




*The Chemistry
of Care™*

UNDERSTANDING
**HORMONE
THERAPY**

It's Not Just Menopause

Patient Education Guide

For discussions with your
healthcare provider

A woman with shoulder-length, wavy grey hair is smiling warmly. She is wearing a dark blue jacket over a black and white striped shirt. She is sitting on a wooden chair, with her arms resting on the backrest. The background is a blurred studio or workshop with various items and a teal color cast.

Menopause is not a single moment,

it's a multi-year hormonal transition that happens in stages. Many women begin experiencing symptoms years before their final period, often without realizing hormones are involved.

Important: You do not need to stop menstruating or reach a certain age to experience hormone-related symptoms. Age ranges are averages, not rules.

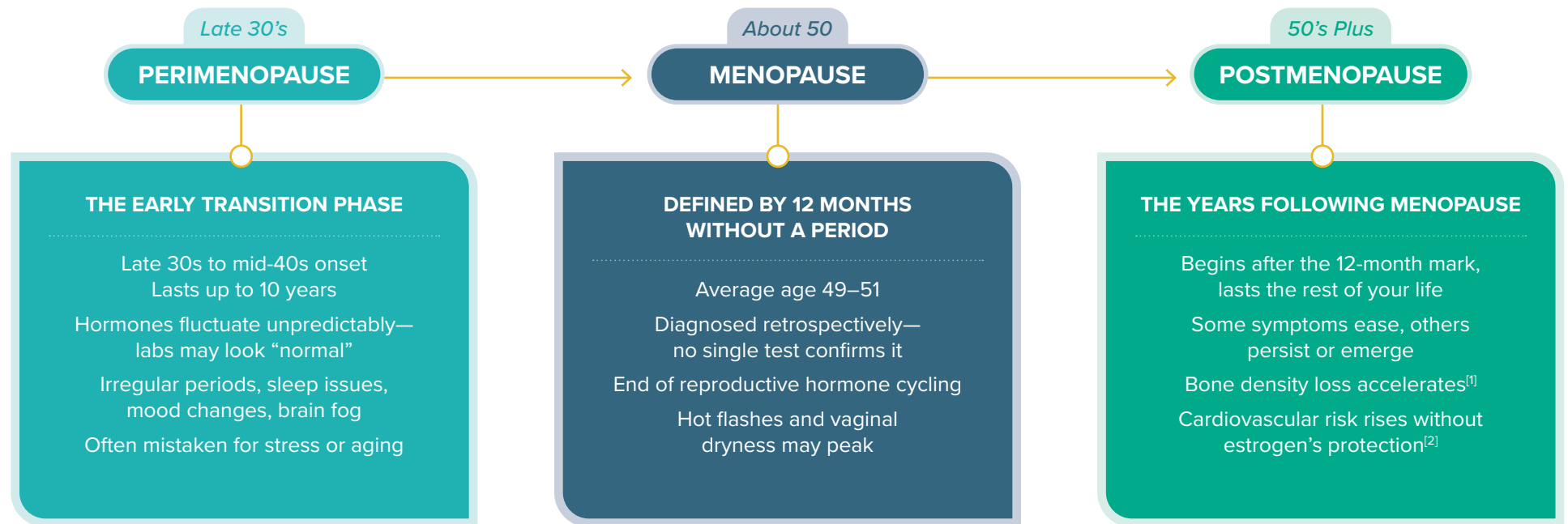
“
Hormonal
changes
don't follow a
calendar.
”

The Menopause Timeline

How hormonal changes typically unfold over time

Your Symptoms Are Real

Many women experience symptoms for years before perimenopause is recognized, often being told it's stress, aging, or "just life." Hormonal fluctuations during perimenopause can affect sleep, mood, memory, weight, and cycles even when labs appear normal. Tracking symptoms and discussing them clearly with a healthcare provider is an important first step.



Hormone Therapy Comes in More Than One Form

Perimenopause and menopause can cause symptoms that affect daily life. Hormone therapy may help by replenishing hormones that naturally decline during this transition. The right type and dose depend on your symptoms, health history, and stage of menopause. There are two ways to access it:

FDA-Approved Products

Commercially manufactured medications available in standardized doses and forms, including pills, patches, creams, and rings. These go through federal regulatory review for safety and efficacy.

