

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

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

Zoladex (Goserelin) for the treatment of endometriosis

Zoladex is made by AstraZeneca.

What is Zoladex?

Zoladex is a synthetic analogue (artificial copy) of the natural female hormone Gonadotrophin Releasing Hormone (GnRH) and is a GnRH agonist (works against).

How Zoladex works:

Zoladex works by blocking the production of natural Follicle Stimulating Hormone (FSH) and Leutinising Hormone (LH), which are produced by the pituitary gland at the base of the brain. Without FSH and LH the ovaries will not produce oestrogen and the body is tricked into a pseudo (false) menopause. This will reduce the growth of the deposits of endometriosis and cause them to shrink.

Zoladex reduces the symptoms of endometriosis including the pain.

N.B. During the early days of treatment with Zoladex, some women experience vaginal bleeding which usually stops without any treatment.

Administration and dosage of Zoladex:

Zoladex comes as a single dose syringe applicator with 3.6mg depot injection (it slowly releases the drug over four weeks).

Zoladex is given as a single injection into the abdomen subcutaneously (under the skin) every four weeks.

Zoladex can be started at any time during the monthly cycle and is given for a course of six months maximum.

Zoladex is not suitable for the treatment of children.

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

Pregnancy
Lactating women (breast feeding)
Known hypersensitivity to GnRH Analogues

Precautions in the use of Zoladex:

Zoladex should not be used for more than one course of six months as it can cause loss of bone density.

Zoladex should be used with caution in women with known metabolic bone disease.

Reaction of Zoladex with food/alcohol/drugs:

No reactions with food, alcohol or drugs have been reported.

Side effects of Zoladex:

Hot flushes	Sweating
Dry vagina	Loss of sex drive
Mood changes	Depression
Headache	Change in breast size

The above side effects seldom require that the treatment be stopped.

Rarely, some women enter menopause during the treatment and their periods do not restart when treatment is stopped. This could happen if a woman is nearing the natural menopause.

Zoladex may cause cramps/contractions of the cervix.

As with all treatments there may be no side effects at all, or there may be 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.

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 (until periods restart), as Zoladex is not a contraceptive.
- Some patients have a loss of bone density during treatment with Zoladex. This should be reversed within about six months of the treatment ending. Patients who are underweight, smoke, have a familial history of osteoporosis or are approaching the menopause may wish to assess the risk factors of bone loss.
- Periods generally return within two to three months after completion of treatment.
- It is advisable to have one period before trying for pregnancy.
- Recurrence of symptoms occurs in 40-70% of cases especially with severe disease where endometrial deposits and lesions such as ovarian endometriomas and recto-vaginal nodules occur. Surgical resection of these may be necessary. See other leaflets.