FEMALE SEX HORMONES & INHIBITORS

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HORMONES

- Strogen
- S Progesterone
- I FSH
- & GnRH



Synthetic: ethinyl estradiol, stilboestrol

(SMOA:

it enters into cell,bind to cytosolic receptors and translocate of receptor hormone complex into nucleus where it modulates gene expression.

• Estradiol has low oral bioavailability

- micronized form for oral use.
- transdermal patch, vaginal cream, or intramuscular injection.
- Estradiol cypionate. Longer acting , I/M
 Ethinyl estradiol and mestranol. B/A increased

ESTROGEN

Effects;

- () Growth of normal genital structure
- () Secondary sex characters
- Reduce bone resorption
- S Enhances blood coagulability
- () Increase triglycerids
- Reduces LDL

CLINICAL USES OF ESTROGEN

- () Treatment of hypogonadism
- () Use in HRT (hormone replacement therapy)
- S Premature ovarian failure
- () Preventing bone loss and osteoporosis
- () Hormonal contaceptives
- (S) CA prostate
- 🕓 Dysmennorhhea

TOXICITY OF ESTROGEN

- (§ In hypogondal girl, premature closure of epiphyses of long bones.
- Increased risk of endometrial cancer
- Small increase risk of stroke and breast cancer
- Solution Dose dependent toxicity is nausea, vomitings headache, breast tenderness, migraine, gall bladder disease, hypertension and hypertriglyceridemia.
- S orally administered estrogens will have a high ratio of hepatic to peripheral effects.
- (S) Diethylstilbestrol (DES)???

PROGESTINS

Natural: progesterone

Synthetic :

- L-norgestrel
- Medroxyprogesterone
- Norgestimate
- Norethisterone

PROGESTRONE

- Secetory changes in endometrium
- S Maintaince of pregnancy
- Affect carbohydrate metabolism and stimulate fat deposition
- I High doses suppress gonadotrophins and cause anovulation
- (S) Cervix, thick secretions
- (5) Breast changes, rise in body temperature

CLINICAL USES

- (S) Contraception
- 🕓 In HRT
- (§) Endometrial hyperplasia /cancer
- (JUB (dysfunctional uterine bleeding)
- (§) Premenstrual syndrome
- (5) Threatened abortion

TOXICITY OF PROGESTRONE

- Increase blood pressure, headache, acne
- () Decrease HDL
- Oblaged resumption of ovulation after therapy
- () Decrease in bone density
- (S) Teratogenic

steroid hormone that is important in the reproductive development in females

Produced by the growing Grafian follicle

Secreted by ovaries prior to ovulation; also produced by the placenta during pregnancy

Secretion is regulated by FSH

Involved in the formation and maintenance of secondary sex characteristics; also important in bone resorption

Involved in the enlargement of the uterus and breasts during pregnancy steroid hormone that prepares the uterus for pregnancy

Produced by the corpus luteum

Secreted by the ovaries after the ovulation; also produced by the placenta during pregnancy

Secretion is regulated by LH

Involved in the formation and maintenance of endometrium and uterus

Involved in the reduction of contractility of the uterus and stimulates the growth of mammary glands

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Classification

Selective Estrogen Receptor
 Modulator (SERM)

Tamoxifen, Toremifene, Raloxifen

Clomiphene

Pure Estrogen Receptor

Antagonist:

Fulvestrant

Aromatase Inhibitors (Estrogen synthesis inhibitors) Anastrozole, Letrozole , Exemestane , Fadrozole

- Progesterone Antagonist
 Mifepristone
- Anti-estrogen, Anti-progestin,

Anti-androgenic activity:

Danazol



Expression in estrogen-responsive cells

SERMs

- () Stands for selective estrogen receptors modulators
- () At some receptors act as agoinst and on others as antagoinsts
- 1. Tamoxifen
- 2. Raloxifen
- 3. clomiphene

TAMOXIFEN

MOA

- (S) As antagoinsts on breast tissues
- (S) While agoinst at endometrial receptors
- S Agoinst on bones

Clinical use

- Used in hormone responsive breast cancer
- Used as prophylactically in women at high risk
- osteoporosis

RALOXIFEN

MOA

- Act as antagonist on breast tissue so reduce chances of breast cancer
- (S) No/low effect on endometrial tissue

- \odot **Used** in osteoporosis in postmenopausal women
- Side effects hot flushes and venous thrombosis

() Non steroid compound having tissue selectivity

MOA

- () It blocks estrogen receptors in pituitary,
- () reduces negative feedback and increase FSH AND LH levels.
- Increase gondatotrophins stimulates ovulation.

Clinical use

Ovulation Induction in treatment of infertility in females with polycystic ovarian disease

Adverse Effects

- Incidence of multiple pregnancies is 10 %
- Nausea, vomiting.
- Hot flashes
- Burred vision (Intensification & prolongation of afterimages), may cause trouble while driving.
- Headache, can trigger migraine
- Allergic skin reactions
- Reversible hair loss Weight gain

FULVESTRANT

• Pure estrogen receptor antagonist

• Effective in the treatment of breast cancer in patients who become resistant to Tamoxifen

ESTROGEN ND PROGESTERONE SYNTEGESIS INHIBITORS OR ANTAGOINSTS

- 1. Mifepristone
- 2. Danazol
- 3. Aromatase inhibitors

- ③ Orally active anatagoinst of progesterone
- It also anatgonise the glucocorticoids
- () **Used as abortificent**(within 49 days)
- It is given along prostaglandin E or F analogue(reduce toxicity)
- Also used as postcoital contraceptive
- Other uses are endometriosis, cushing`s syndrome, breast cancer
 Adverse effects: Vomiting, diarrhea, abdominal or pelvic pain

AROMATASE INHIBITORS

- Anastrazole and related compounds letrozole
- Inhibitors of aromatase
- Aromastase is enzyme required for estrogen synthesis, aromatization of androgens(testosterone) into estrogens
- Inhibit excessive estrogen synthesis in patients with polycystic ovarian disease
- Prevent the negative feedback and increase synthesis of FSH,LH and **result in ovulation induction in females** and spermatogenesis in males

CLINICAL USES

• Used in treatment of breast cancer

• Treatment of infertility

Ovulation induction in females having polycystic ovarian disease

• To increase sperm count in male patients



- S Partial agonist of glucocorticoids and androgens
- Inhibit p450 enzyme(synthesis of gonadal hormones)
- S Treatment of endometeriosis and fibrocytic disease of breast.

Adverse Effects

 Weight gain • Edema • Acne • Hirsuitism • Headache • Hot flashes • Muscle cramps

OVULATION INDUCING AGENTS (DRUGS USED FOR TREATMENT OF INFERTILITY)

- **Clomiphene** (50-100mg once daily from day 2 to day 5)
- **Gonadotropins(FSH,LH)** given I/M for ovulation at day 14 of menstrual cycle Menotropins, Urofollitropin
- Aromatase inhibitors: Letrozole, Anastrozole