



Decapeptyl™ and Zoladex™ Injections

What are they?

Decapeptyl™ and Zoladex™ are from a class of drugs called gonadotrophin-releasing hormone (GnRH) agonists.

How do they work?

GnRH agonists work by reducing your levels of oestrogen and progesterone. The hormone supply is temporarily switched off, creating a temporary menopause. They may improve pelvic pain and stop menstrual bleeding. In women with endometriosis, they are thought to reduce the growth and spread of the disease.

How are they given?

Decapeptyl™ is an injection usually given in the muscle of the buttocks ('intra-muscular').

Zoladex™ is an injection given in the belly under the skin ('subcutaneous') on alternate sides each month.

They can be given monthly (every 28 days). Decapeptyl™ and Zoladex™ can also be given 3-monthly depending on the doctor's recommendations. If possible, the first injection should be given between days 1-5 of your menstrual cycle.

How long can I be on the injections for?

Both injections are licensed for use up to 6 months; however, it can be safely used off-label for longer periods with add back Hormone Replacement Therapy (HRT), under the guidance of the EXPPECT team.

Can I get pregnant when using Decapeptyl or Zoladex?

Decapeptyl™ and Zoladex™ do not provide effective contraception. You should use contraception in addition to the injections, such as condoms or the coil if you are sexually active and do not wish to become pregnant. However, as these medications stop the ovaries releasing eggs - 'ovulation', this may not be the right treatment for you if you are trying to conceive or wish to do so in the near future.

Are there any side effects?

Some women experience some temporary pain or bruising where the injection has been given. The most common side effects are those associated with the temporary menopause - hot flushes, night sweats and vaginal dryness. Irregular bleeding during the first month of treatment is also common. Sometimes, a worsening of your pelvic pain can occur initially, but this normally settles after the second week of your treatment.

If side effects do not settle or are particularly troublesome, you should seek help from your General Practitioner (GP).

What can be done about the side effects?

Menopausal symptoms can be managed with the use of HRT which is a combination of oestrogen and progesterone. The HRT is given at small doses so it will not stop the injections working. It can be given in a tablet form to be taken once a day, or as a patch which is changed twice a week or as a daily oestrogen gel which is rubbed into your skin. The gel needs to be taken with either a progesterone tablet or a levonorgestrel-releasing intrauterine system such as the Mirena™ coil.

A serious but rare side effect of the injections is osteoporosis or thinning of the bones. Using HRT can help reduce the risk of osteoporosis. If you are not on HRT whilst on the injections, a bone density scan (DEXA scan) will be performed after 3 years on the injections and repeated after a further 5 years. If you are on HRT, a DEXA scan will be performed after 5 years and if it is normal, you will not need any further scans.

Avoiding smoking, excessive alcohol in combination with a balanced diet with good levels of calcium (e.g. dairy, beans, sesame seeds, sardines etc) and regular weight bearing exercise (e.g. walking, running, dancing and other standing sports) can also help reduce your risk of osteoporosis. You can also supplement with calcium and vitamin D tablets.

Further information on Nutrition in Menopause can be found here:

www.womens-health-concern.org/help-and-advice/menopause-wellness-hub