

Metrodin HP: Treatment of Choice or just another Ovulatory Stimulant?

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The primary goal of couples entering assisted reproduction programmes is obviously to achieve a baby: The use of ovulatory stimulants to collect a greater number of oocytes at one time and create multiple embryos for transfer and improve the pregnancy rate is well established. Historically there has been a progression from the use of human pituitary gonadotrophin preparations to combined urinary preparations of FSH and LH and more recently, FSH alone preparations. Both physiological and clinical research has indicated that the important component to gonadotrophin ovulation stimulation is the FSH component. A review of current world literature would indicate that FSH alone preparations are the equal if not superior to other preparations in terms of measurable outcomes including oocyte quality, oocyte number, embryo quality and the establishment of a pregnancy.

Whilst clinicians and scientists may debate the relative merits of different preparations and argue over the importance of 0.05 significance, the patients perspective is somewhat different. The patients objective would be to have a simple cost effective treatment that maximized the overall chance of pregnancy but minimized any harmful side effects, including those of the treatment and eliminated the choice of high order multiple pregnancies. Data will be presented to illustrate the current practice of our unit which has eliminated hormonal tracking of ovulatory stimulant cycles. Monitoring is minimized to one or two ultrasound scanning examinations, the stimulation treatment programme is home based with over 90% of couples administering injections themselves. Metrodin HP is an integral part in achieving the objectives of simplicity, cost efficiency and effective reproducible implantation rates.

The ability to cryopreserve supernumerary embryos of good quality with subsequent replacement in frozen thaw cycles is also integral to the programme. The implementation of such technology can dramatically decrease the multiple pregnancy rate and almost eliminate the prospect of a high order multiple pregnancy.