

Objective

To evaluate the short-term (6-month) efficacy of 2 mg/day Dienogest on reducing endometrioma size and alleviating dysmenorrhea and dyspareunia in patients with endometriosis.

Methods

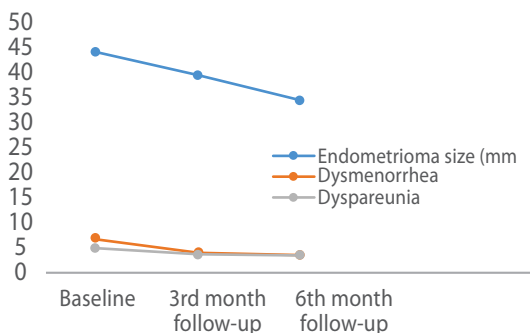
Design Prospective observational study.
Participants 64 women (mean age 33.9) with endometriomas.
Intervention 2 mg/day Dienogest for 6 months.

Assessments

Endometrioma size via transvaginal ultrasound (TVS) and pain scores via Visual Analogue Scale (VAS: 0-10) at baseline, 3 months, and 6 months.

Key Results

Assessed Variables	Baseline (mean ± SD)	At 3-Month (mean ± SD)	At 6-Month (mean ± SD)	p-value* (Baseline vs 3-Month)	p-value* (Baseline vs 6-Month)	p-value* (3-Month vs 6-Month)
Endometrioma Size (mm)	44.0 ± 13	39.5 ± 15	34.4 ± 18	< 0.01	< 0.01	< 0.01
Dysmenorrhea (VAS)	6.9 ± 2.6	4.3 ± 2.8	3.8 ± 2.7	< 0.01	< 0.01	0.12
Dyspareunia (VAS)	5.2 ± 3.8	4.0 ± 3.2	3.7 ± 3.1	< 0.01	< 0.01	0.38



Conclusion

This study shows that dienogest treatment reduced the symptoms of dysmenorrhea and dyspareunia and the size of endometriomas. However, the main significant decrease in dysmenorrhea and dyspareunia symptoms was noted in the first three months, making it a good treatment option, especially in young patients with a fertility wish.

Ref: Saglik Gokmen, Bilgehan et al. "Effects of Dienogest Therapy on Endometriosis-Related Dysmenorrhea, Dyspareunia, and Endometrioma Size." Cureus vol. 15,1 e34162. 24 Jan. 2023, doi:10.7759/cureus.34162

Brought to you by



For full Article

Scan here



Dienogest-A unique hybrid progestin for long-term compliance in endometriosis



Targeted oral progestin for long-term compliance in Endometriosis

Drug Review

About Endometriosis:^{1,2}

- 1 Endometriosis affects roughly 10% (190 million) of reproductive age women and girls globally.
- 2 It is a chronic disease associated with severe, life-impacting pain during periods, sexual intercourse, bowel movements and/or urination, chronic pelvic pain, abdominal bloating, nausea, fatigue and sometimes depression, anxiety, and infertility.
- 2 There is currently no known cure for endometriosis and treatment is usually aimed at controlling symptoms.
- 2 Access to early diagnosis and effective treatment of endometriosis is important, however, diagnosing endometriosis can be challenging, with an average delay to diagnosis of seven years.

Innovation in Endometriosis Treatment

- 2 Different pharmacologic treatment options are currently available. The most widely exerted medical therapy for endometriosis involves progestins (Dienogest) and oral contraceptives. Also, gonadotropin-releasing hormone (GnRH) agonists, GnRH- antagonists and androgen derivatives are used. New treatment options that are currently under investigation are selective progesterone receptor modulators (SPRMs), aromatase inhibitors (AI), cyclooxygenase (COX)-2 inhibitors, angiogenesis disruptors and immune modulators.³
- 2 Stringent guidelines recommend to use Dienogest as 1st line treatment option for the management of endometriosis⁴



Dienogest-A unique hybrid progestin⁵

- 2 Dienogest's special chemical structure is responsible for its unique pharmacological profile

Properties of 19-nortestosterone derivatives

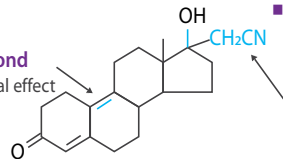
- Strong progestational effect on endometrium
- Relatively short plasma half life of 9-11 hours
- High oral bioavailability >90%

Properties of progesterone derivatives

- Good tolerability & Anti-androgenic effects
- Relatively moderate inhibition of gonadotropin secretion (exerts no hypoestrogenic effect)
- Mainly peripheral action

Additional double bond

- Strong progestational effect



Cyanomethyl instead of an ethinyl group in the 17a position

- Low interaction with hepatic proteins eg Cytochrome P450- prevents drug interactions
- No relevant interaction with corticosteroid binding protein – no glucocorticoid side effect
- Prevents accumulation in the blood

Proven Result ⁶⁻⁹

- Reduces pain of endometriosis significantly
- Dienogest 2 mg/day orally demonstrated equivalent efficacy to depot Leuprolide Acetate at a standard dose in relieving the pain associated with endometriosis while offering advantages in safety and tolerability
- Evidence based treatment option in adolescent endometriosis patients
- Reduces chocolate cysts rapidly to approximately 70% of initial size after 12 months of treatment
- Effective for the prevention of endometriosis pain recurrence
- Proven safe in continuous use for as long as 7 years



SCAN THE QR CODE FOR FULL PRESCRIBING INFORMATION

Ref: 1. Salvatore Caruso, Marco Iraci, Stefano Cianci, et. al. Effects of long-term treatment with Dienogest on the quality of life and sexual function of women affected by endometriosis-associated pelvic pain. Journal of Pain Research, Volume 12, 2019 - Issue 2. R Wattanayingcharoenchai, S Rattanasi, C Charakorn, et. al. Postoperative hormonal treatment for prevention of endometrioma recurrence after ovarian cystectomy: a systematic review and network meta-analysis. BJOG. 2021 Jan; 128(1): 25-35; 3. Fabio Barra, Antonio Simone Laganà, Carolina Scala, et. al. Pretreatment with dienogest in women with endometriosis undergoing IVF after a previous failed cycle. Reproductive Biomedicine Online. Volume 41, Issue 5, November 2020, Pages 859-868; 4. Paul L. McCormack. Dienogest: A Review of Its Use in the Treatment of Endometriosis. Drugs 2010; 70 (16): 2073-2088; 5. Adolf E Schindler. Dienogest in long-term treatment of endometriosis. Int J Womens Health. 2011; 3: 175-184; 6. Klaas Heinemann, Bruno Imthurn, Lena Marions, et. al. Safety of Dienogest and Other Hormonal Treatments for Endometriosis in Real-World Clinical Practice (VIPOS): A Large Noninterventional Study. Adv Ther. 2020 May;37(5):2528-2537; 7. Thomas Römer. Long-term treatment of endometriosis with dienogest: retrospective analysis of efficacy and safety in clinical practice. October 2018 Archives of Gynecology and Obstetrics 298(4); 8. Andreas D Ebert, Liying Dong, et. al. Dienogest 2 mg Daily in the Treatment of Adolescents with Clinically Suspected Endometriosis: The ViSanne Study to Assess Safety in Adolescents. J Pediatr Adolesc Gynecol. Epub 2017 Feb 9; 9. Neil P Johnson, Lone Hummelshøj, et. al. World Endometriosis Society consensus on the classification of endometriosis. December 2016 Human Reproduction.