Compounded Medications

In some cases, a healthcare provider may prescribe compounded hormone therapy prepared by a licensed compounding pharmacy. These medications are customized to meet individual patient needs when standard FDA-approved products are not suitable.

What's Changed: FDA Updates Hormone Therapy Guidance

In November 2025, the FDA updated its guidance on hormone therapy labeling. Ask your healthcare provider how this change may be relevant to your care. For women who begin therapy before age 60 or within 10 years of menopause, research suggests timing may influence outcomes. Talk to your healthcare provider.

Sources: FDA press release, Nov. 10, 2025; Makary et al., JAMA, Nov. 2025 (commentary).

THE CHEMISTRY OF CARE

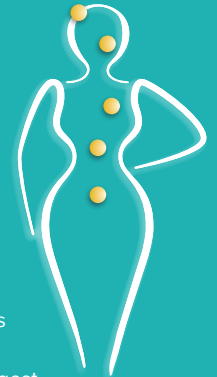
Understanding How Hormones Work

Why hormones matter: Estrogen, progesterone, and testosterone aren't just reproductive hormones.^[3-6] They act on receptors throughout your body—in your brain, bones, heart, skin, and immune system. When these hormones fluctuate or decline during perimenopause and menopause, the effects can be wide-ranging.

The “timing window”: Research increasingly supports what scientists call the “timing hypothesis”^[7-8]—the idea that when hormone therapy begins matters as much as whether it's used at all. Some studies suggest that initiating hormone therapy earlier in the menopause transition may be associated with improved cardiovascular and cognitive outcomes, although the evidence is mixed and remains under investigation.^[9-11]

What “bioidentical” means at the molecular level: The molecule is chemically identical to the hormone your body produces. It describes structure—not the source or approval status.^[12-17] Both FDA-approved and compounded forms can contain bioidentical 17 β -estradiol.^[13-15] Example: estradiol patches and compounded estradiol creams can contain bioidentical 17 β -estradiol. Note: 'bioidentical' is a descriptive term, not an FDA classification.

How compounded formulations are made: A licensed compounding pharmacist combines pharmaceutical-grade ingredients to create a customized medication—in the prescribed dose and form, such as a cream, capsule, or lozenge (troche)—based on a prescription from your healthcare provider. This may be an option when FDA-approved products don't meet your specific needs.^[12, 17]



The science of hormone therapy is evolving. Ask your healthcare provider about the latest research and how it applies to your individual health profile.

“By knowing the language, I ask the right questions.”

Common Terms You May Hear



Definitions to support informed conversations

These terms come up often when discussing hormone therapy options. A quick understanding can make your next appointment more productive.

TERM

WHAT IT MEANS

Pharmacy Compounding

A licensed pharmacist prepares a **customized medication** based on your healthcare provider's prescription. Rooted in the apothecary tradition, now backed by modern science and standards.

Bioidentical Hormones

Hormones with the **same molecular** structure as those your body naturally produces. Both FDA-approved and compounded products may use them. Note: 'bioidentical' is not an FDA-recognized term.

Compounded Bioidentical HRT (bHRT)

Bioidentical hormone replacement therapy **custom-prepared** by a licensed compounding pharmacy based on a healthcare provider's prescription.

Personalized Dosing

Your healthcare provider reviews your symptoms, medical history, and treatment goals to prescribe a hormone therapy tailored to your individual needs. The type and dose may be adjusted over time based on your body's response.


Quality & Regulation

Compounding pharmacies are licensed by state boards. Many follow additional voluntary quality standards for safety and consistency—ask your pharmacy if they hold accreditation.

Insurance & Coverage

Coverage for compounded medications varies by plan—some insurers cover them, others don't. Check with your insurer or ask your healthcare provider, as out-of-pocket costs can vary.

Important Safety Information: Compounded medications are prepared for individual patients and are not FDA-approved. Your healthcare provider can help you understand what this means for your specific situation. Both FDA-approved and compounded hormone therapies may carry potential risks, including cardiovascular events, blood clots, and breast cancer considerations. The risk profile varies based on factors including age at initiation, time since menopause, type of hormones used, dose, delivery method, and individual health history. All hormone therapy decisions should be made with your healthcare provider based on your individual risk factors. Some FDA-approved hormone therapies also use bioidentical hormones. Ask your healthcare provider about all available options, both FDA-approved and compounded, to determine what is right for you.

