

PRESCRIPTION MONOGRAPH

Compounded Active Ingredients: DHEA/Testosterone

Form: Topical Cream

Drug Class:

- DHEA: Endogenous androgen/estrogen precursor
- Testosterone: Androgen; Anabolic Steroid

Mechanism of Action^{1,2}:

When compounded together, DHEA/Testosterone can address systemic androgen deficiency symptoms. It is intended to:

- Activate androgen receptors to improve libido, energy, mood, muscle protein synthesis, and bone remodeling.
- Serve as upstream hormone precursor that tissues convert into androgens and estrogens, supporting sexual function, bone integrity, and wellbeing.

Indications Commonly Prescribed For:

- Primary and secondary hypogonadism in adult males
- Delayed puberty in adolescent males (under specialist supervision)
- Hormone therapy in transgender men
- Estrogen-androgen balance correction in cases of estrogen dominance
- Hypoactive sexual desire disorder in postmenopausal women
- Androgen insufficiency symptoms

Before Use: Let your healthcare provider know if you have any medication allergies before you take this compounded preparation. Let your healthcare provider know if you have any liver or kidney problems. Let your healthcare provider know of all supplements you are currently taking.

Contraindications:

- Known hypersensitivity to components.
- Men with carcinoma of the breast, known or suspected prostate cancer.
- Severe untreated obstructive sleep apnea, uncontrolled heart failure, significant polycythemia.

Cautions: Let your Healthcare provider know if you experience any adverse side effects.

How to Use: This compounded preparation is in the form of a topical cream. The cream is a special container that will administer 0.25ml dose. Clean desired area prior to use. To administer remove the protective covering on the top of the dispenser. Turn the dosing knob in the direction marked for the number of prescribed clicks. Confirm the cream has exited the holes at the top of the dispenser. Apply the cream by rubbing the dispenser (where cream exited the holes) onto the desired area. Continue to rub the area until the cream is evenly dispersed over the desired area. Replace the protective cover with a light push and store the device until next dose. If you miss a dose apply as soon as you remember, but not at the time for the next dose. The desired results may take up to several weeks.

PRESCRIPTION MONOGRAPH

Warnings and Precautions:

- Cardiovascular Risks: Potential increased risk of heart attack and stroke; monitor patients.
 - Use cautiously/avoid in patients with hormone-sensitive malignancies.
 - Hepatic Effects: Monitor liver function periodically.
 - Androgenic adverse effects in women (acne, hirsutism, alopecia, voice deepening).
 - Lipid effects: DHEA may lower HDL cholesterol; assess in cardiovascular risk patients.
-

Adverse Reactions:

Common:

- Skin irritation
- Acne
- Mood swings
- Increased red blood cell count

Serious, But Rare:

- Cardiovascular events
 - Liver toxicity
 - Prostate abnormalities
 - Gynecomastia
-

Interactions:

- Anticoagulants: Testosterone may enhance the effects of oral anticoagulants.
 - CYP3A4 modulators: May alter testosterone metabolism
 - Insulin: Testosterone may decrease blood glucose levels; watch glycemic control.
-

Use in Specific Populations:

- Geriatric: May increase the risk of prostate enlargement and cardiovascular events.
 - Females: Use in women should be approached with caution due to potential virilizing effects.
 - Pregnant/Breastfeeding: Contraindicated
 - Liver or renal impairment: Use caution and monitor labs more frequently.
-

Storage:

- Store in original container at room temperature (up to 30°C or 86°F).
 - Store in a cool dry place away from heat, sunlight, and moisture.
-

Monitoring Parameters:

- Serum testosterone levels to ensure therapeutic range.
 - Prostate-specific antigen (PSA) levels and digital rectal exams for prostate monitoring.
 - Liver function tests.
 - Hematocrit and hemoglobin levels to detect polycythemia.
-

Citations:

1. Sigel A, Michalkova D, Capdevila A. Pharmacological activities of dehydroepiandrosterone: a review. *Clin Endocrinol (Oxf)*. 2019;90(4):633–642. doi:10.1530/EC-19-0155
 2. Tyagi V, Scordo M, Yoon RS, Liporace FA, Greene LW. Revisiting the role of testosterone: Are we missing something? *Rev Urol*. 2017;19(1):16-24. doi: 10.3909/riu0716. PMID: 28522926; PMCID: PMC5434832.
-