Medical treatments for endometriosis

This factsheet is for those who have a diagnosis of endometriosis. It explains what medical treatment is available including hormone treatment and pain management options.

Endometriosis is a chronic (long term condition) that can affect every aspect of your life. Unfortunately, there is no cure for endometriosis yet. The treatment options available will focus on managing your symptoms.

Making decisions about your care

Your treatment plan should be decided in partnership between you and your doctor or specialist nurse. The type of treatment you have will depend on your own needs and priorities. These could include:

- Surgery (see our factsheet on surgery for endometriosis)
- Pain Management
- Hormone treatment

The decision will depend on several factors:

- Your age
- The severity of your symptoms
- The severity of your endometriosis
- If you've had any previous treatment
- Risks or side effects of treatments
- Your medical history or health risks
- How long you intend to stay on treatment
- Whether or not you want children, and when

Your doctor or specialist nurse will explain the treatment options available to you and can advise you of benefits, risks or side effects of treatments.

Medical Treatment

There are different types of medical treatments used for the management of endometriosis. They can be divided into two groups:

- Pain management
- Hormone treatment

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Either painkillers, or drugs that modify the way the body handles pain, can be used. Some people are reluctant to use pain medication to reduce pain and feel that they are just 'masking' this symptom. However, if the body becomes accustomed to being in pain, it could lead to neuropathic pain. This is when a nerve or nerves send pain messages to the brain, even when there is no injury or tissue damage to trigger the pain. This then adds to the time that you are in pain.

Pain management

Pain is the most common symptom of endometriosis and pain management is an important part of managing your condition. Pain management can include using painkillers, or using drugs that change the way the body handles pain.

Pain is caused by the stimulation of pain nerves. There are two types of pain that people with endometriosis may experience: **acute pain** and **chronic pain**.

Acute pain refers to pain from an injury or inflammation of diseased tissue. When the injury has finished healing, the pain will reduce because the pain nerves stop being stimulated. For example, pain associated with the release of an egg from the ovary, or pain with your period, would be acute pain.

The most effective drugs for acute pain are simple painkillers such as paracetamol or ibuprofen. Painkillers should be taken regularly 'staying ahead of the pain'. Paracetamol can be taken with ibuprofen as they can work together. When taken regularly, these can work very well. Combination painkillers, such as co-codamol (codeine and paracetamol). Opiate based drugs such as codeine and tramadol can also be used but they have a sedative effect and can make you feel drowsy. They can also cause constipation which can make the endometriosis pain worse.

Chronic pain is a common problem that can occur after injury or alongside chronic health conditions like endometriosis. Usually, we expect pain to settle down with time but sometimes the brain continues to send out pain signals. There may not be an obvious reason for this pain, and it can be difficult to understand. Chronic pain can interfere with your day-to-day life and affect your mental health. Your doctor will work with you to manage your pain effectively.

Unfortunately, painkillers used to treat acute pain might not work as well for chronic pain. Treatment for chronic pain can include antidepressants and anti-epileptic drugs. Given in a lower dose than for the treatment of depression, antidepressants can affect the way the body manages pain. Anti-epileptic drugs work to reduce pain signals.

Other treatments for pain

Transcutaneous Electrical Nerve Stimulator (TENS) machines are small, machines with electrodes that attach to the skin and send electrical pulses into the body. The electrical pulses are thought to work by either blocking the pain messages as they travel through the nerves or by helping the body produce endorphins which are natural pain-fighters. Some TENS machines can be clipped to a belt. Check with your GP before using a TENS machine as they are not suitable for those who have a heart condition.

Physiotherapy. Physiotherapists can develop a program of exercise and relaxation techniques designed to help strengthen, or relax, pelvic floor muscles, reduce pain, and manage stress and anxiety. After surgery, gentle exercises like yoga, or pilates can help the body get back into shape by strengthening abdominal and back muscles.

Pain clinics take a holistic approach to the patient. Treating pain usually involves a team approach to manage not only the pain itself, but also factors such as anxiety, depression and quality of sleep – all of which can affect how we feel pain. Pain treatment plans may include medications, injections, counselling, exercise programs and other treatments.

Hormone treatment

These are treatments that are used to act on endometriosis and prevent its growth. Hormone treatments work by preventing the lining of the womb and any endometriosis tissue from growing quickly. Some treatments work by causing a medical menopause. All treatments are temporary and are reversed when the patient has stopped taking the hormones.

Hormonal treatment for endometriosis can have a contraceptive effect so should not be used if you are trying to become pregnant. However, not all hormonal treatments are licensed contraceptives: licensed contraceptives include:

- oral contraceptive pill
- contraceptive patch
- Depo Provera injection
- contraceptive implant
- Intrauterine system (IUS), also called the hormonal coil
- Norethisterone

If you are using other forms of hormonal treatment it is advised to also use barrier methods of contraception (e.g. condoms) to avoid becoming pregnant.
Drugs used that limit the production of oestrogen:

- Combined oral contraceptive pill
- Progestogens
- Intrauterine system

Drugs that cause a temporary menopause:

Gonadotrophin Releasing Hormone (GnRH) analogues

- Relugolix combination therapy
- Linzagolix

Types of hormone treatments

The combined oral contraceptive pill

The pill contains the synthetic female hormones oestrogen and progestogen. The combination of these hormones stops eggs being released (ovulation) and make periods lighter and less painful. When taking continuously, back-to-back, periods stop and the symptoms of endometriosis are reduced.

The pill is commonly used to treat endometriosis before a definite diagnosis. You may have side effects when you first start taking the pill, usually these settle over time. There are some risks associated with the pill, but many take it safely for many years. The pill can be taken continuously (without a monthly break) to prevent bleeding.

