

If you need to use gonadotrophin releasing hormone analogue for longer than six months, the use of HRT prevents the loss of bone density (thinning of the bones) that could otherwise occur. This HRT does not increase your risk of breast cancer as it only gives back what your ovaries would normally produce if you were not on these injections.

What if I want to stay on treatment?

Currently this treatment is not licensed to be used beyond six months - the drug company does not take responsibility for adverse events. This means that we have to weigh up the risks and benefits of treatment for you personally.

At present, evidence suggests that it is safe to continue on treatment with gonadotrophin releasing hormone analogue for at least two years as long as a low dose of HRT is given as well. If on treatment long-term you should have a bone scan every two years.

Queries or concerns

If you need further information, please telephone 01623 622515, extension 6207 (clinic 12).

Useful links:

info@endometriosis-uk.org

www.endometriosis-uk.org

www.nhschoices

Further sources of information

NHS Choices: www.nhs.uk/conditions Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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A guide to gonadotrophin releasing hormone analogue treatment

What is gonadotrophin releasing hormone analogue?

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What are the possible side effects?

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What is gonadotrophin releasing hormone analogue?

Gonadotrophin releasing hormone analogue belongs to a group of medicines called Gonadotrophin Releasing Hormones (GnRH) analogues. These drugs are used to bring on a temporary, reversible menopause, effectively 'switching off' the ovaries for a while and stopping your ovaries producing hormones.

What is it used for?

- To suppress or reduce the symptoms (for example pain) of conditions such as endometriosis and adenomyosis.
- As a diagnostic test to see whether your pain is being caused by such a disease. If the pain improves when the ovaries are 'switched off' we can have a better idea of how to treat it.
- If your symptoms do not improve following the treatment, then removal of the ovaries is unlikely to help you.
- If you are having surgery to remove fibroids (myomectomy) you may be offered up to three monthly injections to help shrink the fibroid - this can help make surgery easier to perform.

How is gonadotrophin releasing hormone analogue given?

It is given as an injection into a muscle, usually your bottom, by the nurse or doctor in clinic. It is usually given every month for six months, though some doctors may prescribe a three monthly dose. Your consultant will discuss the dose and length of treatment; a clinic review normally takes place after your third injection and again after your treatment is complete. Some women experience soreness around the injection site although this normally disappears after a couple of days.

When is gonadotrophin releasing hormone analogue not given?

- If you are pregnant or trying to become pregnant.
- If you have previously had an allergic reaction to this type of medicine.
- If you are breast feeding.
- If you have a history of osteoporosis (thinning of the bones).
- Any unexplained vaginal bleeding.

Your periods should stop within a couple of months. However, this injection is not a form of contraception. We advise that you use condoms as a barrier method of contraception.

What are the possible side effects?

Because of the way this medicine works, some women experience an initial worsening of their symptoms. This is called the 'flare effect' but should not last for more than the first month of treatment.

Perhaps the most serious side effect is loss of bone density (thinning of the bones). Other common side effects include:

Hot flushes
Headaches
Mood swings
Night sweats
Vaginal dryness
Weight changes

Feeling sick
Difficulty sleeping
Decreased interest in sex
Changes in vision

These side effects will stop when the treatment ends, but they can be reduced by using Hormone Replacement Therapy (HRT).

Please note that side effects vary, and you may not experience any of these.

How will HRT help with the side effects?

Your consultant may offer you HRT to ease the side effects. This can be particularly useful for women whose pain and quality of life is greatly improved by the use of gonadotrophin releasing hormone analogue, and who therefore want to continue with treatment long term.