A woman with long dark hair, wearing a green button-down shirt, is looking towards a doctor on the left. The doctor is wearing a white lab coat and has a stethoscope around her neck. They are in a clinical setting with white shelves in the background. A large teal speech bubble is overlaid on the image, containing the text "What are my hormone therapy options?".

“What are my hormone therapy options?”

Talking With Your Healthcare Provider

How to make the most of your next visit

How to use this guide

Your time is valuable. Use this guide to help you **organize your thoughts, understand your FDA-approved and compounded options, and arrive prepared**—so your appointment can focus on what matters most to you.

- Review questions before your visit and mark the ones most relevant to your situation
- Take time to journal symptoms, concerns, or changes you've experienced recently, and share them along with your health goals at your next appointment
- Write down your health goals to share with your healthcare provider
- Bring this guide to your appointment to support your conversation

Educational use only

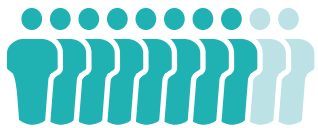
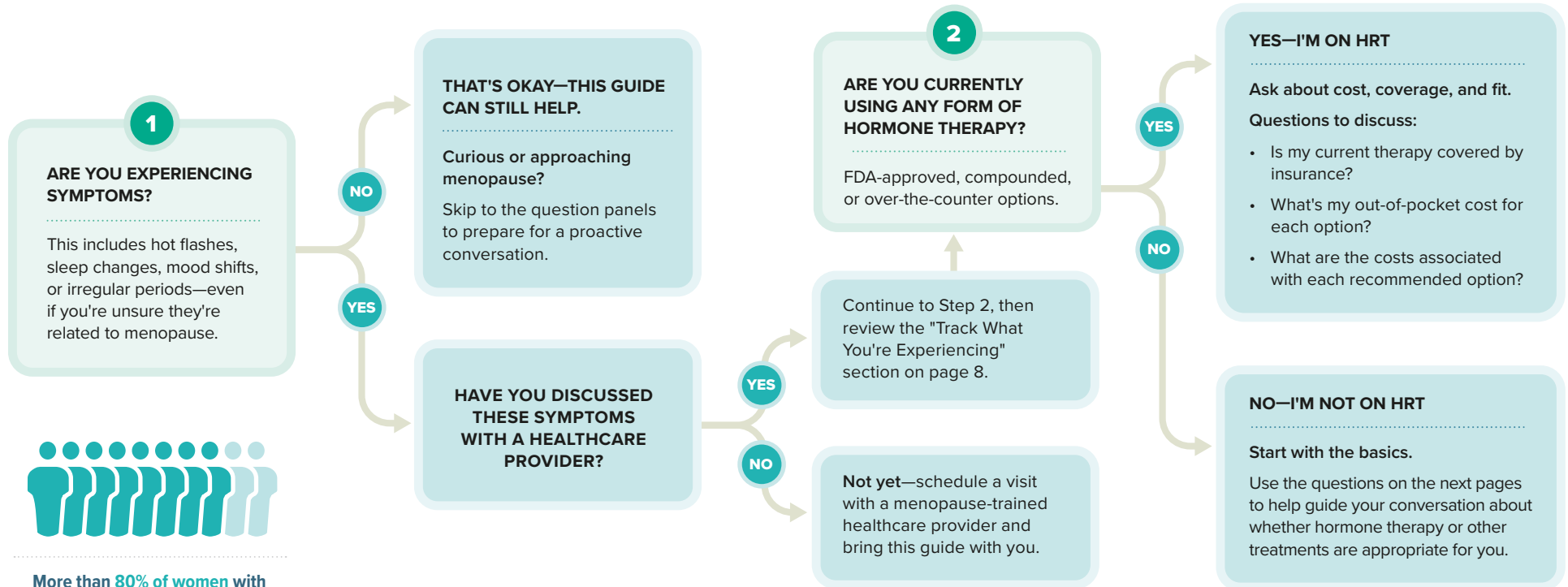
This guide supports, but does not replace, your healthcare provider's clinical judgment. All treatment decisions—including FDA-approved and compounded options—should be based on your complete medical history, contraindications, and individual risk factors.

“Your voice matters in your health decisions.”



Your Health Conversation Starts Here

A Simple Decision Guide



More than 80% of women with menopause symptoms do not seek medical care.* – Mayo Clinic, 2025

*Mayo Clinic Proceedings, 2025—based on survey of ~5,000 women ages 45–60



“Your symptoms matter. Your healthcare provider needs to hear them.”

