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Bio-Identical Hormone Replacement Therapy for Women

What you need to know...

- Large studies on HRT used only conjugated horse estrogen (Premarin®) and medroxyprogesterone acetate (Provera®)
- Data from these studies are not applicable to *bio-identical* hormones, which are structurally identical to those naturally produced by the human body.
- *Bio-identical* hormones follow normal metabolic pathways and form essential active metabolites.
- Structural differences between *bio-identical* and *non-bio-identical* hormones may be responsible for side effects that are experienced when using *non-bio-identical* hormones for replacement therapy.
- *Bio-identical* hormones are not patentable because they occur in nature, therefore pharmaceutical companies (which usually fund large studies) are not interested.
- Risks of non-bio-identical hormones include:
 - ✓ Blood clots
 - ✓ Gallbladder disease
 - ✓ Endometrial and Breast cancer
 - ✓ Nausea, vomiting, gastrointestinal disturbances
 - ✓ Headaches, migraines
 - ✓ High blood pressure, high cholesterol
 - ✓ Weight gain, bloating
 - ✓ Depression
 - ✓ Impaired glucose tolerance
- Benefits of *Bio-identical* HRT include:
 - ✓ Relieve Menopausal Symptoms
 - Hot flashes/Night sweats
 - Weight Gain
 - Urinary symptoms/Vaginal dryness
 - Sexual dysfunction
 - Irritability/Fatigue

- Bone loss
- Insomnia
- Memory loss/ Problems concentrating
- Anxiety/ Depression
- Mood swings

✓ Other Benefits

- Reduce risk of *hip fractures*
- Prevent and reverse *osteoporosis*
- Improve *lipid profile*
- May have reduced risk of *Endometrial & Breast cancer* vs. non-bio-identical hormones
- May reduce risk of *heart disease*
- May reduce risk of *colorectal cancer*
- May prevent *alzheimer's disease*
- May reduce risk of *urogenital infections*
- May help with *incontinence*
- May help with *depression*
- May reduce the risk of *high cholesterol*
- Less unwanted side effects vs. non-bio-identical hormones

- The three principle Estrogens in the human female are Estriol (E3), Estradiol (E2) and Estrone (E1). These are prescribed in combination to re-establish normal physiological levels.
- Progesterone is commonly prescribed for perimenopausal women to counteract "estrogen dominance," and may be preferred by women previously taking *non-bio-identical* progestins.
- Additionally, Testosterone and DHEA may be prescribed to enhance libido, improve mental alertness/ mood/ energy, increase bone strength, improve breast tenderness/ muscle strength/tone, and improve hot flashes that have not responded to estrogen alone.
- *Bio-identical* HRT dosage forms available:
 - ✓ Oral – sustained release or oil filled capsules
 - ✓ Sublingual – troches (lozenges) or liquids
 - ✓ Topical – creams, ointments, or gels
 - ✓ Vaginal – suppositories or creams
 - ✓ Rectal - suppositories