



Newsletter

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Determining Routes of Administration

When it comes to routes of administration for bio-identical hormone supplementation, patients have many options to choose from including transdermal (creams, gels and patches), oral, sublingual, intramuscular injection, and subcutaneous pellets. While transdermal choices are readily available and are generally well liked by most patients and providers, no one route is right for every patient and individual needs must be weighed against the pros and cons of all available options. The table below outlines the main advantages and disadvantages of each delivery route as well as significant clinical considerations to take into account when determining a BHRT plan:

	Advantages	Disadvantages	Clinical Considerations
Transdermal cream/gel	<ul style="list-style-type: none"> ▪ Easy to use ▪ Bypasses liver ▪ Easily monitored with saliva testing ▪ Infinitely customizable dosages & formulations ▪ Dosages easily altered ▪ Many available formulations over the counter without Rx 	<ul style="list-style-type: none"> • Risk of transference to others • Sensitivity to base • Small risk of contamination to saliva sample 	<ul style="list-style-type: none"> • DHEA, in combination with other hormones (particularly progesterone) tends to compete for absorption • Location of application may cause significant variation in absorption and metabolism
Transdermal patch	<ul style="list-style-type: none"> ▪ Easy to use ▪ Bypass liver ▪ Easily monitored with saliva testing ▪ Steady release of hormones 	<ul style="list-style-type: none"> • Pre-made dosages, limits variability • Single hormone formulations • Many patients are sensitive to adhesive 	<ul style="list-style-type: none"> • Matrix patches can be cut to slowly decrease dose
Oral	<ul style="list-style-type: none"> ▪ Easy to use ▪ Easily monitored with saliva testing 	<ul style="list-style-type: none"> • Subject to 1st pass effect 	<ul style="list-style-type: none"> • Progesterone: Majority is metabolized to allopregnanolone, decreasing progesterone absorption • Estrogen: Negative side effect profile, lowers IGF1 levels, raises acute phase proteins and increases risk of CV disease
Sublingual	<ul style="list-style-type: none"> ▪ Easy to use ▪ Little to no exposure to others ▪ Ability to customize & alter dose as needed 	<ul style="list-style-type: none"> • Slightly harder to monitor d/t • increased risk of salivary sample contamination • Variability in time to dissolve and quantity swallowed 	<ul style="list-style-type: none"> • Any portion that is swallowed is subject to first pass effect, carrying the same clinical considerations as oral dosing

	<ul style="list-style-type: none"> Not subject to first pass effect 		
Injection	<ul style="list-style-type: none"> Little to no exposure to others Bypasses liver 	<ul style="list-style-type: none"> Injections/needle use are not favored by many patients Inconsistent amount of hormone supplied over dosage interval 	
Pellet	<ul style="list-style-type: none"> Little to no exposure to others Bypasses liver Semi-permanent/ ease of use 	<ul style="list-style-type: none"> Invasive - requires incision to place Inability to alter dose once implanted Variance and often inconsistent amount of hormone supplied over dosage interval 	<ul style="list-style-type: none"> Rate of absorption may vary with different compounders / manufacturers

Explore this topic, and many others, in detail at the upcoming Labrix East Coast Core Training. Join Labrix staff physician Lysten Ferris, ND, and guest speaker Greg Zengo, MD, and your peers as we discuss the foundation of concepts in hormone balancing and gain the knowledge necessary for a successful hormone balancing practice. For more information or to register please visit: <http://www.labrix.com/eastcoastcore>

Upcoming events

East Coast Core Training
March 16, 2013
For more information:
[Click Here](#)

Labrix Advanced Workshop
February 9 - 10, 2013
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