Pelvic Ultrasound: Uterine Fibroids
Medical Treatment


Rating (out of 4):

Algorithm available in the full guideline

Scope
This guideline is intended for family physicians, obstetricians and gynaecologists.

Clinical Question
What are the best medical treatments for uterine fibroids?

Excellent/Good Evidence

- Hormone replacement therapy (HRT) should not be used to treat fibroids, as it is not effective in reducing uterine fibroid size.
- Transdermal estrogen formulations should not be given to women with fibroids.
- Gonadotraophin-releasing hormone analogue (GnRH) treatment reduces uterine and fibroid size, but unpleasant side effects and a reduction in bone mineral density limits its sole use to six months.

Fair Evidence

- Nonsteroidal anti-inflammatory drugs (NSAIDS) are not effective in reducing heavy menstrual bleeding in women with uterine fibroids.
- GnRH analogue treatment for three months, followed by combined “addback” therapy (estrogen plus progestin), shrinks fibroids and provides an alternative for women who have contraindications to surgery or who do not wish to undergo it. Once therapy stops, fibroids will return to pre-therapy size.
- Oral contraceptives are not effective in shrinking uterine size, but may reduce menstrual blood loss, with a resultant improvement in haematocrit.
- There is insufficient evidence to recommend progestogen-releasing IUDs to reduce uterine fibroid size.
Insufficient / Consensus*

- Progestogens should not be used to treat uterine fibroids as there is insufficient evidence of benefit.

* Guideline Development Note:
The evidence-based recommendations within this guideline do not differentiate case control studies from consensus studies within their D level recommendations. In this unique instance, the GAC has combined all D level recommendations under the GAC level of "Insufficient/ Consensus".