GnRH analogues for pelvic pain
An information guide
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GnRH analogues

It has been suggested you commence one of a group of medicines called Gonadotrophin releasing hormone analogues; (GnRH-a). Examples are Prostap (leuprorelin acetate) and Zoladex (goserelin acetate)

What are GnRH analogues used for?

These drugs are used to induce a temporary and reversible state of menopause effectively “switching off” the ovaries for a short period of time. We might want to do this;

• To suppress or reduce the symptoms (i.e. pain) caused by conditions such as endometriosis or adenomyosis which are known to be hormone sensitive
• As a diagnostic test to see if pain is being caused by such a condition. If the pain improves whilst the ovaries are “switched off” more likely pain is due to gynaecological condition.
• Before deciding on surgery to remove the ovaries. if pain symptoms do not improve whilst the ovaries are “switched off” it is unlikely such surgery would improve pain
How do they work?

The drugs work by decreasing the levels of hormones, oestrogen and progestogen, to those similar to a woman’s after menopause. This prevents ovulation and stops menstrual periods. It should also stop the growth of endometriosis, adenomyosis and fibroids therefore reducing pain symptoms within a couple of months of use.

These drugs are unlikely to permanently control your symptoms and you may find when use is stopped your symptoms gradually return unless another form of treatment is started i.e. surgery or insertion of a mirena coil.

Although it is unlikely you would be able to get pregnant whilst taking the injections the drugs are harmful to a developing baby so it is important you use an effective form of barrier contraception whilst taking them. The drugs have no effect on long term fertility and it is quite safe to conceive once you stop using the injections.

How are the drugs administered?

They are given as a subcutaneous injection just under the skin if the tummy.

They are usually given once every month to begin with but can be increased to once every 3 months if tolerated.
What are the side effects?

Because of the way GnRH works some patients may find an initial worsening of their symptoms for the first month of use before symptoms start to get better.

As mentioned earlier as the drug induces temporary menopause patients can be experience menopausal type symptoms such as:

- Hot flushes
- Mood swings
- Vaginal dryness
- Decreased libido
- Difficulty sleeping
- Headaches
- Mood changes
- Soreness around the injection site for a few days
- Loss of bone mineral density
- Vision changes

These side effects will stop when the use of treatment stops but symptoms can be reduced by the use of addback therapy in the form of HRT (Hormone Replacement Therapy). It is possible to take low dose HRT or synthetic HRT such as tibilone to reduce side effects without stimulating the growth of disease.

After prolonged use without HRT bone density may not return to normal and you may be at risk of osteoporosis in the future.

You will be advised to have regular bone density scans to check for osteoporosis if you use this treatment for more than 12 months.
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

Jeżeli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy proszę skontaktować się z załogą Ethnic Health pod numerem telefonu 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service.