Track What You're Experiencing

Check any symptoms you've experienced in the past month—including ones you may not have connected to hormones.

How to Use This Checklist



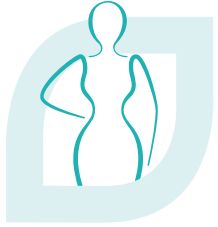
Note the impact.

Check everything that applies—including symptoms you experience only sometimes. “How My Symptoms Affect Daily Life” section will help you describe their impact.



Bring this list to your next appointment.

The more specific you are, the easier it is for your healthcare provider to help.



How My Symptoms Affect Daily Life

Name: _____
 Date of Birth: _____
 Date completed: _____

My symptoms have made it harder for me to...

Work & Concentration

- Stay focused and productive at work
- Participate fully in meetings or presentations
- Get through a full workday without feeling drained
- Remember details or stay mentally sharp
- Other:

Physical Activity & Energy

- Exercise comfortably
- Keep up with my usual fitness routine
- Enjoy outdoor or recreational activities
- Other:

Social Life & Relationships

- Feel connected or interested in intimacy
- Spend time with friends or family
- Attend social gatherings
- Stay patient and present with loved ones
- Other:

Daily Routine & Self-care

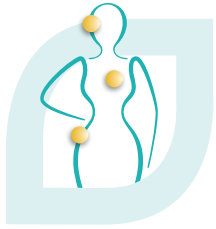
- Wear the clothes I feel good in
- Move through my day without constant discomfort
- Maintain my usual appearance or self-care habits
- Wake up feeling rested and refreshed
- Other:

Emotional Well-being

- Feel like myself again
- Manage stress without feeling overwhelmed
- Maintain a steady, positive mood
- Feel confident and in control of my body and health
- Other:

Additional Notes _____

My Medications _____



Symptom Categories

How long have you been experiencing these symptoms?

Name: _____

Date of Birth: _____

Date completed: _____

Please rate your symptoms according to this scale: 0 = None | 1 = Very mild | 2 = Mild | 3 = Moderate | 4 = Severe | 5 = Extremely severe

Note: Questions using the 0–5 severity scale are adapted from the Greene Climacteric Scale.^[18] Other symptom items were added for this assessment and are not part of the original scale, though they use the same severity rating format. This checklist is intended for patient guidance only and is not a physician diagnostic or assessment tool.

Vasomotor Symptoms

- Hot flashes (How often per day? ____) 0 1 2 3 4 5
- Night sweats 0 1 2 3 4 5
- Chills / cold flashes 0 1 2 3 4 5
- Other _____ 0 1 2 3 4 5

Sleep Disruptions

- Difficulty falling asleep 0 1 2 3 4 5
- Inability to sleep through the night 0 1 2 3 4 5
- Waking frequently 0 1 2 3 4 5
- Early morning waking 0 1 2 3 4 5
- Unrefreshing sleep 0 1 2 3 4 5
- Other _____ 0 1 2 3 4 5

Cognitive Changes

- Brain fog / difficulty concentrating 0 1 2 3 4 5
- Memory lapses 0 1 2 3 4 5
- Word-finding difficulty 0 1 2 3 4 5
- Other _____ 0 1 2 3 4 5

Mood & Emotional

- Irritability / mood swings 0 1 2 3 4 5
- Anxiety 0 1 2 3 4 5
- Low mood / depression 0 1 2 3 4 5
- Feeling overwhelmed 0 1 2 3 4 5
- Other _____ 0 1 2 3 4 5

Physical Changes

- Fatigue / low energy 0 1 2 3 4 5
- Joint or muscle pain 0 1 2 3 4 5
- Headaches 0 1 2 3 4 5
- Heart palpitations 0 1 2 3 4 5
- Weight gain (especially abdominal) 0 1 2 3 4 5
- Other _____ 0 1 2 3 4 5

“Awareness can be an important first step in understanding your symptoms.”



Vaginal & Urinary Symptoms

- Vaginal dryness ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Reduced libido ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Painful intercourse ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Urinary urgency / frequency ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Recurrent UTIs ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Other _____ ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Menstrual Changes

- Irregular periods ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Heavier bleeding ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Longer cycles ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Shorter cycles ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Other _____ ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Skin & Hair Changes

- Dry, itchy, or thinning skin ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Loss of skin firmness or elasticity ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Hair thinning on scalp ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Increased hair shedding / hair loss ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- New facial hair growth ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Dry or brittle hair texture ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Other _____ ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Digestive & Bloating Changes

- Abdominal bloating ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Constipation ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Stomach pain or cramping ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Acid reflux / heartburn ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Increased gas ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Changes in bowel habits ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
- Other _____ ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

DID YOU KNOW?

