

Ovulation Induction with Oral Agents (Clomid & Letrozole)

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Information for patients

What is clomid or Letrozole and why is it prescribed?

Clomid (clomiphene citrate) or Letrozole are used in women who do not ovulate (produce eggs) regularly each month leading to infertility.

These medicines stimulate ova (eggs) to develop in the ovaries and be released ready for fertilization.

How should this medicine be used?

Clomid or Letrozole are tablets taken by mouth.

They are started on day 2 of the menstrual cycle (day 1 is the day you wake up bleeding, please ignore any spotting prior to this).

The initial dose for Clomid is a 50 mg tablet and taken once a day for 5 days (day 2 to day 6).

The initial dose for Letrozole is a 2.5 mg tablet and taken once a day for 5 days (day 2 to day 6).

To help you remember to take the medicine, take it around the same time every day.

Ovulation usually occurs 5-12 days after the last Clomid tablet.

What if you have no menstrual cycle?

If you do not have regular, or have very infrequent periods, you will be given a progestin (such as Provera or Norethisterone) to induce bleeding.

Then begin the ovulation induction medicine on the second day after your induced period has started. as above

When is the optimal time to have intercourse

The best time to have intercourse is from 5 days after the last Clomid/Letrozole tablet every other day for one week; although it is recommended, when trying to achieve a pregnancy to have regular sexual intercourse 2-3 times per week.

How is the response to treatment monitored?

In first treatment cycle:

1 A blood test will be performed in the second half of the cycle to measure the progesterone level (usually on day 21). This will enable us to see if you have ovulated. Please contact us via email

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cav.gynae.fertility@wales.nhs.uk once your blood test has been taken so we can contact you with the result.

2 If you ovulate but do not conceive and menstruation occurs, the same dose of Clomid/Letrozole is repeated in the following cycles.

3 If bleeding does not occur by 6 weeks after your last Clomid/Letrozole tablet, you should have a pregnancy test. If you are pregnant, you will not require further treatment and should report to your family doctor.

4 If your pregnancy test is negative, repeat the test in one week to confirm the result.

5 If you are not pregnant, start another cycle of Clomid/Letrozole treatment at the same dose, unless advised to do otherwise.

6 Your Reproductive Medicine team will review your response to treatment if you do not appear to be ovulating. The dose of Clomid may be increased to 100 mg whilst the dose of Letrozole may be increased to 5 mg.

This will again need to be taken daily for 5 days. Steps 1-5 will be repeated.

7 If your progesterone concentrations remain low, this indicates that you are still not ovulating in response to the treatment. The dose of Clomid could be further increased to 150 mg per day for 5 days for the following cycles. The dose of Letrozole could be further increased to 7.5 mg per day for 5 days for the following cycles. This would only be recommended following discussion with your consultant team.

8 Do not increase the dose yourself; you may over-stimulate your ovaries.

9 Ultrasound monitoring is usually not required. Your team will inform you if this is indicated.

10 You will only be given a maximum of 6-9 cycles due to the increased risks/side effects associated with Clomid (see overleaf).

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, call your doctor for additional directions. Do not take a double dose to make up for a missed one

What side effects can Clomid cause?

Side effects with Clomid are not common and tend to be dose related.

More frequent symptoms include:

- Hot flushes.
- Abdominal discomfort (bloating or soreness).

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- Headache.
- Breast discomfort.
- Menstrual irregularities with bleeding or spotting between cycles.

Occasionally visual symptoms can occur, including blurred or double vision and visual spots or flashes. If these occur, you must stop treatment and inform your doctor immediately. If you experience stomach swelling, weight gain or shortness of breath you must also contact your doctor immediately.

Prolonged use of Clomid (more than 12 cycles of treatment) may increase the risk of ovarian cancer and for this reason it is not used for more than 12 cycles of treatment

What side effects can Letrozole cause?

Similarly, side effects with Letrozole are not common and tend to be dose related.

More frequent symptoms include:

Constipation, gastrointestinal disturbances, diarrhea

Nausea and vomiting

Bone pain, bone fracture, osteoporosis

Hot flushes

Breast discomfort

Blurred vision, eye irritation

Mood change, headache, dizziness

Temporary weight gain

Response to treatment

Approximately 7 out of 10 patients treated with Clomid or Letrozole will ovulate and 4 out of 10 will conceive.

Most women who will ovulate do so during the first three months of treatment.

If you are ovulating and have not conceived after 6 cycles, other methods of ovulation induction should be considered.

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Multiple pregnancy

The incidence of twins is increased to 5-10%, but multiple births of more than twins are rare (less than 0.5%). There is some evidence that the risk of twin pregnancy is less with Letrozole when compared to Clomid treatment.

The rate of miscarriage is not increased, nor is the incidence of congenital anomalies.

If you have any further questions, please contact:

cav.gynae.fertility@wales.nhs.uk

Useful websites:

Fertility Network UK: fertilitynetworkuk.org