

DYDROEASE

Dydrogesterone 10 mg Tablets



PREVALENCE:

The prevalence of **Menstrual Disorders** has been recorded as high as **85.0 - 93.4%** in India.

75% of girls experience some problems associated with menstruation like Delayed, Irregular, Painful and Heavy Menstrual Bleeding.

Prevalence of **Dysmenorrhea** is **70.2%** in Indian Women.

The estimated frequency of **Spontaneous Abortion** is between **12% and 24%** of all clinically identified pregnancies.

The frequency of **Endometriosis** among women with infertility is found to be **48.38**%.

According to World Health Organization estimate the overall prevalence of **Primary Infertility** in India is between **3.9 to 16.8%**.

EASE YOUR LIFE WITH DYDROEASE:

Dydroease is a synthetic progestational hormone with no androgenic or estrogenic properties. Unlike many other progestational compounds, dydrogesterone produces no increase in temperature and does not inhibit ovulation.

How Dydroease Works:

Dydrogesterone is an orally active progestogen which acts directly on the uterus, producing a complete secretory endometrium in an estrogen-primed uterus.

At therapeutic levels, dydrogesterone has no contraceptive effect as it does not inhibit or interfere with ovulation or the corpus luteum.

Furthermore, dydrogesterone is nonandrogenic, non-estrogenic, non-corticoid, non-anabolic and is not excreted as pregnanediol. Dydrogesterone helps to regulate the healthy growth and normal shedding of the uterus lining. Therefore, it may be useful in the treatment of menstrual disorders such as absent, irregular or painful menstrual periods, infertility, premenstrual syndrome and endometriosis.

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REFERENCES: Gynecol Endocrinol, Early Online: 1-4, 2015

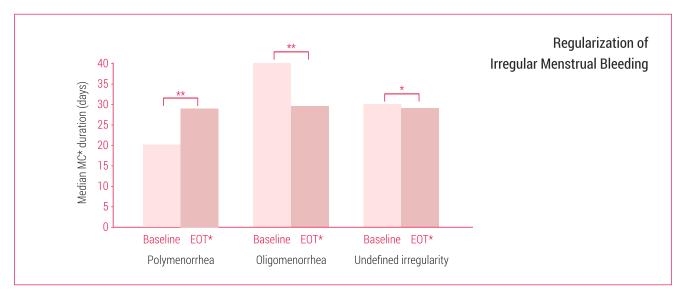
CLINICAL EVIDENCE:

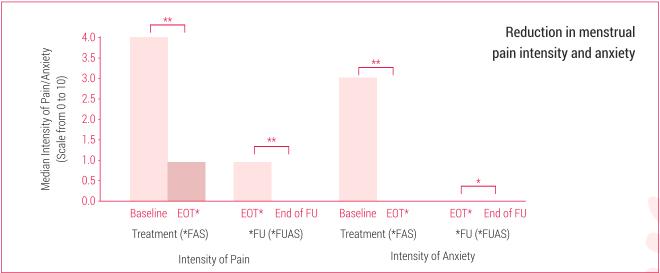
Dydrogesterone treatment for menstrual-cycle (MC) regularization in routine clinical practice

Study Design: Multicenter observational study

Total Patients: 996 women | Dosage: 10 mg once or twice daily | Study duration: 6 months

Result:





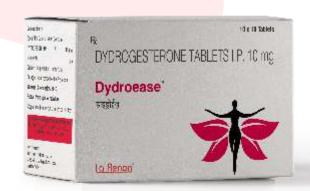
Dydrogesterone was associated with high or very high patient satisfaction (89.6%); the clinical response was considered good or excellent (85.8%).

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DESCRIPTION:

Each film coated tablet contains Dydrogesterone 10 mg



INDICATIONS:

Progesterone Deficiencies:



Treatment of Endometriosis



Treatment of Dysmenorrhoea



Secondary Amenorrhoea



Irregular cycles



Dysfunctional uterine bleeding



Pre-menstrual Syndrome



Threatened miscarriage



Habitual miscarriage



Infertility due to luteal insufficiency

DYDROEASE BENEFITS:

- Rapid onset of action
- Recommended by FOGSI* and EPC* guideline
- Low dosage requirement
- 1.5 times better affinity than oral MCP

- 47% reduction in threatened miscarriage
- 29% reduction in recurrent miscarriage
- Better half-life of 5-7 hours imparting long and stable effect
- Bioavailability is 5.6 times better than oral MCP (Micronized Progesterone)

DOSAGE:

As directed by the physician.

*The Federation of Obstetric and Gynaecological Societies of India (FOGSI) | *European Progestin Club (EPC)

REFERENCES: Schindler AE, Campagnoli C, Druckmann R, et al. 2008;61:171-180. | Schindler AE. 2009;65S:S3-S11. Stanczyk FZ, Hapgood JP, Winer S, Mishell DR Jr.. Endocr Rev.2013;34(2):171-208. | Carp H. 2012;28(12):983-990. Carp H. 2015;31(6):422-430. | FOGSI Publication- FOGSI GCPR, 2015. Accessed on 21st January, 2016 | Gynecol Endocrinol. 2015;31(6):447-449.

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