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News from Good Life

Thank you for entrusting in the compounding services at Good Life Pharmacies to help meet the unique medication needs of your patients. We are excited to share our monthly newsletter with you and look forward to continuing to be your medication problem solvers.

Be sure to visit our new website at www.goodliferx.com. You or your patients can contact us via our HIPAA-compliant forms and learn how compounding can provide solutions for your medication challenges.

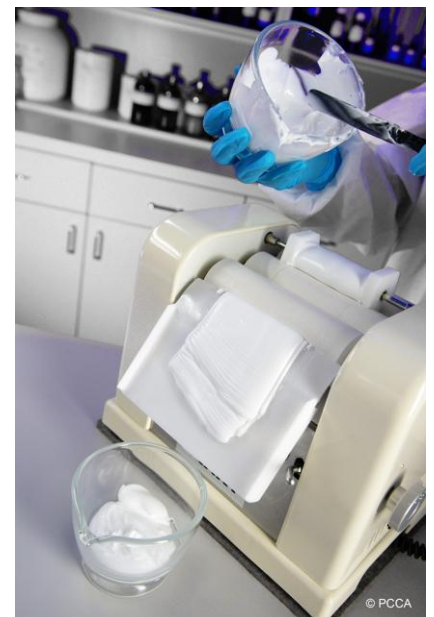
Please don't hesitate to let us know how we can be of further assistance to you and your practice.

Sincerely,
Jim Andreesen, R.Ph.
Angie Svoboda, Pharm.D. FIACP
Ray Scott, R.Ph.



ESTROGEN THERAPY MAY REDUCE THE RISK OF DIABETES IN POSTMENOPAUSAL WOMEN

It is known that younger women are less likely than men to develop type 2 diabetes. But after menopause, the trend reverses dramatically and women are at higher risk of diabetes due to declining levels of estrogens, specifically estradiol, which exerts specific actions on the pancreas and insulin biosynthesis and secretion. Clinical and experimental data from research done at University Hospital/Diabetes Center and University of Geneva Medical School, Geneva, Switzerland indicate a beneficial effect of estrogens on energy and glucose homeostasis associated with improved insulin sensitivity. Dr. Sandra Handgraaf noted: "A number of scientists are working on the effect of estrogens on pancreatic insulin-producing cells. But its effect on glucagon-producing cells, another hormone regulating blood sugar, had never been explored before... Besides their pivotal role in sexual development and reproduction, estrogens prevent the occurrence of visceral obesity, insulin resistance, and glucose intolerance in women." Study leader Jacques Philippe, MD, a Harvard University/Mass General Hospital-trained endocrinologist, said: "It is important to remember hormonal substitution, when taken at the beginning of menopause and for a few years only, does not cause any particular risk of cardiovascular events." The study concluded that a woman receiving hormone replacement therapy is up to 35 percent less likely to develop type 2 diabetes.



COUPLEPAUSE: NEW PARADIGM IN 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, the concept of "couplepause" has been introduced 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 couplepause 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 \[Epub ahead of print\]](#)

HOT FLASHES LINKED TO HEART DISEASE AND DIABETES

Hot flashes are the most common symptom of menopause. Not only are vasomotor symptoms inconvenient and uncomfortable, hot flashes may increase the risk of health problems including heart disease and diabetes. Data was analyzed from over 150,000 postmenopausal women who participated in the Women's Health Initiative: 33% of the women had hot flashes, which was associated with an 18% increased risk of diabetes. The risk increased with greater duration and severity of hot flashes. When night sweats were factored in, the risk of health problems increased further, especially in cases where the onset of hot flashes developed late into the menopausal transition.

Compared to men with diabetes, women with diabetes have a higher risk of being hospitalized for or dying from diabetes and its complications, which makes the timely identification and management of diabetes through lifestyle intervention or medical management critical.

Dr. JoAnn Pinkerton, executive director of the North American Menopause Society, said: "This study showed that, after adjustment for obesity and race, women with more severe night sweats, with or without hot flashes, still had a higher risk of diabetes... For symptomatic women, hormone therapy started near menopause improves menopause symptoms and reduces the risk of diabetes."

[Menopause. 2018 May;25\(5\):520-530.](#)

LOW THYROID FUNCTION AND INFERTILITY

Unexplained infertility (UI), defined as the inability to conceive after 12 months of unprotected intercourse with no diagnosed cause, affects 10% to 30% of infertile couples. An improved understanding of the mechanisms underlying UI could lead to less invasive and less costly treatment strategies. Abnormalities in thyroid function and hyperprolactinemia are well-known causes of infertility.

Hypothyroidism causes very irregular menstrual cycles, which interfere with ovulation and conception. In a recent Harvard Medical School study, women with unexplained infertility had significantly higher TSH levels than controls, and more than a quarter of the women with UI showed signs of hypothyroidism.

Hypothyroidism may not be diagnosed until a person has a TSH level of 4.5 or 5. However, a TSH level of 2.5 indicates a person at risk of hypothyroidism who might be experiencing some early symptoms, according to Pouneh Fazeli, MD, a neuroendocrinologist with Massachusetts General Hospital and an assistant professor at Harvard Medical School. To see if a slightly underperforming thyroid gland could affect fertility, Fazeli and her colleagues reviewed the cases of 187 couples with unexplained infertility and 52 couples in which the men had an extremely low sperm count, using them as a control group. Nearly 27 percent of women in the unexplained infertility group had a TSH level in the high-normal range of 2.5 or greater, compared with 13.5 percent of the women in the male-factor infertility group.

However, the study did not prove a cause-and-effect link, but rather an association. "What we don't know is whether giving someone in this situation thyroid hormone will actually improve time to conception. That's really the critical next step," said Fazeli. Future research may determine whether giving women supplements to boost their thyroid hormone levels will make a difference.

Doctors already test for thyroid levels in pregnant women and treat them as necessary, said Dr. Tomer Singer, Director of Reproductive Endocrinology at Lenox Hill Hospital in New York City. "We pretty much implement treating patients with thyroid supplements when they have TSH greater than 2.5 because we know during pregnancy it's been shown by several studies that the baby's brain development can be affected if the patient hasn't been treated for hypothyroidism," said Singer, who wasn't involved with the study. "This is along the same lines," he said. "Now, patients who are trying to conceive should be treated, and if they're not treated, that in and of itself can be a contributing infertility cause."

[J Clin Endocrinol Metab. 2018 Feb 1;103\(2\):632-639.](#)

PLEASE SHARE INFORMATION ABOUT OUR UPCOMING EVENT WITH YOUR PATIENTS!

JOIN US FOR A FUN NIGHT



SPEAKERS
Dr. Tyler Adam, MD (ObGyn)
Angie Svoboda, Pharm.D.



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DR. TYLER ADAM, OB/GYN AND ANGIE SVOBODA, PHARMACIST WILL PROVIDE ALL THE LATEST INFORMATION ABOUT HORMONE REPLACEMENT THERAPY FOR ALL AGES.

SCRATCHTOWN BREWING WILL BE BREWING A SPECIAL BEER FOR THE EVENT CALLED AVIATRIX - a PEACH WHEAT ALE.

SAVE THE DATE. TUESDAY, MAY 15 FROM 6-8PM .

INFORMATION AND REGISTRATION IS AVAILABLE AT **GOODLIFERX.COM** AND ON **FACEBOOK.**

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