

ASK ESIG

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Authored by: Susan Evans and Neil Johnson

ALL ABOUT ZOLODEX

QUESTION 1: How does the Zoladex injection affect my period? For instance, I thought it would stop my periods but that hasn't happened.

Neil Johnson: It can sometimes take a cycle or two for Zoladex - which is a GnRH agonist and works by switching off the pituitary gland releasing the hormonal drive to the ovaries - to stop menstrual bleeding, although most women's periods have stopped by the second cycle of treatment.

QUESTION 2: My doctor has suggested I start a course of Zoladex but from what I have read, it's a pretty gross drug with awful side effects. Wouldn't it be better to excise my endometriosis properly as I have only had a diagnostic laparoscopy?

Neil Johnson: Zoladex does have potential side effects, including hot flushes, sweating episodes, vaginal dryness and mood swings or low mood, and if used longer term also loss of bone mass - in other words, menopause-type side effects - but some women experience little in the way of side effects. When given to treat pain symptoms, Zoladex is usually administered with add-back hormone therapy, usually involving estrogen and progestin hormone, which means that most women will not have any Zoladex-related side effects. When given to assist fertility outcomes, such as in the lead in to IVF, Zoladex is usually given without add-back hormone therapy, but the duration of the treatment course is usually short, typically only three months.

QUESTION 3: Is Zoladex the same as that horrible drug Lupron that they talk about in the U.S.?

Neil Johnson: Both Zoladex and Lupron are GnRH (gonadotrophin releasing hormone) agonists (or analogues). However both, if used properly as described in response to query (b), in most cases, neither tends to be horrible. They can both have side effects, but even if this is the case, often this is quite manageable. If not, then there are other treatment options.

General comment about the three previous questions

Susan Evans: Yes, Zoladex only suits some people, and it can't be used long term.

Actually it isn't any more effective than continuous progestogen hormones.

I'd recommend dienogest (Visanne) 2mg daily every day without breaks, or if it isn't available then norethisterone (primolut) 5mg instead

FURTHER INFORMATION FROM ENZ:

Our feedback on Zoladex suggests that doctors are now prescribing it less than they used to. There is more understanding now of the side effects and efficacy of the drug.

Some specialists might recommend a short course of Zoladex between surgeries where all the endometriosis could not be excised in one procedure. This can happen if there is advanced, deeply infiltrating endometriosis involving the bowel or other organs which could put the patient at further risk if the surgery were to proceed. They would probably recommend this to try and 'dampen down' the endo between surgeries.

Other specialists would choose not to use Zoladex at all and there are some who still recommend it as a first line treatment. Gynaecologists may prescribe other drugs to counteract the side effects.

Here's one woman's comment "Zoladex was great in reducing my pain, but the side effects were revolting and I couldn't continue the course."

There are no drugs which cure endometriosis but women often find their symptoms are controlled or improve taking certain drugs. Our recommendation is that you research the drugs being recommended to you. Ask your doctor why that particular drug is being recommended and the options available. Any treatment you are offered is about YOUR INFORMED CONSENT.

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