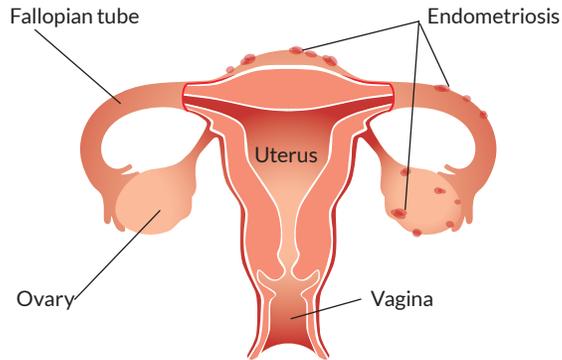


Understanding Endometriosis

Endometriosis is a condition in which **endometrial tissue**, which normally lines the inside of the uterus, is found **outside** the uterus on other organs.

The clumps of tissue that grow outside the uterus are often called **implants**. They are most often found on the ovaries, the fallopian tubes, the outer walls of the uterus, the intestines and other organs in the belly.



Endometrial tissue responds to **estrogen**, a female hormone. When you have endometriosis, the implants outside your uterus act like the tissue lining your uterus. During your menstrual cycle, the implants grow or thicken and then break down and bleed. The blood from implants cannot flow out of your body, and can cause the surrounding tissue to become irritated and swollen.

The monthly breakdown and bleeding can also cause lesions and scar tissue to form. The **bleeding, inflammation** and **scarring** can cause **pain**, especially before and during menstruation.

For more information about endometriosis and how it can be managed, please visit:
Endometriosisinfo.ca

A website of the Society of Obstetricians and Gynecologists of Canada

Understanding endometriosis and treatment with a GnRH agonist

At AbbVie, we believe that patient support is an important part of treatment.



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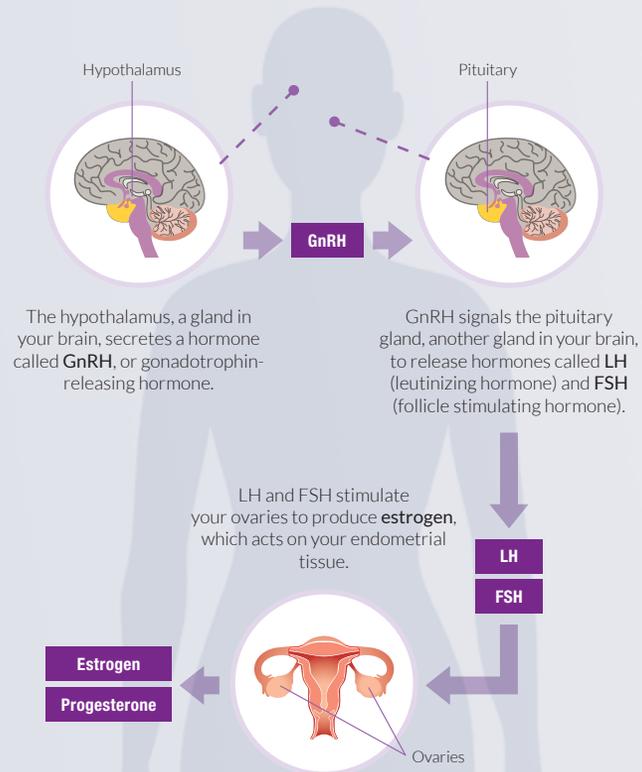
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Hormones and Endometriosis

The cause of endometriosis is not known. What experts do know is that **estrogen** makes endometriosis worse. Women who are of childbearing age – from their teens into their 40s – have high levels of estrogen. It is during these years that women can develop endometriosis.

How is estrogen produced?



When women go through **menopause**, estrogen levels drop and periods end for good. **The symptoms of endometriosis tend to decrease when women enter menopause.**

GnRH Agonist Therapy

How GnRH Agonist Therapy Works

Treatment with a **GnRH agonist** reduces the production of LH and FSH from the pituitary gland. This leads to a **decrease of estrogen**, to the levels that women have after menopause.

The Effects of GnRH Agonists

- Helps reduce the pain associated with endometriosis
- Helps to reduce endometrial lesions
- Interrupts normal menstrual periods in most patients

Side Effects of GnRH Agonists

Since GnRH agonists lower the amount of estrogen in your system, the most common side effects of this type of therapy can be similar to the symptoms of menopause, including hot flashes, trouble sleeping, vaginal dryness, loss of sex drive and thinning of the bones. Your doctor may want to monitor your bone mineral density during treatment. Other possible side effects include tiredness, headache, joint and muscle stiffness and depression.

Your doctor may prescribe an **"add-back"** therapy in addition to a GnRH agonist. Add-back therapy is a daily hormone pill that is taken during treatment with a GnRH agonist to add small amounts of **estrogen and/or progestin** back to your system, which can help control the side effects associated with lower levels of estrogen during therapy with GnRH agonists.

Frequently asked questions

Will GnRH agonist therapy put me into early menopause?

No, GnRH agonist therapy suppresses estrogen levels **while you are on treatment**. Once GnRH agonist therapy is stopped, your estrogen levels will rise and your menstrual cycle will return, though the time that this takes varies from one person to another.

How long do I take GnRH agonist therapy?

GnRH agonist therapy is usually limited to a short period of time, up to 6 months. If your endometriosis symptoms recur after these initial 6 months, your doctor can evaluate and choose an appropriate next step for you.

Does treatment with a GnRH agonist cure endometriosis?

Like all treatments for endometriosis, GnRH agonist therapy is not a cure. However, GnRH therapy reduces the pain and lesions associated with endometriosis.

Will GnRH agonist therapy affect my fertility?

GnRH agonist therapy reduces the level of hormones so that you should not be able to become pregnant while you are on treatment.** However, when women stop taking GnRH agonist therapy, monthly periods and the ability to become pregnant normally return.

****you must use non-hormonal methods of birth control while receiving a GnRH agonist, due to its effects on hormone levels.**

Sometimes women with endometriosis can have more difficulty getting pregnant. There are different ways of managing infertility.

Only you and your doctor can decide which treatment is best for you. Speak to your doctor if you have any questions about endometriosis or about treatment with a GnRH agonist.