurance claims from 60 self-insured US companies from 1999 to 2011 were analyzed. Women at least 50 years of age, newly initiated on transdermal or oral ET, were included. Cohorts were matched 1:1 based on exact factors and propensity score-matching methods. The incidence rate ratios (IRRs) of CVD complications, as well as VTE and other CVD events separately, were assessed through conditional Poisson models. Cohorts were also compared for healthcare costs using linear regression models to assess per-patient per-month cost differences. Confidence intervals (CIs) and P values were determined using a nonparametric method for cost outcomes.

Transdermal ET users also incurred lower adjusted all-cause and VTE/CVD-related healthcare costs relative to oral ET users and transdermal users also incurred lower healthcare costs.



Estrogen, Cardiovascular Health, & Sexual Function

The Kronos Early Estrogen Prevention Study (KEEPS) was designed to address gaps in understanding the effects of timely menopausal hormone treatments (HT) on cardiovascular health and other effects of menopause after the premature termination of the Women's Health Initiative (WHI).

The Kronos Early Estrogen Prevention Study (KEEPS) was a randomized, double-blinded, placebo-controlled trial to test the hypothesis that initiation of hormone therapy (HT) in healthy, recently postmenopausal women (n=727) would slow the progression of atherosclerosis. After 4 years, there were no severe adverse effects, including venous thrombosis. Several ancillary studies demonstrated reduced hot flashes, improved sleep, and maintenance of bone mineral density. Sexual function improved with transdermal 17 β -estradiol (t-E2). There were no significant effects on cognition, breast pain, or skin wrinkling. KEEPS and its ancillary studies have supported the value and safety of the use of HT in recently postmenopausal women and provide a perspective for future research to optimize HT and health of postmenopausal women. The KEEPS continuation study continues to pursue these issues.

Transdermal estradiol treatment was associated with a significant increase in mean lubrication and decreased pain compared with placebo. Transdermal estradiol treatment resulted in fewer women with low sexual function compared with placebo, while oral conjugated equine estrogens (CEE) produced no significant benefit.

[Menopause. 2019 Sep;26\(9\):1071-1084.](#)

[JAMA Intern Med. 2017 Oct 1;177\(10\):1471-1479](#)

Erectile Dysfunction

Our compounding pharmacist works closely with physicians and their patients who seek to improve their quality of life, especially those who have not responded to traditional options. We customize hormones and other medications to treat each individual's symptoms, while considering his lifestyle and medical history.

Ask our pharmacist about compounded transdermal creams, troches, nasal sprays, sublingual drops, and capsules, as well as customized strengths of medications such as:

- Testosterone
 - Anastrozole
 - Arginine
 - Oxytocin
 - Sildenafil
 - Tadalafil
-

Treating Sexual Dysfunction

At midlife and beyond, both men and women face organic changes that can affect sexual function. For women, estrogen deficiency can lead to genitourinary syndrome of menopause, which may include vaginal dryness, irritation/itching, inadequate lubrication, and dyspareunia. For men, erectile dysfunction prevalence increases with age, and some men develop testosterone deficiency.

Both members of a couple may experience age-related changes concurrently and interdependently. In such cases, it is unhelpful, and sometimes detrimental, to treat the

symptoms for only one member of the couple without also treating the other. Therefore, it has been suggested to address the sexual health needs of the aging couple as a whole rather than treating the individual patient in isolation.

Taking a couple-oriented approach to evaluate and manage sexual dysfunction in the latter half of life can dramatically and simultaneously help both members of the couple to improve sexual satisfaction and intimacy.

Ask our pharmacist about testing for hormone imbalances and the benefits of customized hormone restoration therapy.

[Sex Med Rev. 2018 Jul;6\(3\):384-395.](#)

