Objectives

- Discuss the epidemiology, causes and treatment of nonsteroidal anti-inflammatory drug resistance in women with dysmenorrhea
- Review the past, present and future use of selective progesterone receptor modulators in the management of uterine fibroids
- Summarize the principles prescribing drugs during pregnancy

Content Outline

1. Nonsteroidal Anti-inflammatory Drug Resistance
   A. Epidemiology
   B. Menstrual pain causes
      1. Anatomical
      2. Molecular
   C. Medical adherence issues
   D. Treatment
      1. Hormone-based
      2. Surgical
      3. Vasodilators
      4. Complementary and non-pharmacological therapies

2. Progesterone Receptor Modulators in Management of Uterine Fibroids
   A. Estrogen induced fibroid growth
   B. First use of mifepristone
   C. Introduction of ulipristal acetate and other drugs
   D. Treatment pathways
      1. Symptomatic wishing to preserve fertility
      2. Symptomatic and childbearing completed
      3. Management fibroid growth prior to surgery

3. Principles of Prescribing in Pregnancy
   A. Pregnancy and changes in pharmacokinetics
   B. Breastfeeding and maternal pharmacotherapy
   C. Drugs used in pregnancy and potential fetal effects

Reading Material Resources

Module WB2033: Women’s Health Pharmacology is based on the 3 resources listed below. A copy of each resource is included with the module.


Principles of prescribing in pregnancy, El Shamy, et al., Obstetrics, Gynecology and Reproductive Medicine, 28:5, 2018, 136-140