Clomiphene citrate (clomid) for induction of ovulation

Introduction

In up to a third of women who have not conceived after a year’s unprotected intercourse, the problem is due to the ovaries not producing an egg. Usually each month one ovary will be stimulated by hormones produced in the brain. These cause small cysts or follicles to grow on the ovary in which an egg develops. Another hormone causes the follicle to burst, which releases the egg to travel down the fallopian tube where it can be fertilised by sperm. This usually occurs around 14 days after the beginning of a period, but this can vary between 11 and 16 days. The whole process is complex and is still not entirely understood. There are numerous things that can go wrong with the cycle and if an egg is not produced, the periods are likely to be irregular and sometimes heavy.

What does the drug do?

Clomiphene citrate (also known as Clomid) is a commonly used drug for infertility. The drug helps ovulation (egg production). It tells the brain that the body is not producing enough oestrogen, which stimulates the ovaries into producing eggs. It causes the pituitary gland to produce more follicle stimulating hormone (FSH) and luteinizing hormone (LH), which stimulates the ovaries into producing more eggs and follicles.

Why is it needed?

The drug is used for infertility problems when ovulation is not occurring. The most common cause of patients not ovulating is a condition known as Polycystic ovary syndrome (PCOS). The best treatment for this is to lose weight. In this condition, fat is centrally placed around the waist area and as such not only affects ovulation but in the long term can increase the risk of diabetes and heart disease. Infertility can also be caused by disorders such as endometriosis and scarring from pelvic inflammatory disease.
How is it taken?

Clomid comes in tablet form, is taken for five days and is started on the day after your period begins (usually on days two to six, with day one being the first day of bleeding in a period).

Dosage

Clomid comes in a 50mg tablet. The daily dose will be discussed with the clinician. However, the usual starting dose is 50mg.

How long does it take to work?

Normally the egg is released around mid-cycle, which is day 14. It is probably best to have intercourse every other day from day 10 to 18.

While current evidence shows short-term use to be quite safe, it is recommended that the drug should not be used for longer than six months without fertility follow-up, and definitely not more than 12 months. Fertility drugs are quite effective at stimulating the ovaries and about 70% of women will ovulate – the majority within the first three months. Of those who ovulate, between 20% and 60% will become pregnant. The wide range is due to all other factors affecting pregnancy e.g. the time you have intercourse, your age, the speed and motility of your partner’s sperm.

Special precautions

It is important to monitor the effects of the medication and check it is working. This is done by follicle tracking scans, followed sometimes by a blood test to check progesterone levels. Patients must call the fertility secretary (via the switchboard on 01271 322577) to arrange scans when they start the treatment. The blood test is organised when patients attend for the scan and depends very much on the scan findings. During the scan, it is important to check that the ovaries are not being over-stimulated, which increases the risk of multiple pregnancy.

Clomid should not be given to patients with known hypersensitivity or allergy. It should not be given to patients who are known to be pregnant, have known liver disease, abnormal uterine bleeding, ovarian cysts, under-controlled thyroid function or adrenal dysfunction.

What to do if you miss a dose

It is advisable to take the medication at the same time every day to avoid missing a dose. If a dose is missed then it should to be taken as soon as possible. However, if it is almost time for the next dose, it is advisable to not take the missed dose but continue with the regular dosing schedule. Do not take a double dose.
Other drugs/medicines

The best chance of getting pregnant is for you and your partner to lead as healthy a lifestyle as possible. Stopping smoking can make the biggest single difference to fertility but you should also try to have a healthy balanced diet, take plenty of exercise, use alcohol in moderation and try to aim for an ideal body weight for your height. It is recommended that patients take folic acid as it plays an important role in the production of red blood cells and helps the baby’s neural tube develop into the brain and spinal cord which can reduce the risk of conditions such as spina bifida.

What are the alternatives?

Clomid is usually the first line of drug treatment. If Clomid does not work, there are other treatment options for your fertility problem and this will need to be discussed with your fertility specialist.

Possible side-effects

Clomiphene citrate is generally very safe and has been used since the early 1960s. Side-effects and reactions to clomiphene citrate vary and many women experience no side-effects at all. Some patients might experience nausea and vomiting, abdominal bloating, discomfort or pain, hot flushes, headaches, weight gain, rashes, dizziness, breast tenderness, hair loss or insomnia. In the event of severe side-effects, the treatment might need to be stopped and alternative treatment options discussed.

What are the risks?

The main reason for monitoring Clomid treatment is to rule out any possible ovarian hyper-stimulation and minimise the risk of multiple pregnancy. The risk of having twins is about one in 10, compared to one in 80 with no treatment. The risk of triplets or more foetuses is very small – less than one in 5,000 – but is nevertheless increased.

Follow-up

Those taking clomiphene citrate will be followed up at regular intervals, decided on an individual basis by the clinician.

Further information

For more information, please read the information sheet that comes with your drug or medicine.

Please contact your clinician or GP should you have any questions or queries.

For more details about support networks, visit www.infertilitynetworkuk.com.
Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the ward staff or the PALS team in the first instance.

‘Patient Opinion’ comments forms are on all wards or online at www.patientopinion.org.uk.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple. Alternatively, it may be possible for us to arrange an appointment in your area.