

## **Hormone Replacement Therapy Information & Consent**

Bio-identical Hormone Replacement Therapy (BHRT) is the therapeutic use of hormones that are identical to the hormones made naturally by the body. There are many different types but the ones used predominantly include: testosterone, progesterone, estradiol (E2), estriol (E3), DHEA, cortisol, and thyroid. These hormones are typically used to treat symptoms of perimenopause, menopause, andropause (male menopause), thyroid dysfunction and adrenal fatigue, although other symptoms may be treated as well.

### **Potential Risks**

Safety of any of these hormones during pregnancy cannot be guaranteed. Notify your Provider if you are pregnant, suspect that you are pregnant, or are planning to become pregnant during this therapy.

**Estrogen Therapy:** Bio-identical estrogens are available in various forms including oral capsules, troches, patches, pellets and topical creams. Adverse reactions may include bloating, breakthrough bleeding, breast swelling and tenderness, fluid retention, weight gain, liver cysts, death (e.g.-from blood clots or cancer) and mood swings. High potency conjugated estrogens (e.g. Premarin) have been associated with an increased risk of breast cancer and blood clots (the latter especially in smokers). Estriol may carry a lower risk of breast cancer and may even protect against breast cancer. Nonetheless, the whole area of estrogen replacement is undergoing further evaluation. Do not take estrogen if you have breast cancer.

**Progesterone Therapy:** Bio-identical progesterone is available in various forms including oral capsules, troches, vaginal or rectal suppositories, and topical creams or gels. Progesterone therapy may be sedating, so it is recommended to coordinate dosing with sleep cycle. Adverse reactions may include bloating, breakthrough bleeding, missed menstrual cycles, breast swelling and tenderness, fluid retention, weight gain, sedation, and depression.

**Testosterone Therapy:** Bio-identical testosterone therapy is available in various forms including sublingual drops, troches, topical creams, pellets and injection. Side effects include acne, chronic priapism (persistent, abnormal erection of the penis), change in libido, angina or heart attacks, hirsutism (facial hair growth) and scalp hair loss, clitoral engorgement, voice changes, or water retention. Because it may improve insulin resistance in males, diabetics who use insulin should monitor glucose levels closely, as less insulin may be needed. Check with your physician before adjusting your dose of insulin. If using a formulation of testosterone that is applied to the skin, a local irritation may occur.

Synthetic hormones such as Progestins, and bio-identical hormones such as progesterone have different effects on the body. Bio-identical hormones can be used and metabolized as our body was designed to do, thus potentially minimizing side effects. Compounded bio-identical hormone dosages can be fine tuned to your specific needs. Many European studies suggest that bio-identical hormones are safer than synthetic hormones. However, that doesn't mean that bio-identical hormones are perfect. We also do not have any large scale, double blinded, placebo controlled trials on bio-identical hormone replacement therapy. Although the use of bio-identical hormone replacement therapy has been shown in many studies to be safer than synthetic hormone replacement therapy, the risk of cancer-related side effects is still possible. In fact, there are physicians who do not agree with the use of bio-identical hormones.

Baseline hormone levels are ordered at your initial visit. You will then be given an individualized prescription of BHRT based on your symptoms and test results. Symptom resolution is not immediate. It can take anywhere from 3-9 months until patients feel like they have the perfect fit. There are many different preparations of BHRT (topical creams, vaginal inserts, and pills). Some women respond to one form better than another.

Saliva tests are measured every 2-6 months until stable. When stable, hormone levels are then monitored every 6-12 months depending on the situation. Patient's bodies and lifestyles change and so do their hormonal needs. Hormones are usually measured via saliva, but some situations may require a blood draw.

You are required to have pap smears (as frequently as indicated), mammograms, DEXA Scans (as indicated), and a pelvic ultrasound (as indicated). It is required that you supply us with a copy of these results for our records. Alternatively, these can be performed and/or ordered in our office. Hormones are generally not prescribed or renewed unless these records are up to date. Men on testosterone therapy are required to have their testosterone levels checked at least every three months for the first year and then at least twice per year thereafter.



**Hormone Replacement Therapy Consent**  
**(Please initial each statement, indicating understanding and agreement)**

\_\_\_\_\_ I request and consent to the administration of hormones and oral supplements and authorize that these will be prescribed by the healthcare providers at Solutions Medical Center.

\_\_\_\_\_ I acknowledge that there are no guarantees or assurances made with respect to the benefit of hormone replacement therapy prescribed for me.

\_\_\_\_\_ I acknowledge that there are certain potential risks involved in hormone replacement therapy that may require referral to a specialist for further evaluation and treatment.

\_\_\_\_\_ I agree to report to the healthcare provider any adverse reaction or problems that might be related to my hormone therapy.

\_\_\_\_\_ I understand that I will be in charge of administering the hormones and supplements prescribed to me. I will conform and comply with the recommended doses and methods of administration.

\_\_\_\_\_ I understand that initial blood and/or saliva tests will be performed to establish my baseline hormone levels. I agree to comply with requests for ongoing testing to assure proper monitoring of my hormone levels.

\_\_\_\_\_ I have been informed that insurance companies may not pay for hormone replacement therapy and certain laboratory testing. I therefore agree to pay for all services including laboratory and pharmacy charges myself, with the understanding that I may not be reimbursed by my insurance company.

**I have read and understand all of the above consent. I understand that along with the benefits of any medical treatment or therapies, there are both risks and potential complications to treatment, as well as not being treated. Those risks and potential complications have been explained to me. I have not been promised or guaranteed any specific benefit from the administration of these therapies and no warranty or guarantee has been made regarding the results of treatment. I agree to proceed with treatment and to comply with recommended dosages. I have been given the opportunity to ask any questions about hormone replacement therapy, potential complications, required testing, and costs and have had them answered to my satisfaction. I fully understand what I am signing and hereby request and consent to treatment using hormone replacement therapy.**

**Patient Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MD/NP Signature** \_\_\_\_\_ **Date** \_\_\_\_\_