Dr. Anna Cabeca

Dr. Anna Cabeca's vaginal hormone prescribing protocol

"*Vaginal dryness, atrophy, and diminished, localized benefit of hormones left untreated, leads to devastating physical, emotional, and relational consequences*."

Dr. Anna Cabeca.

Dr. Anna's protocol:

Inventory their sexual health issues:

#1 - Eve questionnaire - provide this questionnaire as a baseline for your clients. You can take it online here. (http://bit.ly/EVE_questionnaire and all links are also available as affiliate links)

Provide DIY moisturizing lubricant resource, free:

#2 - DIY lubricant video ... "Go down a waterslide when it isn't wet and you will know why foreplay is so important!" (http://julva.com/whats-in-my-cupboard)

Topical over the counter option for vaginal dryness:

#3 - Julva feminine cream - contains alpine rose plant stem cells, DHEA, emu oil, coconut oil, shea butter and vitamin E. (http://julva.com/loveyourbody)

Prescribing tips:

As a gynecologist, prior to prescribing, here are my recommendations:

#1 - A physical, vaginal and vulvar examination. You want to rule out any pathology. Look for prolapse on exam; address muscle strength, as well as nervous system integrity.

#2 - Rule out clinical pathology: a current pap smear, a wet slide or mount, analysis of discharge.

#3 - Baseline labs: a complete hormone panel with estrogens total, estradiol, progesterone, free and total testosterone, DHEA-S, AM cortisol, hsCRP, HgbA1c and vitamin D 25(OH).

#4 - Confirm diagnosis of vaginal atrophy,

Dr. Anna Cabeca

Prescription recommendations for vaginal atrophy,

I recommend a vulvo-vaginal cream or suppository. On compounding, I've recommended for vaginal suppository that the hormone be wetted in emu oil, for best absorption. There are some better base options if recommending it, vulvo-vaginal vs. vaginal vs. suppository.

PCCA can help guide you in this.

Caveat:
My recommendations have always depended on client preference, however I have found that most clients prefer a vulvo-vaginal cream; one that's safe topically for days they don't want to use it in the vagina, and it must absorb rapidly and not leave a discharge. The same goes with a suppository, and make them as small as possible as this will enhance dissolution and absorption. I've also used troches that the client is using sub-buccally to apply a couple times a week vaginally instead of orally. (*Additional caveat: My compounding pharmacist makes them knowing this so there are no irritating ingredients added*).

For mild vaginal atrophy

I recommend estriol/DHEA/testosterone combination typical dosage is E3 2 milligrams/DHEA 2 milligrams/testosterone 2 milligrams per milliliter, apply or insert half the amount everyday to start.

A very conservative approach would be estriol alone in a mucolox/versabase.

For moderate vulva-vaginal atrophy

I recommend DHEA 5 milligrams/testosterone 5 milligrams per ml, a half ml daily. May increase to 1 ml daily after 2 weeks if she has not experienced significant improvement, and then once satisfactory restoration is reached decrease the dosage back to a maintenance dose of a half ml daily, or even 3 to 5 times a week may be satisfactory.

If severe vulva-vaginal atrophy

And/or incontinence or prolapse, or the client is pre op for a vaginal surgery, my recommendation - with physician careful guidance - is testosterone 10mg suppository. Insert 1 per day for 2 weeks, then 2 to 3 times per week for 1 to 2 months, then reduce dose to 1 of the above recommendations for maintenance.

Caveat: This certainly is a high amount to use vaginally; however, for short term, the benefits are achieved very quickly and can certainly improve the surgical results due to improved tissue and muscle, as well as reducing overall symptoms.

Dr. Anna Cabeca

For fertility

I recommend 50 milligrams vaginal progesterone suppository, made small for better dissolution and absorption. Use everyday to twice a day to get serum progesterone to greater than 20 in the luteal phase.

In case of history of recurrent miscarriage (SAB), or known luteal phase defect or early pregnancy, continue until greater than or equal to 14 weeks gestation and confirm with a blood test post last insertion of the suppository, 24 hours. If serum progesterone is greater than 30, recheck in another 48 hours. If it remains greater than 30 no additional suppositories are needed.

Always use your clinical judgment! I caution against stopping vaginal progesterone in cases of a recurrent miscarriage unless we have a confirmed serum progesterone greater than 20-30 when measured after 48 hours post last use of the suppository.

Here is a page to recommend to your clients who desire pregnancy, to get my recommendations and 1 hour audio on preparing for pregnancy:
http://drannacabeca.com/pregnancy/

Other gynecologic pearls

(first confirm negative pregnancy test, negative urine HCG)

#1 - Prior to an IUD insertion, insert a vaginal suppository of prescription lidocaine 5 milligrams vaginal suppository + / or 50 milligrams progesterone 1 hour prior to procedure.

#2 - Prior to endometrial biopsy or hysterosalpingogram or hystero-sonogram or DNC, I recommend a vaginal suppository for the night before and also 2 hours before the procedure. Prescribe vaginal suppository 100 micrograms cytotec and 5 milligrams lidocaine.

#3 - If very stenotic cervical os or atrophic, may want to use vaginal estrogen for 1 month prior or 50 milligrams progesterone vaginal suppository nightly times 1 week prior to scheduled procedure.

#4 - In cases of lichen sclerosus the Pracasil™- Plus formulation from PCCArx.com would be very beneficial, and consider adding DHEA and testosterone in 1-3 milligram potency each with the pracasil-plus to use daily. We are seeing success with my OTC Julva cream in lichen sclerosus as well.

#5 - For vulvodynia and vestibulitis, I recommend pracasil-plus-relief with gabapentin 15%/lidocaine 3%/prilocaine 3% topical, apply daily and prior to intercourse. We are seeing success with my OTC Julva cream in vulvodynia as well.

Dr. Anna Cabeca

#6 - For chronic vaginal candidiasis, boric acid 600 milligrams, BID times 10 days and then 3 times a week, times 1 week, encourage oral and vaginal probiotic usage on a regular basis.

* In vaginal preparations caution of using estrogen in sexually active couples due to transference of estrogen to the male partner. Typically not a concern with DHEA and testosterone since dosages in women are so much lower than male requirements.

* Considerations in suppository of any topical cream or moisturizing lubricant that there is no petroleum, no parabens, no artificial preservatives or aspartame.

Bonus pearls

Bonus for orgasm and sexual pleasure: Dr Anna's joy gel formula.

L-arginine 2% (2g/100) + Naltrexone 0.7% (.7g/100) + Pentoxifyline 0.55% (.5g/100 with Emu oil (Note: arginine is not recommended in people with herpes)

OTC recommendation = Dr. Anna's feminine cream at www.Julva.com You'll love it!

Great article *must read* on DHEA for vaginal dryness and sexual health at DrAnnaCabeca.com (http://drannacabeca.com/dhea-for-vaginal-dryness-pain-and-pelvic-health/)

Please email me personally with any comments or questions to drcabeca@cabecahealth.com

To your health and practice success!

Dr. Anna Cabeca

Anna Cabeca, DO, FACOG

P.S. To download my bio or schedule an interview with me click here! (http://www.drannacabeca.com/speaker/)

Questions? Just email team@cabecahealth.com and we will respond promptly.