

Other drug leaflets available from Endometriosis SHE Trust (UK):

Danol (Danazol); DLPA (Phenylalanine); Duphaston (Dydrogesterone); Mirena Coil (Levonorgestrel); Primolut-N (Norethisterone); Prostag SR (Leuprorelin Acetate); Provera/Depo-Provera (Medroxyprogesterone Acetate); Suprecur (Buserelin); Synarel (Nafarelin); Utovlan (Norethisterone) and Zoladex (Goserelin).

Dimetrioise (Gestrinone) for the treatment of endometriosis

Dimetrioise is made by Hoechst.

What is Dimetrioise?

Dimetrioise is a synthetic (artificial) hormone and is an antiprogestin (it acts against the hormone progesterin that is naturally present in women).

How Dimetrioise works:

Dimetrioise seems to work in two ways. It acts on the pituitary gland (gland situated at the base of the brain) by suppressing the production by the pituitary of Follicle Stimulating Hormone (FSH) and Leutinising Hormone (LH). These two hormones stimulate the ovaries to ovulate each month. If ovulation stops, the growth of endometriosis deposits should also stop. Dimetrioise also works directly on the deposits of endometriosis suppressing their growth. Periods usually stop during treatment, but some spotting of blood may occur.

Administration and dosage of Dimetrioise:

Dimetrioise comes in capsule form in the strength of 2.5mgs and one capsule is taken twice a week.

Dimetrioise should be started on the first day of the monthly cycle to avoid exposing a pregnancy to the side effects of Dimetrioise.

The second dose is taken three days later. Thereafter, Dimetrioise should be taken at the same time on the same two days of the week for the duration of the treatment.

Dimetrioise is normally taken for a course of six months.

What happens if a dose of Dimetriose is missed?

If one dose is missed, a capsule should be taken as soon as possible and the normal cycle resumed.

If two or more doses are missed, treatment should be stopped and re-started on the first day of the next period. A negative pregnancy test should be achieved before restarting the treatment.

Dimetriose is not suitable for the treatment of children or the elderly.

When Dimetriose should not be used (contra-indications):

Contraception	Pregnancy
Heart disease	Kidney disease
Liver disease	Lactating women (breast feeding)
Circulatory problems during previous treatments with oestrogen or progesterone	

Precautions in the use of Dimetriose:

Diabetic patients should be regularly checked for their sugar and cholesterol levels.

Patients with high blood pressure need regular blood pressure checks as Dimetriose can cause fluid retention.

Make the medical practitioner aware if you have epilepsy.

Reaction of Dimetriose with food/alcohol/drugs:

No reactions with food or alcohol have been reported.

Dimetriose taken with Rifampicin (a drug used for tuberculosis) and/or drugs used for epilepsy may result in an increase in the absorption of Dimetriose.

Side effects of Dimetriose:

Acne	Fluid retention
Oily skin	Voice changes
Spotting	Hot flushes
Cramp	Gastric upsets
Headache	Increased hair growth (face/body)
Depression	Change in sex drive
Nervousness	Decreased breast size
Weight gain	Changes in appetite
Dizziness	

As with all treatments, you may have no side effects at all, or you may have a few but it is rare to experience multiple side effects.

Do remember to report any side effects to your medical practitioner and ask for advice.

N.B. It is **very important** to report any increased hair growth or deepening of the voice. If this occurs the treatment should be stopped after it has been reported to your medical practitioner.

PLEASE NOTE:

- Make sure that you are not pregnant before starting treatment. A pregnancy test is advisable.
- Barrier methods of contraception should be used during treatment, as Dimetriose is not a contraceptive.
- Periods generally return four to six weeks after completion of treatment.
- It is advisable to have one period before trying for pregnancy.
- Symptoms may return following treatment particularly in cases of severe disease, e.g.: bowel, bladder, ureters, pouch of Douglas. Specialist surgical skills using resection are generally required to remove this. See other leaflets on surgery.