

Menopause & PMS

This leaflet has been written by staff working in the Menopause & PMS service at Chelsea and Westminster Hospital for clinics at Chelsea and Westminster Hospital and West Middlesex Hospital.

Take home messages

- GnRHs are short to long-acting drugs which suppress ovarian function
- Oestrogen as part of HRT must be used to maintain long-term bone, heart and brain health
- Yearly DEXA scans are taken to monitor bone mineral density (BMD)
- GnRHs are not as a licensed contraceptive
- Shared care prescribing will continue where the GP is unable to prescribe
- GnRHs are licensed drugs used off-label for severe cyclical hormonal symptoms e.g. PMS / PMDD
- Results should be fax to 020 3315 3050

BMD Result

Diagnosis:

Spine T score:

Hip T score:

Date:

Contact information

If you need to re-schedule your appointment please ring the appointments office on 020 3315 6666.

Menopause & PMS Service
Gynaecology Outpatients
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Further advice and support

www.menopausematters.co.uk (Menopause Health)
www.the-bms.org (British Menopause Society)
www.pms.org.uk (NAPS – National Association for Premenstrual Syndrome)
<https://www.rcog.org.uk/> RCOG Green top guideline GTG48 Premenstrual syndrome

Patient Advice & Liaison Service (PALS)

If you require information, support or advice about our services, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception. Alternatively, you can feedback your comments/suggestions on one of our comment cards, available at the PALS office, or on a feedback form on our website www.chelwest.nhs.uk/pals. We value your opinion and invite you to provide us with feedback.

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Speak to your clinician



GnRHs and Cycle Suppression

Premenstrual Syndrome and Perimenopausal Depression

Information for patients

Chelsea and Westminster Hospital
NHS Foundation Trust

GnRH Analogues for Premenstrual Syndrome and Perimenopausal Depression

Within the Menopause and PMS service, GnRH analogues (GnRHs) may be used to treat severe cyclical hormonal symptoms e.g. Depression, PMS/PMDD or perimenopausal depression. Their use is supported in a guideline by the Royal College of Obstetricians and Gynaecologists.

What is the licensed use of these drugs?

GnRHs are usually used as a short-term treatment for women with fibroids or endometriosis. Used without estradiol addback, GnRHs may increase the risk of developing osteoporosis, so they are limited up to a maximum of six months use.

Are GnRHs licensed for PMDD and perimenopausal depression?

GnRHs are licensed drugs but are used off-label for PMDD and perimenopausal depression. GnRHs are only used when all other treatment options have been ineffective at treating your symptoms or clinically indicated.

How do they work?

These drugs act on the pituitary gland in the brain to suppress ovulation and production of ovarian hormones. As your symptoms are related to the menstrual cycle, when the ovaries are suppressed, the symptoms will resolve. This is an effective way to diagnose or treat your symptoms.

Will long-term use of GnRHs affect bone density?

When used without estradiol addback, GnRHs may cause thinning of the bones (osteoporosis). To prevent this estradiol is also prescribed. This is usually as part of menopause hormone replacement. A base line bone density scan will be recommended before treatment, and repeated every year.

Gonadotropin Releasing Hormone Analogues

There are three types of GnRHs that we use.

First line: Synarel (Nafarelin) or Decapeptyl SR (Triptorelin)

Second Line: Zoladex (Goserelin)

Synarel is a twice a day nasal spray. It is used as an alternative to injections or for a quick start. It does not require regular hospital or GP appointments. It must be taken reliably to ensure full cycle suppression is maintained.

Decapeptyl SR is an intramuscular injection either given monthly or every 10-12 weeks.

Zoladex injection is a subcutaneous injection in the lower abdomen. It is given every 10-12 weeks.

Who may prescribe GnRHs?

Because this treatment is off-label, some GPs may not be able to prescribe GnRHs. We will continue prescribing and supplying it as part of a shared-care agreement and we will retain clinical responsibility for your care. You will be dispensed enough medication until your next expected hospital review. You may have to attend the hospital to get your medication.

Who gives the injections?

The injections can only be administered by your GP surgery or at Chelsea and Westminster Hospital. They are not licensed for self-administration.

What happens if a miss a dose?

If you do not use your medication consistently then ovarian function will return, along with your cyclical symptoms. To minimize this, the three-monthly injections are usually given every 10-12 weeks, occasionally earlier. This does not cause any harm.

When are GnRHs not given?

- You are pregnant or trying to become pregnant (except where GnRHs are used as part of a treatment for infertility)
- You have previously had an allergic reaction to this type of medicine
- You are breastfeeding

Even when your periods have stopped there is a small increased risk of getting pregnant on this injection. Please discuss your contraceptive needs with your health care practitioner.

Since starting GnRHs, my symptoms now occur every day

Some women may experience undesirable side effects. Most commonly these may include hot flushes, reduced sex drive, headaches, mood changes including depression, vaginal dryness and change in breast size.

- These symptoms mean the medication is working and is not a reason for discontinuation.
- Your dose of addback estradiol will need adjusting

Stopping treatment

GnRHs can be stopped at any time. Please discuss how and when to stop treatment with your specialist health care practitioner.

(Off-label use: Licensed drugs being used outside the licensed indication but may be prescribed by specialists)