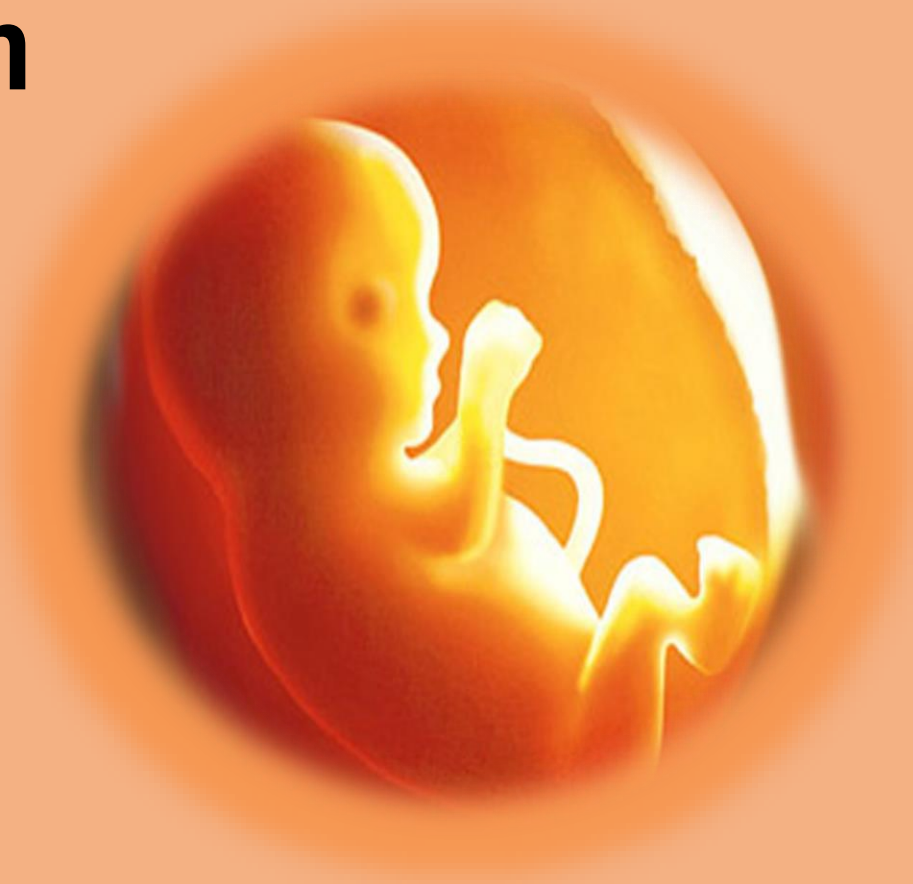
Assessing the Impact of Dydrogesterone on Pregnancy Outcomes in Cases of Threatened Abortion



Content

Background and Objective of the Survey

Dydrogesterone, a synthetic progestogen, is commonly used in the management of threatened abortion, which refers to vaginal bleeding and/or abdominal pain in the first half of pregnancy without cervical dilatation. The impact of dydrogesterone on pregnancy outcomes in cases of threatened abortion has been subject to extensive research and clinical experience.

Studies evaluating the use of dydrogesterone in threatened abortion have reported promising results in terms of improving pregnancy outcomes. Dydrogesterone is believed to exert its beneficial effects by supporting the endometrium, promoting implantation, and maintaining the early pregnancy by providing adequate progestogenic support.

Specifically, dydrogesterone supplementation has been associated with a reduction in the rate of miscarriage and preterm birth in women with threatened abortion. Additionally, it has been shown to decrease the risk of adverse maternal and neonatal outcomes, such as low birth weight and neonatal intensive care unit (NICU) admission.

Furthermore, dydrogesterone is well-tolerated with minimal side effects, making it a safe option for use in pregnancy. Its favorable safety profile and lack of teratogenic effects further support its use in threatened abortion.

Overall, dydrogesterone plays a valuable role in the management of threatened abortion, offering a safe and effective option for improving pregnancy outcomes and reducing the risk of miscarriage and preterm birth. However, individual patient characteristics and clinical judgment should guide the decision to initiate dydrogesterone therapy, and close monitoring by a healthcare provider is essential throughout pregnancy.