Common side effects of the combined contraceptive pill include:

- Breakthrough bleeding
- Headaches
- Mood changes
- Nausea
- Breast discomfort

The risks of combined contraception, such as the pill, are small. It can slightly increase the risk of breast and cervical cancer. However, it can lower the risk of womb, ovarian and bowel cancer. The risk of getting a blood clot is also very small, affecting 1 in 1,000 people taking combined contraception.

Progestogens

The female sex hormone progesterone stops the endometrium (womb lining) from growing. If the endometrium is exposed to progesterone for a prolonged amount of time it will become thin and inactive. Progesterone has the same effect on endometriosis.

Progestogens are synthetic progesterone hormones, which are used to recreate this effect on the endometrium and endometriosis. The dose of the drug is usually adjusted until periods stop.

There are different types of progestogens available, which may have different side effects. Some are also available in different forms:

- Desogestrel
- Levonorgestrel
- Etonogestrel
- Medroxyprogesterone acetate
- Norethisterone
- Dienogest

Common side effects of progestogens include:

- Acne
- Depression
- Bloating
- Breakthrough bleeding
- Breast discomfort
- Fluid retention
- Headaches
- Irregular or prolonged bleeding. bleeding stops.
- Mood changes
- Nausea
- Vomiting
- Weight gain

The side effects of progestogens are reversible, and usually disappear after stopping treatment.

There are no known long-term side effects of progestogen treatment.

Intrauterine system (IUS)

This is also called a hormonal coil. It is a small T-shaped plastic device that's sits inside the uterus (womb) and releases progesterone into the womb. As with other progestogens it works by stopping the endometrium (womb lining) from growing, it has the same effect on endometriosis.

The intrauterine system is licensed as contraception. They need to be fitted and removed by a nurse or doctor, they can stay in place for up to 5 years when being used for endometriosis and up to 8 years when being used solely as contraception.

GnRH analogues – Gonadotrophin Releasing Hormone analogues

GnRH is hormone that we naturally produce, and GnRH analogues are a family of drugs that are chemically similar to this natural hormone. The growth of endometrium (lining of the womb) and endometriosis is dependent upon the action of hormones, including GnRH.

GnRH analogues (agonists and antagonists) stop the ovaries from being stimulated stopping the production of oestrogen. Therefore, the endometrium and endometriosis become inactive and do not grow.

There are two types of GnRH analogues licensed to treat symptoms of endometriosis, GnRH agonists and GnRH antagonists. Both groups of drugs cause the ovaries to switch off and temporarily stop producing eggs, treatment should also stop periods. You are usually offered hormone replacement therapy (HRT) at the same time which will help with side effects. This causes temporary menopause whilst on treatment, once treatment is stopped periods return, there is no lasting effect to fertility.

The difference between an agonist and an antagonist is how they interact with receptors in the body. Thinks of agonists as an activator or helper that switches something on and antagonists as blockers that stop something being switched on.

GnRH agonists are usually given as either a monthly or three-monthly injections and GnRH antagonists are given as daily tablets. There are two types of GnRH agonists licensed for treating endometriosis symptoms:

- **Relugolix combination therapy**– this is an all-in-one tablet containing the GnRH antagonist, Relugolix with added HRT.
- **Linzagolix** – this is a tablet containing only the GnRHa antagonist, HRT is recommended to be taken separately alongside this medication.

Side effects of using GnRH analogues

Low oestrogen levels created by using GnRH analogues can have adverse side effects. The use of GnRH agonists is licensed to be used for a maximum of six months due to the side effect of osteoporosis (thinning of the bones); however, the symptoms and loss of

bone can be greatly reduced with HRT (hormone replacement therapy).

GnRH antagonists when taken with HRT can be used up until natural menopause, as long as there is no risk to bone health.

Common side effects experienced when using GnRH analogues are:

- Headaches
- Hot flushes
- Irritability and mood changes
- Joint stiffness and bone pain
- Night sweats
- Poor libido
- Trouble sleeping (insomnia)
- Weight gain or weight loss
- Vaginal dryness

Add-back hormone replacement therapy (HRT)

Add-back HRT is used to reduce the symptoms caused by GnRH analogue treatment. This treatment puts you into a temporary medical menopause where you may suddenly experience symptoms linked with menopause. There is also a risk that it will impact on your bone density.

Add-back therapy replaces a small amount of hormones to help minimize menopausal symptoms and protects your bones without impacting on the benefits of the GnRH treatment.

The use of HRT may also allow you to stay on the treatment longer, or have repeated courses of treatment with GnRH agonist injections. When GnRH agonists are given for longer than 6 months it is prescribed as 'off license', The risks and benefits of prolonged treatment will depend on each individual, a bone scan (DEXA) may be suggested to check bone density.

The risks associated with HRT do not apply to people who are taking GnRH analogues or have had their ovaries removed unless they are near to the age of natural menopause (age 51-52) or if there are other health risks. This is because HRT is just replacing hormones that their body would be producing naturally had they not received either of these treatments.

How we can help

Living with endometriosis can be a daunting experience. If you're finding things difficult, we're here to help. Our trained volunteers, all with personal experience of endometriosis, can offer you the help you need to understand your condition and take control. We offer:

Quality information and advice on endometriosis, including a series of webinars

Emotional and practical support through our network of support groups, helpline, webchat and online forum

Visit www.endometriosis-uk.org/get-support or Helpline: 0808 808 2227

Tell us what you think

You can give us feedback on all our publications by contacting us on:

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