In some cases, compounded hormone therapy may be prescribed when commercially available options do not meet a patient’s needs—such as ingredient allergies or the need for alternative dosage forms. For example, the FDA-approved oral micronized progesterone product **Prometrium® contains peanut oil**, which may not be suitable for patients with peanut allergies. Compounded medications may be prepared by a pharmacist based on an individual prescription from a licensed healthcare provider.

Sources: ACOG Clinical Consensus No. 6 (2023); The North American Menopause Society, Menopause 29, 767–794 (2022).

Prometrium® is a registered trademark of N.V. Organon, used under license.



Questions to Ask Your Healthcare Provider

The best appointments start with the right questions

Check the ones that matter most to you—your provider will welcome them.



Tip for your appointment: Bring a list of your medications, supplements, and symptoms, including when they began and how severe they feel.

If You're Just Starting The Conversation

- “Based on my symptoms, could I be in perimenopause or menopause?”
- “What hormone therapy options make sense given my personal health history?”
- “Can you explain the difference between FDA-approved hormone therapy and compounded bioidentical hormones?”
- “What are the potential benefits and risks of each option for someone like me?”
- “How will you evaluate whether treatment is working for me?”

“Your questions aren’t a burden, they’re the beginning of better care.”

If You’re Currently On Hormone Therapy

- “How will we track whether my treatment is working for me?”
- “What side effects should I be aware of or report?”
- “If I’m not feeling the results I want, can my dose be adjusted?”
- “Are there other delivery options (cream, patch, capsule, etc.) that might suit me better?”
- “When should I expect to notice improvement?”

If You’re Experiencing Side Effects

- “What options do we have to help manage these side effects?”
- “Are there lifestyle changes or supportive therapies that could help?”
- “Should we consider adjusting my dose or trying a different formulation?”
- “Would a short pause or reset in treatment be appropriate?”

If You’re Considering Compounded bHRT*

- “Am I a good candidate for personalized hormone therapy?”
- “What are the potential benefits and limitations of compounded bioidentical hormones in my situation?”
- “How would we determine the right starting dose for me?”
- “How often would we reassess and make adjustments if needed?”

General Questions

- “How long should I try a treatment before we evaluate whether it’s working?”
- “Are there foods, supplements, or medications I should avoid while on therapy?”
- “How often should I plan to follow up with you?”
- “What reliable resources do you recommend for learning more about hormone health?”
- “Can you help me navigate insurance coverage or cost concerns?”

TRUSTED RESOURCES

These organizations provide evidence-based menopause information:

The (M) Factor

thefactorfilm.com PBS documentary
confronting the menopause crisis.

Let’s Talk Menopause

letstalkmenopause.org
Nonprofit education and support

The Menopause Society

menopause.org

Mayo Clinic

mayoclinic.org/diseases-conditions/
perimenopause/

*This guide is prepared by Akina Pharmacy, a PCAB-accredited compounding pharmacy.

STILL HAVE QUESTIONS? WE LOVE THOSE.

Hormone therapy isn't one-size-fits-all—
and at Akina Pharmacy, we treat it that way.

Curious about compounding? From formulations to ingredients and everything in between—our customer care team and pharmacists are here for every question, big or small.

Chat with a Real Human
akinapharmacy.com

Pick Up the Phone
855.792.5462

Write to Us Anytime
customercare@akinapharmacy.com



Scan to watch a
short video.



Your Next Steps

- ✓ Bring this completed guide to your healthcare provider appointment
- ✓ Discuss your symptoms, treatment goals, and hormone therapy options openly
- ✓ If compounded bHRT is recommended, your healthcare provider can send your prescription to Akina Pharmacy

How your healthcare provider can contact Akina Pharmacy



Visit **akinapharmacy.com** to submit a prescription online



Fax prescription to **855-792-5463**



Call **855-792-5462** to submit a prescription directly

Bring Your Prescription—We'll Take It From Here.

Transferring is simple. Visit **akinapharmacy.com**
and we'll handle the rest.

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