Oxford Radcliffe Hospitals NHS
NHS Trust

The Women's Centre, John Radcliffe Hospital

GnRH analogues for pelvic pain

Information for patients

GnRH analogues

It has been suggested that you use one of a group of medicines known as the Gonadotrophin-releasing hormone analogues (abbreviated to GnRH-a). Examples are Zoladex (goserelin acetate) and Prostap (leuprorelin acetate). This leaflet tells you about these medicines and what they are used for. If you have questions after reading it, then please ask your GP or pharmacist, or contact us.

What are GnRH analogues used for?

These drugs are used to bring about a temporary, reversible, menopausal state – effectively "switching off" the ovaries for a while. There are a number of reasons why we might want to do this:

- To suppress or reduce the symptoms (e.g. pain) of conditions we know to be hormone sensitive, such as endometriosis and adenomyosis.
- As a diagnostic test, to see whether pain is being caused by such a disease. If the pain improves when the ovaries are "switched off", then we can have a better idea of how to treat it.
- Before considering an operation to remove the ovaries. If the symptoms don't improve when the ovaries are "switched off" then removal of the ovaries is unlikely to help.

How do they work?

The drugs decrease the production of the female hormones oestrogen and progestagen to levels similar to those women have after the menopause. This prevents ovulation (release of an egg) and stops menstrual periods. (You should still use a barrier method of contraception such as condoms or a diaphragm.)

The drugs should also stop the growth of endometriosis, adenomyosis and fibroids and therefore reduce pain symptoms within 2 - 3 months. However, the drugs are unlikely to "cure" your condition, or permanently control your symptoms. Thus, once treatment is stopped, symptoms usually return gradually unless another treatment is started at the same time, e.g. insertion of a Mirena coil, surgery etc.

The drugs have no effect on long-term fertility and it is quite safe to conceive as soon as you stop the injections. However, it is important that you use effective barrier contraception while taking the drugs, as although it is very unlikely that you would be able to get pregnant while having the injections, the drugs are harmful to a developing baby.

How are the drugs given?

They are given as an injection just underneath the skin of the tummy or buttock by your doctor or nurse. They are usually given every month, though once you have been having them for a while, it may be possible to change to having them once every 3 months.

What side effects may occur?

All medicines have side effects associated with them. Because of the way the GnRH-a works, some people experience an initial worsening of their symptoms before they then get better. This is called the "flare effect" and shouldn't last for more than the first month of treatment.

GnRH analogues produce side-effect symptoms similar to the menopause. Perhaps the most serious side effect is:

- Loss of bone mineral density

Other side effects you may experience include:

- Hot flushes
- Mood swings
- Vaginal dryness
- Decreased interest in sex (libido)
- Increased "bad" cholesterol (LDL) and decreased "good" cholesterol (HDL)
- Difficulties in sleeping
- Headaches
- Weight changes
- Soreness around the injection site for a couple of days
- Temporary changes in eyesight (see below)

These side effects will stop when the treatment ends, but they can also be reduced by using Hormone Replacement Therapy (HRT) – see next section. After prolonged treatment without

HRT, bone mineral density may not return to normal, putting you at risk of fractures in the future.

A few women experience temporary changes in their eyesight while taking these drugs. If this applies to you, you should make sure you are safe to drive or perform other activities which would be dangerous if you could not see properly. Once you stop taking them your eyesight will return to normal.

How will HRT help with the side-effects?

It is often possible to take a low dose of HRT so that these 'menopausal' side effects are removed but the disease is not stimulated again. This is particularly useful for women whose pain and quality of life is greatly improved by treatment with a GnRH-a, and who therefore want to continue with treatment long term. If women need to take the GnRH-a for longer than 6 months, use of HRT prevents the loss of bone (osteoporosis) that would otherwise occur.

What if I want to stay on treatment?

Currently these drugs are not licensed for treatment beyond 6 months. This means that we have to weigh up the risks and benefits of treatment for you personally and the drug company do not take responsibility for adverse events. However, many people are using them on a long-term basis. At present the evidence suggests that it is perfectly safe to continue on treatment with a GnRH analogue for at least 2 years as long as low dose HRT is given as well[1]. When you have been on this treatment for two years we will be able to review the situation in the light of available evidence at that time. It may be that

another option such as a Mirena coil may be a possibility at that stage.

How to contact us

If you would like to have further information or ask a specific question then please contact our secretary on Oxford **(01865) 221265** and one of our team will get back to you.

References

1. Surrey, E.S. & Hornstein, M.D. Prolonged GnRH Agonist and Add-Back Therapy for Symptomatic Endometriosis: Long-term Follow-up. Obstet Gynecol 99, 709-719 (2002).

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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