Compared with hysterectomy, GNRHa is an effective treatment of uterine fibroids and has an equivalent effect on sexual function.

For women aged 45 years or older, the use of gonadotropin-releasing hormone agonist (GnRHα) may be an effective alternative to undergoing hysterectomy for the treatment of uterine fibroids, according to the results of a new study. Women in the study who were treated with GnRHα had effective reduction of symptoms with a similar rate of sexual dysfunction as seen with hysterectomy.

Anna Myriam Perrone, MD, PhD, of S. Orsola-Malpighi Hospital, Bologna, Italy, and colleagues conducted a study to determine the effect of GnRHα on female sexual function and its efficacy and limitations for the treatment of uterine fibroids.

According to background information in the study, the use of GnRHα to treat fibroids is effective and convenient. However, the effects of the drugs are also transient. In addition, “due to the high relapse rate, medical therapy does not appear to represent a definitive choice in young patients with symptomatic uterine fibroids, but in women who are near menopausal status, medical treatment may be definitive and the patients may avoid hysterectomy,” the researchers wrote.

To explore the issue further, the researchers conducted an open-label study and enrolled women aged 45 years or older with symptomatic uterine fibroids. One hundred women were invited to participate and received either treatment with GnRHα or surgical management. The patients were followed for 2 years.

Of the patients assigned to GnRHα, 92% completed the treatment for at least 6 months. Overall, 88% of patients assigned GnRHα had a reduction in their symptoms, but 10 (22%) of the 46 patients required a second cycle of GnRHα because of recurrence of menorrhagia. One patient in this group underwent hysterectomy because of severe menorrhagia and ultimately had a diagnosis of uterine sarcoma. In addition, 17% of patients received adjunctive medical treatments, such as tranexamic acid and progestins.

“The less invasive nature of medical treatment needs to be balanced against the need of re-intervention in almost 18% of patients,” the researchers wrote. “The choice should lie with the informed patient.”

At 24 months follow-up, no severe side effects of treatment were found and 8 patients reached menopause. When looking at outcomes related to sexual function, the researchers found no significant difference in the Female Sexual Function Index Score between groups. The prevalence of sexual dysfunction was 12% for women assigned GnRHα and 22% for women who underwent surgical management.

Pertinent Points:
- GnRHα is an effective alternative to hysterectomy for treatment of uterine fibroids in women aged 45 years or older.
- GnRHα had an equivalent effect on sexual function as hysterectomy.


Source URL: http://www.physicianspractice.com/fibroids/gnrh-alternative-hysterectomy-uterine-fibroids

Links: