

INFORMATION FOR PATIENTS

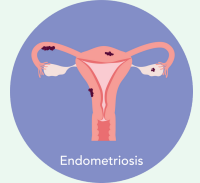
GnRH AGONISTS FOR THE TREATMENT OF ENDOMETRIOSIS

TYPES OF GnRH AGONISTS





★ GnRH = Gonadotropin-Releasing Hormone

There are **two** common GnRH agonists for endometriosis in Canada:

- **Leuprolide acetate** (Lupron™) is an injection that is injected into a **muscle** - typically in the thigh, arm or buttocks. It can be given **monthly or every 3 months**.
- **Goserelin** (Zoladex™) is an injection that goes **in the fat** under the skin in the abdomen. It can also be given **monthly or every 3 months**.



Q: What are GnRH agonists used for?

- 1 To **shrink fibroids**. 
- 2 To **treat pelvic pain** from endometriosis. 
- 3 To **stop heavy periods and improve your body's iron stores**. 
- 4 Before a planned surgery to be able to use a **less invasive type of surgery**. 

Q: How do GnRH agonists work?

GnRH agonists **turn off the menstrual cycle**, lowering the level of estrogen in the body. 

This is similar to a **temporary menopause**.



With less estrogen, the lining of the uterus cannot thicken.



Without a lining to shed, **periods stop**.


Estrogen can fuel endometriosis and fibroids. When there is less estrogen, the **symptoms from these conditions improve**.

Q: How do I take my GnRH agonist?

 It is important that you are **not pregnant** when starting this medication. Your doctor may recommend giving it during your period. 

Giving it during your period or the first half of your cycle can cause a **"flare effect"**.

This is when **symptoms worsen** for a short period of time before they improve.

A nurse, doctor or pharmacist may give you the injection. 

Q: Are the effects of GnRH agonists reversible?

The effect of the medication is **TEMPORARY** and completely **REVERSIBLE** once the medication is stopped.

Your regular periods will return about **3 months** after stopping these medications.

Q: When will the medication start to work?

The medication takes about **4-6 weeks** to work.

The chance of your period stopping completely after 1 to 2 cycles is over 90%.

Q: What can I take to help with the "flare effect"?



Talk to your doctor about prescribing a medication called **letrozole for 5 days** after the injection to improve the symptoms from the "flare effect".

 **IMPORTANT** 





GnRH agonists **do not prevent pregnancy!** If you **DO NOT** want to be pregnant, you should **use another form of birth control when having sex** that could result in pregnancy (e.g., condoms).

Q: What are the side effects of GnRH agonists?

In addition to the “flare effect”, there are a few other possible side effects of these medications.

-  Headaches
-  Discomfort or redness at the site of the injection

Menopause symptoms such as:

-  Hot flashes and night sweats
-  Mood changes
-  Vaginal dryness
-  Sleep disturbance

Q: How do I prevent side effects?

You can prevent the unwanted symptoms of menopause while still stopping your period by taking “**add-back**” hormones.

“**Add-back**” is when a **small amount** of estrogen and progesterone (hormones) are taken.

Estrogen **prevents** symptoms and progesterone **protects** the lining of the uterus.

Doses given are not high enough to cause bleeding and pain.

“Add-back” hormones may be prescribed as a tablet to be taken by mouth, a patch, or by other routes.

Q: How much do GnRH agonists cost?

GnRH agonists can be expensive, but **cost shouldn't be a barrier to using them in Canada.**

Many insurance and provincial drug plans will cover the medication.

If you're not covered, both companies have a **patient support program** that helps with reimbursement.






Please discuss this with your doctor!

Q: What are the risks of using GnRH agonists?

Without “add-back”, these medications can be associated with a **decrease in bone density** after 6 months.

If “add-back” is used, it will help protect the bones.


You can help support your bones when on GnRH agonists by:

- Taking Vitamin D 2,000 IU daily 
- Taking Calcium 1,200mg daily, either from food or supplements 
- Doing weight-bearing exercise 
- Decreasing alcohol 
- Stopping smoking 

Q: Are GnRH agonists effective?

Yes, they are effective! 

Most patients had long lasting improvement in their pelvic pain. 

Over 6 months, patients with fibroids may have up to 45% decrease in fibroid size. 

SUMMARY

- 1 GnRH agonists are very **EFFECTIVE** at stopping heavy periods, reducing pelvic pain from endometriosis and shrinking fibroids.
- 2 The effect of these medications is similar to a temporary menopause, however, this is **TEMPORARY** and completely **REVERSIBLE**.
- 3 Many of the unpleasant symptoms of menopause caused by these medications can be improved by using **ADD-BACK** estrogen and progesterone.



Scan for additional resources

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