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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.

Menopausal Hormone Therapy: Relevance to Dermatology

Menopause is a state of estrogen deficiency that affects the skin through accelerated collagen breakdown, decreased elastin, dehydration, and impaired wound healing. Loss of collagen results in skin that lacks tone and is more able to stretch and expand. Low estrogen levels are also associated with decreased water-retaining capacity of skin tissues, resulting in dry and itchy skin, which leads to more fragile skin riddled with deeper and more numerous wrinkles.

Hirsutism, especially facial hair gain, was shown in 39% of menopausal women, with the chin being the most common site (32% of women). This may be related to an increased impact of androgens on hair follicles. Diffuse generalized hair loss is the most frequent type of scalp hair loss in 26% of post-menopausal women. Frontal hair loss was also shown in 9% of postmenopausal women.



Female androgenetic alopecia, also known as female pattern hair loss (FPHL), has a peak incidence following menopause with a prevalence of up to 29% in women aged between 70 and 89 years. Some have theorized that the effects of dihydrotestosterone on hair follicles contribute to the development of FPHL, which is supported by cases that women with hyperandrogenism may develop early-onset FPHL. The increased prevalence of FPHL especially in postmenopausal women indicates the possible role of estrogen in its

pathogenesis, but there is still conflicting evidence on whether estrogens inhibit or promote hair growth.

Estrogen deficiency is also detrimental to wound healing, specifically in inflammation and re-granulation, whereas exogenous therapy can reverse these effects. Keratoderma climactericum was originally reported as having a particular association with menopause. Its main features involve hyperkeratosis of the soles and palms, specifically at the level of the heels, at the beginning of menopause.

Postmenopausal women may experience cutaneous alterations resulting in dry, itchy, thin, and fragile skin. Several studies suggest bioidentical hormone therapy (BHT) may alleviate these symptoms, increasing cutaneous hydration and reducing skin atrophy. Although BHT is used for its anti-aging effects on the skin, more research needs to be conducted to evaluate the actions and side effects of specific hormones and safely extend the use of BHT in dermatology.

[Dermatology Journal Online. 2019 January; 25\(1\)](#)

Our compounding pharmacist can personalize therapy based on a patient's hormone levels, lifestyle, and symptoms. Hormones can be prescribed in lower doses and the best dosage form for delivery via the optimal route. Our compounding pharmacist works together with patients and healthcare providers to determine the most appropriate formulation for each individual.

Your questions are always welcome.

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