

# GnRH receptor modulators for gynaecological conditions

Department of Gynaecology

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Information for Patients

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## What are Gonadotrophin-releasing hormone (GnRH) receptor modulators?

GnRH is a hormone that is produced by a gland in the brain. It releases 2 hormones called FSH and LH. They work together to help the ovary make oestrogen, progesterone and eggs.

This medication blocks these hormones from being released. It switches off the release of oestrogen from the ovaries. This causes a short-term and reversible 'menopause'. This will help treat conditions like endometriosis, fibroids and premenstrual syndrome (PMS). It will help reduce hormones that trigger these conditions.

## What are GnRH receptor modulators used for?

We use them:

- To reduce symptoms (like pain) of conditions that are hormone sensitive. This can be for treating endometriosis and adenomyosis. We may do this before, after or instead of a surgery.
- To help shrink fibroids and reduce blood loss during surgery for fibroids. It can also be used to reduce heavy menstrual bleeding linked with fibroids or other conditions.
- As a test to see if your pain is being caused by hormone sensitive diseases. This can be endometriosis and adenomyosis, PMS or migraines caused by your menstrual cycles. If the symptoms improve when the ovaries are 'switched off', then we might think about removing the ovaries. If the symptoms do not get better when the ovaries are 'switched off' then taking the ovaries out is not likely to help.

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or call 111 for non-emergency medical advice**

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## How are GnRH receptor modulators given?

There are 2 similar types of medicines that lower hormones being made by the ovaries. The ovaries stop making eggs and make less oestrogen. They cause a short-term menopause. We often give some hormonal replacement therapy (HRT) with it. This is to help with side effects and protect your bones from thinning.

You are very unlikely to fall pregnant when you take these medications. We still advise you to use contraception such as condoms. You do not need contraception when taking Ryego for more than a month as it has been proven that it prevents pregnancy after the first month.

**GnRH agonists** are given as an injection. We give them once a month or every 3 months:

- The first injection stimulates your hormones more at first. After the second injection the hormones will be less and the medicine should start to improve your symptoms.
- It is only licensed to be used for 6 months but it can be used for longer. We talk about this with you.
- The HRT is often given separately. It comes as a daily tablet or a patch that is changed 2 times a week.

The most commonly prescribed GnRH agonist is Decapeptyl SR (Triptorelin). You take this every 4 weeks or every 3 months. We give this injection into the muscle of your arm or your butt.

You will get your first injection in hospital or your GP practice. After this your GP will be asked to prescribe and arrange for the injection to be given to you. To begin with we would recommend an injection that last for 4 weeks. If the medication suits you, you can change to having the injection every 3 months. This reduces the number of injections you need to have.

**GnRH Antagonists** block the GnRH receptors from the start. We give it as a tablet once a day. They are very effective at stopping periods quickly, helping with pain and other cyclical symptoms.

There are 2 brands to choose from:

- **Yselyt:** There is no HRT in the tablet. You will need to take HRT separately to protect your bone strength and control side effects.
- **Ryego:** HRT is already combined in the tablet. It stops pregnancy when it has been taken for a month so extra contraception is not needed after that. You can take this all the way into menopause. Ryego is not quite as good at shrinking fibroids compared to GnRH Agonists but the side effects are less.

## What are the side-effects?

### GnRH agonists:

- You will often get a flare-up of your symptoms at the start. These will usually get better after your second injection.

### GnRH Antagonists:

- These block the receptors straight away. They are less likely to cause a flare up of symptoms at the start of treatment.

Which ever medicine you have, you will have low oestrogen levels. This causes side effects with similar symptoms that women going through the menopause have:

Common side effects	Uncommon side effects
<ul style="list-style-type: none"> <li>• Hot flushes</li> <li>• Headaches</li> <li>• Difficulty sleeping</li> <li>• Night sweats</li> <li>• Weight changes</li> <li>• Mood changes</li> <li>• Poor concentration</li> <li>• Tingling in hands or feet</li> <li>• Dizziness</li> <li>• Nausea</li> <li>• Joint pain/stiffness</li> <li>• Muscle weakness</li> <li>• Breast tenderness</li> <li>• Vaginal dryness</li> <li>• Poor libido (sex drive)</li> <li>• Skin irritation at injection site</li> <li>• Thinning of the bones**</li> </ul>	<ul style="list-style-type: none"> <li>• Skin rash*</li> <li>• Itching*</li> <li>• Shortness of breath*</li> <li>• Chest pain*</li> <li>• Poor appetite</li> <li>• Diarrhoea</li> <li>• Vomiting</li> <li>• Heart beats become noticeable (Palpitations)</li> <li>• Hair loss</li> <li>• Changes in vision such as blurred vision</li> <li>• Poor glucose control (in women with diabetes)</li> </ul>

\* If you have any of these side effects, please contact your doctor right away.

\*\* You only get this with long-term use for over a year and without taking HRT. You will recover after stopping the treatment.

If you have any side effects that cause you concern, please tell a member of the Gynaecology Team or your GP.

## Using add-back HRT to reduce side effects

If you take GnRH receptor modulators for more than a year without HRT, your bones may become thinner (osteoporosis). We suggest you have a bone scan to check the bones after 1 year. If you have them for longer then you will have a bone scan every 1 to 2 years to see if you are not at high risk by continuing the treatment.

You can use GnRH Agonists for 6 months. You can use GnRH agonists off licence for longer than 6 months especially if you use add-back HRT. Ryego already has HRT in the tablet. There are other types of HRT. The most common is by a tablet or a patch. If you already have a Mirena coil for contraception, pelvic pain or heavy periods, this can work as part of the add-back HRT. You will need some form of oestrogen replacement (tablet, patch or gel).

The general risks with add-back HRT do not apply to those having GnRH receptor modulators.



## Who can not take GnRH Modulators?

You **should not have** GnRH receptor modulators if you are:

- pregnant or breastfeeding.
- trying to get pregnant as there is an increased risk of miscarriage.

All of these medicines stop your ovaries from releasing eggs. It stops your periods and makes it very unlikely you will get pregnant. However only Ryeqo has been proven to be a contraceptive after the first month. If you are taking any other GnRH Modulator, then you must use some other contraception (like condoms or coil). Your fertility recovers after the last dose is out of your system.

If you have an increased risk of blood clots in an artery or vein, you may be advised against using Ryeqo. There is currently not enough evidence to say that it does not increase the chance of blood clots.

## How will I be reviewed?

The gynaecology team will be taking care of you. Your gynaecologist will talk to you about the length of the treatment. You will have a follow up appointment in the gynaecology clinic every 6 or 12 months if you are to remain on the medications for more than 6 months.

## More information

- Royal College of Obstetricians and Gynaecologists: [www.rcog.org.uk](http://www.rcog.org.uk)
- Endometriosis UK: [www.endometriosis-uk.org](http://www.endometriosis-uk.org)
- Ryeqo information leaflet: <https://www.medicines.org.uk/emc/files/pil.12934.pdf>

## Contact details

If you have any questions, please contact your GP or consultant's secretary (their number can be found on your appointment letter).

Out of hours, in an emergency, please call Gynaecology Assessment Unit: **0116 258 6259**

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