

## ARE YOU CAUGHT IN THE CLOMID OVER-PRESCRIPTION CYCLE?

### FIRST STEPS AND NEXT STEPS

For many women who are having trouble getting pregnant, the first medication prescribed for them will be an oral pill known as clomiphene citrate, known most commonly under its brand name, Clomid. While this medication proves to be highly effective for many women, others may find themselves taking Clomid for months on end, without success. So, how do you know when it is time to move on to other medications which might be more effective for you?



Clomid works by helping the brain to simulate the ovaries, thus producing more eggs. It often proves helpful for women under the age of 38 who do not ovulate at all (anovulation) or, for women of that age group who need to enhance their fertility. Since Clomid does not stimulate the ovaries directly it is not as powerful as injected medications, known as gonadotropins. But for many women, it is often enough to do the trick.

But, here's the thing. Clomid, unfortunately, can sometimes be an over-prescribed medication, even by doctors who care about you and have your best interests at heart. It is up to you to be proactive on your own behalf, and to make sure that you do not fall into the Clomid over-prescription cycle.

### STAYING IN CONTROL, AND TAKING CARE OF YOU

One way you can be your own best advocate is to make sure that you do not begin taking Clomid unless you have already received a complete infertility workup and have full information about yours, and your partner's, reproductive systems. It is important to note that many people experience several causes of infertility simultaneously, such as blocked fallopian tubes, unresolved infections, or male factor infertility in their partners. Treating anovulation without addressing any additional symptoms or disorders you may have will ultimately wind up costing you time, money, and most importantly, emotional strife.

If you are seeing a fertility specialist, a physical exam will be performed, and a sperm sample will be requested from your partner if you are in a couple. Your doctor will also want information about your medical history and your family's medical history. Questions asked will include information about your menstrual cycle, STD exposure, and lifestyle choices, including workplace environment and exposure to toxins. Since some causes of infertility seem to run in families, your physician will also be looking for information about certain conditions that may exist in yours, such as premature ovarian failure, endometriosis, polycystic ovarian disease, diabetes, celiac disease and others.

In addition, your age will be taken into consideration. Clomid is not typically recommended for women over 38 years of age, particularly in those who have diminished ovarian reserve.

### **Infertility Tests You Can Expect Include:**

- Blood tests to evaluate ovulation, hormone levels and potential thyroid abnormalities.
- Hysterosalpingogram and/or laparoscopy to check for blockages in or outside of the fallopian tubes.
- Testing for STD's such as Chlamydia, Gonorrhea, or HIV. These may be blood, urine or oral swab tests.
- Follicle Stimulating Hormone (FSH) and/or Anti-Mullerian Hormone (AMH) blood test to check your ovarian reserve, meaning, the quantity of your existing egg supply.
- Semen analysis of your partner; if his sample shows any abnormalities, additional testing and a physical exam may be required.

### **A GENTLE BEGINNING**

If the test results indicate that there is sufficient sperm, your fallopian tubes are open, your pituitary gland is working correctly, your ovarian reserve is adequate and your uterine lining is developing appropriately, your physician may recommend the combination of Clomid and timed intercourse as a first treatment option if you are under the age of 36. The day you ovulate can be determined either by an at home predictor kit or by an ultrasound and blood tests performed in your doctors office. Sometimes, ovulation will be triggered by an injection of Human Chorionic Gonadotropin (hCG). It is important to note that this form of treatment can result in twin birth under 10% of the time but rarely more than twins.

Clomid success rates depend on a combination of your age, ovarian reserve, other fertility factors and dosage. Some women with polycystic ovarian syndrome, for example, may be placed on a low dosage of 50 mg. to start but typically, the starting dosage for women who already ovulate will be 100 mg. Some women will need more than 100 mg. of Clomid to help them ovulate.

Most women who conceive through this protocol do so in three cycles or less. If you find that you have not conceived no matter what the dosage, after two or three cycles at the most it is time to consider moving onto other options. At this point if you and your doctor determine that you should continue to use Clomid as your medication of choice, you may opt to consider trying Intra Uterine Inseminations (IUI), which are also sometimes called artificial insemination.

### **A SENSIBLE NEXT STEP**

IUI's are a low tech form of assisted reproductive technology performed in a physician's office. When doing an IUI you may be given either Clomid or the more powerful, injected gonadotropin medications. The risk of multiple birth through the use of IUI's with Clomid and an hCG trigger injection is under 10%<sup>x</sup>. Discuss with your doctor how many IUI's it makes sense for you to try. You may wish to attempt to use Clomid for up to three of these procedures but if you do not conceive during that time, statistically, you most likely will not do so and should give serious consideration to moving onto other medications.

In total, you should not consider doing more than six rounds of Clomid, independent of the type of protocol used, particularly if you are over the age of 38.

## **MAKING A PROACTIVE CHANGE**

If Clomid has not proven successful for you, it may be very disappointing, and even scary to think that the next step will be medications that need to be injected. You probably never thought that this would be your life. But keep in mind that these medications help many women to ovulate who simply could not get pregnant with Clomid. While it may feel like an overwhelming change it really is one that you can get through, and remember, this is temporary, not forever. And you can choose to either inject your medications yourself or, have someone else do it for you. Many couples build these injections into a routine that includes other, enjoyable things, such as cooking a meal together, or watching a funny movie.

It is understandable that the difference in cost between relatively inexpensive Clomid and the more expensive gonadotropins will play a role in your decision making process. But keep in mind that the cost of taking even an inexpensive drug that is not working for you month after month will add up over time. And while time is passing, the biological clock is also ticking.

So when thinking about moving onto next steps, remember that your goal is to get out of your doctor's office as quickly as possible and into the playground with your baby! For many women who cannot get there by using Clomid alone, more powerful medications plus either Intra Uterine Insemination or In Vitro Fertilization may prove to be the key.

## **END NOTES**

1 Becker, Kimberley. "Clomid and IUI." Available at: <http://www.raising-twins.com/clomid.html>. 16 February 2011.

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