



Fertility & Women's HEALTH CENTER OF LOUISIANA

Helping couples build families.

Medical Treatment for Endometriosis

In general, the hormonal treatments for endometriosis attempt to mimic the state of pregnancy, that is, postpone ovulation and thereby control the production of estrogen in the body. Many women experience significant side effects while taking these hormones, some of which may be irreversible. In addition, many of these treatments can only be taken for a short period of time, to eliminate other significant health problems.

- **Oral Contraceptives**

Birth control pills (usually a combination of estrogen and progesterone) were not originally created for the treatment of endometriosis, but they are often used to keep the disease in check. Some doctors prescribe them on a regular regime (taking a week of placebo pills to allow your body to have a period), while others advise their patients to take them on a continuous basis. When a woman is on continuous birth control pills she doesn't take the sugar pills once a month that would normally allow her body to have a period. Instead, the woman keeps taking the hormone pills, and does not have a period. The theory is that if a woman does not have her period, then the endometrial cells that are displaced in her abdomen won't "bleed" either, causing pain and adhesions. Since using birth control pills aren't officially approved for treatment of endometriosis, no official guidelines exist in the medical literature about how long it is safe for a woman to be on continuous birth control pills.

There is some disagreement about the use of birth control pills for treatment of endometriosis because it contains estrogen which is known to stimulate endometriosis. For this reason, some doctors prescribe progesterone only (Depo-Provera). The side effects associated with birth control pills are slight weight gain, break-through bleeding, mood swings, and headaches.

- **The GnRH Agonists**

Some of the brand names of this drug include Lupron, Synarel, and Zoladex. These drugs were created specifically for the treatment of endometriosis in 1990. It is reputed to decrease the amount of estrogen in the body by taking control of the part of the pituitary gland in the brain which produces the hormones that signal the ovaries to produce estrogen. In more simple terms, these drugs force the body into a state of menopause.

GnRH agonists seem to be a "wonder drug" for many women. But for others, they don't seem to work at all. For many women, the side effects are nearly as unbearable as the symptoms of endometriosis itself. Side effects include hot flashes, vaginal dryness, headaches, depression, insomnia, and memory loss. GnRH drugs are only approved for up to 6 months for pain relief and the recurrence rate is high. Many doctors see this drug as useful only for buying time before trying to conceive, or before surgery (these uses are controversial).

GnRH agonists (i.e. LUPRON) is generally used if the patient has pain – they do not seem to help improve patients fertility. Surgery and assisted reproductive technologies, such as IVF, are the best options for the treatment of infertility due to endometriosis.

- **The Testosterone Derivatives**

Danazol is a synthetic testosterone derivative. It was the first drug approved for the treatment of endometriosis, and it was widely used in the 1980's. It is similar to the GnRH agonists in that by decreasing estrogen in the body it can shrink endometriosis lesions and relieve pain. Danazol can also only be used for up to 6 months and then must be discontinued.

Because Danazol acts like the male hormone testosterone, it has many androgenic side effects. Some of these include, acne, reduction in breast size, weight gain, abnormal facial and body hair growth, and though rare, a deepening of the voice. Most of these are considered temporary, but a few may be permanent.