

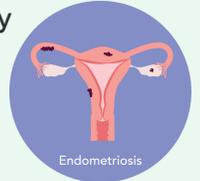
INFORMATION FOR PATIENTS

ORAL PROGESTINS FOR THE TREATMENT OF ENDOMETRIOSIS

TYPES OF ORAL PROGESTINS

Dienogest (Visanne™) and **Norethindrone acetate** (Norlutate™) are the two most commonly prescribed progestins for the treatment of endometriosis.

- Dienogest is a 2mg pill to be taken by mouth daily.
- Norethindrone Acetate is a 2.5mg pill to be taken by mouth daily - your doctor may ask you to double up on this if you are tolerating it well (e.g. to take 5mg daily).



Q: How do oral progestins work?



- 1 They **decrease estrogen** in the body which stops the growth of endometriosis tissue. Estrogen is a hormone that promotes growth of endometriosis.
- 2 Progestins are **anti-inflammatory**, and this can help improve pelvic pain.
- 3 Progestins target endometriosis tissue by **preventing the growth of new blood vessels**. This helps shrink endometriosis tissue.

Q: What is the difference between progestins and birth control?

- The birth control pill improves endometriosis symptoms in about 30% of patients when taken continuously (skipping your period)
- However, the birth control pill contains estrogen, which may fuel endometriosis in some patients.
- Progestins alone work directly on the endometriosis tissue and also lower estrogen levels in the body.

A NOTE ON BREAST CANCER

These medications do not increase the risk of breast cancer even if you have a family history.

⚠️ You should not take progestins if you personally have had breast cancer in the past.

Q: Are progestins effective?

Yes, they are effective! 🙌

Large endometriosis nodules and ovarian cysts have been shown to shrink in size or even disappear.

We have great evidence that **patients feel better and experience less pain.**

Remember, not all pain is related to endometriosis and so **a progestin may not improve all your symptoms.** Sometimes, other therapies (like pelvic floor physiotherapy) may be needed.

Q: What if I miss a dose of progestin?

If you miss one or more tablets, take one pill as soon as you remember and then continue taking a pill daily at your usual time.

Q: How do I take my progestin?



Start this medication on the **first day of your period.**

This ensures that you are not pregnant and decreases the chances of having irregular bleeding.

The pill can be taken any time of day, with or without food.

Try to take it at the same time each day. It can help to take it before bed.



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Q: What are the possible side effects of oral progestin?



IRREGULAR OR UNSCHEDULED VAGINAL BLEEDING

This is the most common side effect and it means the medication is working. It occurs mostly in the first 3-6 months. After 6 months of the medication, about one third of patients stop having periods altogether.



HEADACHE (7% OF PATIENTS)

Similar to a tension headache. If you have a history of migraine headaches, progestins are still safe to take.



BREAST TENDERNESS

Some patients experience mild breast discomfort, similar to during a period.



HOT FLASHES

Some patients may experience hot flashes, but these usually go away with time. This is due to the decreased estrogen in your body and it means that the medication is working.



MOOD CHANGES (3-5% OF PATIENTS)

Progestins may cause symptoms of depressed mood for some patients.

If you have significant changes in your mood please contact your doctor's office.



WEIGHT GAIN

Progestins **DO NOT** cause significant weight gain.

Q: What effects do progestins have on pregnancy?



Visanne and Norlutate are **not approved to prevent pregnancy.**

Since progestins block ovulation and thin the lining of your uterus, pregnancy is less likely.

If you DO NOT want to be pregnant, you should use another form of birth control when having sex that could result in pregnancy (e.g., condoms).

Q: What effects do progestins have on fertility?



After stopping progestins, **periods return to normal after 1-2 months**, which means you can become pregnant very soon after stopping the medication. It is unclear whether progestins increase your fertility chances. Some data suggests that shrinking or preventing endometriosis may improve fertility.

Q: Are progestins safe for long-term use?

Progestins are safe for long-term use.

However, they can be associated with a **slight decrease in bone density**. Bone density returns to normal once progestin medications are stopped.



You can help support your bones when on progestins by:

- Taking Vitamin D 2,000 IU daily 
- Taking Calcium 1,200mg daily, either from food or supplements 
- Doing weight-bearing exercise 
- Decreasing alcohol 
- Stopping smoking 

SUMMARY

- 1 Progestins are **SAFE**, even for long term use.
- 2 Progestins are **EFFECTIVE** at reducing endometriosis growth and endometriosis-associated pain. However, it is important to **give these medications at least 3-6 months** to reach their full effect.
- 3 Progestins are generally **WELL-TOLERATED**, once your body has a chance to adjust to the medication.

DISCLAIMER: This material is intended for use by Canadian residents only, and is solely for informational and educational purposes. The information presented is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This material reflects the information available at the time of preparation.



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