

## Women's and Children's Directorate Patient information on GnRH Analogues

### What is a Gonadotrophin Releasing Hormone Analogue (GnRHa)?

There are three types of GnRHa that we use in this clinic. Decapeptyl (Triptorelin) is the most commonly used and occasionally Zoladex (Goserelin) injections are given. Both these injections are administered either monthly or three monthly. Synarel (nafarelin), a nasal spray, can be used as an alternative to injections but must be used on a daily basis.

These drugs all behave like your own gonadotrophin hormone from the brain. When given they temporarily switch off the ovarian production of Estrogen, Progesterone and Testosterone.

### Why do I need it?

Oestrogen can stimulate the growth of fibroids, endometriosis and the lining of the womb.

GnRHa injections have a number of indications.

1. If you are having surgery for fibroids (Myomectomy), you may have up to 3 monthly injections to help shrink the fibroid. This makes the surgery easier to perform.
2. If you have a history of endometriosis
3. As part of fertility treatment, used in the assisted conception unit only.
4. Severe premenstrual syndrome (though not usually as first line)

### How often do I have to have the medication?

GnRHa is usually given every 28 days. You can either come back to the clinic to be seen by the clinic nurse or attend your GP surgery (if they are happy to give them). Please ensure you have your appointment made for every 28 days and complete the course agreed with your doctor.

Zoladex is a small pellet and given as an injection in the abdomen. Decapeptyl is given as an injection in the buttock. Both are absorbed slowly into the body over 28 days. Synarel is a nasal spray taken twice a day.

### When is GnRH analogue not given?

At each hospital appointment you will be asked if there are any reasons you should not be having this treatment. Reasons included:

- If you are pregnant or trying to become pregnant (except where GnRH analogues are used as part of a treatment for infertility)
- If you have previously had an allergic reaction to this type of medicine.
- If you are breast-feeding

Even when your periods have stopped there is a small increased risk of getting pregnant on this injection. It is therefore advised that whilst receiving GnRH injections, barrier methods of contraception such as the condom or diaphragm (cap) or a coil should be used.

### Are there risks associated with this treatment?

Medicines of this type can cause a small loss of calcium from the bones (thinning of bones). If you remain on the treatment for more than 6 months you will require 'add back' oestrogen to help

maintain bone strength. You will also require a baseline bone mineral density tests to assess your bone strength and possible yearly bone scans and treatment. Some recovery of this loss can occur when treatment is stopped. If you are suffering from any disease which affects the strength of your bones please make sure that your doctor is aware of this. If you go into hospital, tell the medical staff that you are receiving GnRHa.

### **What side effects may I experience?**

Some women may experience undesirable side effects. These may include hot flushes and sweating, reduced sex drive, headaches, mood changes including depression, vaginal dryness and change in breast size. Rare undesirable effects include tingling in fingers or toes, skin rashes, rare allergic reactions, pain in the joints, changes in blood pressure, or thinning of bones.

Occasionally some women may have an early menopause. This is called a Premature Menopause or Premature Ovarian Failure. It is not possible to predict this when using the injections but when treatment is stopped your periods may not start again. **This has not been caused by the injections.** Please discuss this with your doctor or nurse if you are concerned.

At the beginning of treatment, a worsening of breast symptoms e.g. tenderness may occur and vaginal bleeding may also occur. If it does, it is usually during the first month following treatment. If you have fibroids, a slight increase in symptoms such as pain may occur. These effects are usually short-lived and discontinue on continuation of treatment. If symptoms persist or you are uncomfortable, contact your doctor.

In addition if you experience excessive nausea, vomiting or thirst, you should tell your doctor. This may indicate possible changes in the amount of calcium in your blood and your doctor may have to do certain blood tests. The injection may very rarely affect the pituitary gland in your brain causing severe headaches, sickness or affect your vision. Please tell the nurse or doctor so this may be investigated.

When GnRHa is used as part of a treatment for infertility, the sex hormones, which are given to you later, may very occasionally result in over stimulation of the ovaries. If you experience abdominal pain, abdominal swelling, nausea or vomiting after receiving these drugs for such treatment you should let your doctor know immediately. Small cysts (swellings) on the ovaries can sometimes occur following the use of GnRH and may cause pain for some women. They usually disappear without treatment.

**Do not be alarmed by this list of possible events. You may not experience any of them.**

If you get any other undesirable events or if you think your medicine is causing any problems, tell your doctor or nurse

### **Storing your medicine**

You may be given a prescription and asked to get your medicine from the pharmacy and keep it until you see the doctor again. Keep it in its original package and don't break the seal. Do not store it above 25°C and keep it in a safe place where children cannot see it or reach it.

### **Useful contacts and addresses:**

- **Gynaecology Outpatients Dept** 020 8746 8882. (Monday to Thursday 9am-5pm, Friday 9am-1pm)
- **NHS Direct.** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) or 24hr helpline 0845 4647

**If you have any comments or concerns: PALS (Patient and Advice Liaison Service)** A service that provides support, information and advice. Listens to your concerns and queries. Located on the ground floor at Chelsea & Westminster Hospital. Opening times: 9am-6pm Monday to Friday. Alternatively, telephone 020 8846 6727