

## **Who are candidates for Clomid?**

Clomid is an oral fertility enhancing medication for patients with ovulatory problems (such as failure to ovulate or inconsistent ovulation). Some patients with ovulation difficulty have other medical conditions that require specific therapy (such as Synthroid for hypothyroidism). Clomid is offered to patients who have no known medical condition hindering ovulation and to patients whose medical treatment by itself fails to stimulate ovulation. Some terms for ovulation dysfunction are: PCOS (polycystic ovary syndrome), anovulation, irregular ovulation, luteal phase deficiency, and progesterone deficiency.

## **Evaluation**

History and physical in the office

Semen analysis

Progestin challenge (for those who are not having any periods): A progesterone-type hormone is prescribed to attempt to induce a period. Call us if you do not have a period beginning 2-7 days after you finish the prescription.

Basic Blood work (done in the morning while fasting). This is done to evaluate you for medical conditions which could impair ovulation.

- Thyroid stimulating hormone (TSH)

- Prolactin

- Glucose

- Insulin

Optional additional blood work:

- Insulin and/or glucose challenge test

- Testosterone, DHEAS, and 17-OH progesterone levels (these currently are recommended only for women with evidence of masculinization)

## **How Clomid is prescribed**

The FIRST day of each period (either spontaneous or induced by a progestin challenge) is called day ONE.

Clomid is taken every day from days 5-9. The initial dose of Clomid is 50 mg (one pill a day), but can be increased if the response to 50mg is inadequate. Ovulation should occur between days 14-19 (so please have intercourse beginning around day 12 and don't skip two days in a row through at least day 20).

In the first cycle of Clomid, you should have a blood progesterone level drawn 5-7 days after ovulation. Use a BBT graph or ovulation test kit to improve the accuracy of your ovulation estimate.

We will need to increase your Clomid dose if:

- you ovulate but have a mediocre progesterone level

- you do not ovulate (please note that if you do not ovulate, we'll need to prescribe Provera to induce a period and an increased Clomid dose, up to a maximum of 150mg/day for days 5-9)

If you get an excellent response from Clomid (ovulation AND excellent progesterone level) we'll continue Clomid at the same dose for 3-4 cycles.

However, we know that not everyone will be successful with Clomid.

Examples of problems with Clomid response:

- failure to ovulate

- ovulation but inadequate luteal phase progesterone

- excellent apparent response to Clomid, but failure to conceive after 3-4 cycles

For any of the above examples, you'll need to schedule an appointment so we can discuss further options (adding empiric insulin sensitizing meds, referral to a reproductive endocrine practice)

If you develop pain, you'll need to come into the office for an examination.

Side effects of Clomid are usually temporary but can include hot flashes, breast discomfort, nausea, vomiting, headache, or visual disturbances. The risk of twins is 3-4% when you conceive on Clomid.