

High doses of triptorelin needed for ovarian suppression in SLE

May 4 2015



(HealthDay)—For female patients with childhood-onset systemic lupus erythematosus (SLE) who require treatment with cyclophosphamide, sustained complete ovarian suppression is achieved in 90 percent of the patients with triptorelin at a weight-adjusted dose of 120 μ g/kg body weight, according to a study published in the May issue of *Arthritis & Rheumatology*.

Hermine I. Brunner, M.D., from the Cincinnati Children's Hospital Medical Center, and colleagues sought to determine the dose and duration of triptorelin that is sufficient to maintain complete ovarian suppression in patients with childhood-onset SLE who require cyclophosphamide. The team randomized female patients aged younger than 21 years to receive triptorelin (25 patients) or placebo (six patients)



to determine the weight-adjusted dose of triptorelin that provided complete ovarian suppression in at least 90 percent of the patients.

The researchers found that sustained complete ovarian suppression in 90 percent of the patients was achieved with triptorelin at a weight-adjusted dose of 120 μ g/kg body weight. Twenty-two days were required to achieve complete ovarian suppression after administration of the initial dose of triptorelin. Per 100 patient-months of follow-up the rates of adverse events (AEs) and serious adverse events (SAEs) were not higher in the triptorelin group versus the placebo group (189 versus 362 AEs; 2.1 versus 8.5 SAEs).

"High doses of triptorelin are needed to achieve and maintain complete ovarian suppression, but such doses appear to be well tolerated in adolescent <u>female patients</u> with childhood-onset SLE," the authors write. "Our data suggest that a lag time of 22 days after initiation of triptorelin treatment is required before cyclophosphamide therapy is started or continued."

One author disclosed financial ties to the pharmaceutical industry. Watson Pharmaceuticals provided funding of study medication and monitoring of the site in Brazil.

More information: Abstract

Full Text (subscription or payment may be required)

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Citation: High doses of triptorelin needed for ovarian suppression in SLE (2015, May 4) retrieved 31 January 2024 from <u>https://medicalxpress.com/news/2015-05-high-doses-triptorelin-ovarian-suppression.html</u>



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