

## Low-dose menotropins: optimising ovulation induction

Over a 10-year period during which they have treated 225 women with polycystic ovary syndrome, researchers in the UK have developed a protocol to induce ovulation in such patients while minimising the development of multiple follicles.

In their report, the researchers note that their patients achieved a conception rate of 45% (102 of 225), and that the multiple pregnancy rate was just 6% (7 of 109), with no triplet or higher-order pregnancies.

Initially, patients received a starting dose of menotropin 75IU, but even at this dose level the researchers report that > 20% of cycles '*had to be abandoned*' due to the development of multiple follicles.

### Low dose the key

The researchers stress that the key feature of their currently used regimen is a lower starting dose of IM menotropins (usually human menopausal gonadotrophin) 52.5 IU/day for up to 14 days, followed by small stepwise dosage increments if necessary. The daily menotropin dose is increased to 75IU if no dominant follicle is observed by day 14, and further increased by 37.5 IU/day each week to a maximum 225 IU/day. The dosage level is stabilised when a dominant follicle emerges and is kept constant until the follicular diameter reaches 18mm and the endometrial thickness is  $\geq 8$ mm. At this time menotropins treatment is halted and a single dose of human chorionic gonadotrophin 5000IU is administered.

The researchers note that the observed 20% rate of miscarriage in the 91 patients who were treated according to the lower-dose protocol approaches that of the general population.

White DM, Polson DW, Kiddy D, Sagle P, Watson H, et al. Induction of ovulation with low-dose gonadotropins in polycystic ovary syndrome: an analysis of 109 pregnancies in 225 women. *Journal of Clinical Endocrinology and Metabolism* 81: 3821-3824, Nov 1996

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