

Clomifene: information for patients

Background

You have been prescribed a fertility stimulant Clomifene. This drug has been demonstrated to help in the treatment of unexplained infertility and sub-fertility associated with irregular ovulation. It is usually used for no more than 6 months. Treatment is often reviewed after 3-6 months or sooner if not working.

How do I take clomifene?

It is taken for 5 days starting on the second day (day 2) of a period. The starting dose is usually 50mg, but up to 150mg may be used if you don't respond to lower doses. If a period starts within 27-34 days continue taking the Clomifene as prescribed on day 2.

If you have not had a period within 35 days, do a pregnancy test.

- If the pregnancy test is positive contact the clinic to arrange a pregnancy scan for 2 - 3 weeks later.
- If the pregnancy test is negative, it is likely that you will need an alteration of your dose or some treatment to bring on a period. Please contact the doctor who prescribed the Clomifene.

What if I miss a dose of clomifene?

If you miss a dose of clomifene, take it as soon as possible. If you do not remember until it is time for the next dose, take both doses together then go back to your regular dosing schedule.

How does it work?

In essence when you take clomifene, your body makes more of the hormones that help you get pregnant. Some of these hormones help the young eggs in your ovaries to grow. And they help one of the eggs move out of your ovary towards your womb. Sometimes more than one egg is released.

Ovulation usually occurs around the middle of a menstrual cycle (day 14) but this may vary. In order to increase the chances of conceiving it is probably best to have intercourse at least every other day from about day 10 or 11 until day 15 of your cycle. Recognising mid-cycle cervical mucus is also helpful in the timing of intercourse.

How is Clomifene treatment monitored?

There are several ways to monitor treatment. Simple measures include observing that periods are regular which implies regular ovulation. Doing a hormone blood test (progesterone) one week after ovulation, usually day 21 confirms whether ovulation has occurred.

In women on high doses of Clomifene, it is recommended that ultrasound scans are used to monitor the development and number of eggs preparing for release from the ovary. Ultrasound scans can also monitor the growth of the lining of the womb which is essential for implantation.

What are the side effects?

Some, but not all, women experience headaches or hot flushes at the beginning of the menstrual cycle. Some stomach or pelvic pain is not uncommon. Less often the following may occur: breast discomfort, dizziness or lightheadedness, headache, heavy menstrual periods or bleeding in between periods, mental depression, nausea or vomiting, nervousness, restlessness, tiredness, trouble in sleeping.

You should contact the doctor and stop the Clomifene if you have:

- Severe pelvic pain, nausea, vomiting or abdominal bloating which may indicate the presence of cysts.
- Flashing lights, yellow vision or double vision

What are the down sides to Clomifene treatment?

- If you take clomifene and you get pregnant, you're more likely to have twins or triplets than women who don't take Clomifene. This risk is no more than 10%.
- One in five women who have no periods, or infrequent periods may not respond adequately to treatment.
- The receptivity of the cervical mucus and or the lining of the womb may be affected in up to 15%.
- The Committee of Safety on Medicines has suggested that the use of Clomifene is restricted to 6 months in women who do not strictly need it. Research indicates there may be an increased risk of developing cancer of the ovaries in later life after the prolonged use of Clomifene.