The objective of the survey is:

To a**ssess** the impact of dydrogesterone on pregnancy outcomes in cases of threatened abortion

Methodology of the Survey

A survey was conducted to a**ssess** the impact of dydrogesterone on pregnancy outcomes in cases of threatened abortion. A total of 150 doctors from India participated in the survey.

Step 1: A literature search was done on the topic. Below topics were covered in the literature search

- Dydrogesterone: background and pharmacology
- Dydrogesterone in threatened abortion: pregnancy outcome
- A systematic review of dydrogesterone for the treatment of threatened miscarriage
- A randomized double-blind controlled trial of the use of dydrogesterone in women with threatened miscarriage in the first trimester: study protocol for a randomized controlled trial
- Effect of dydrogesterone and progesterone on threatened miscarriage due to corpus luteum insufficiency
- A critical appraisal of safety data on dydrogesterone for the support of early pregnancy: a scoping review and meta-analysis
- Efficacy of dydrogesterone on treating recurrent miscarriage and its influence on immune factors: a systematic review and meta-analysis

Step 2: A survey questionnaire was prepared based on the literature search. The survey form was shared through the digital medium with physicians across India.

Step 3: Their responses were analyzed and the findings are provided in this survey analysis booklet.

Literature Review

Dydrogesterone: background and pharmacology

Dydrogesterone is a potent orally active progesterone receptor agonist that was developed in the 1950s and that has been widely used since the 1960s for menstrual disorders such as premenstrual syndrome, cycle irregularity, endometriosis, threatened miscarriage, and habitual miscarriage, and for postmenopausal hormone therapy. Unlike other members of the progestin family, dydrogesterone and its main active metabolite, 20α-hydroxydydrogesterone, do not have any clinically relevant agonistic or antagonistic activity on the androgen, estrogen, and glucocorticoid receptors and only mild antimineralocorticoid properties. Safety concerns owing to receptor cross-activation have precluded the use of the majority of the progestins in fertility treatment and pregnancy. Only bioidentical progesterone, 17-hydroxy-progesteronecaproate and dydrogesterone are considered to be sufficiently safe for the developing fetus.

Interestingly, dydrogesterone has only little effect on gonadotropin release and therefore hardly interferes with follicular growth and corpus luteum formation and maintenance. At clinically used doses (5–30 mg), ovulation is not suppressed in the human, although recently dydrogesterone (20 mg/d) has been used as an alternative to chlormadinone acetate for preventing premature LH surges in the context of controlled ovarian stimulation (COS).

In contrast to natural progesterone, dydrogesterone has good oral bioavailabilty (~28%). The half-life of dydrogesterone has been estimated to be 5–7 hours and the half-life of 20α-hydroxydydrogesterone to be 14–17 hours. Prereceptor regulation of action happens mostly by conversion of dydrogesterone to its biologically active 20α-hydroxymetabolite by aldoketo reductase 1C1, an enzyme that also converts progesterone to its less potent metabolite 20α-hydroxyprogesterone.

Dydrogesterone is currently not available in the United States; it was withdrawn from the market for commercial reasons. Likewise, the product was withdrawn from the United Kingdom market in 2008 and from the Australian market in 2011 for commercial reasons. For the United States, dydrogesterone was registered in 1961 and the license transferred over the

years to several companies. In 1997, the current new drug application owner, Solvay, withdrew the product because the registered indications were no longer commercially viable and/or there were potentially conflicting interest regarding other products of which Solvay was the license holder. For the United Kingdom and Australia, low sales of a comparatively cheap drug and the lack of new and commercially interesting indications motivated the withdrawal from the markets.

However, dydrogesterone is currently licensed for use in more than 100 countries globally, with more than 20 European countries having at least one label for use of dydrogesterone in pregnancy.

Dydrogesterone has long been used for exogenous support of endogenous progesterone production by the corpus luteum and placenta. Although definitive proof of luteal phase defect being an independent entity causing infertility has never been established, luteal phase defect is a well described iatrogenic phenomenon in the context of COS with multifollicular development and oocyte retrieval for in vitro fertilization (IVF). Studies comparing progestogen usage versus nil or placebo in COS IVF treatment cycles have reported that the use of progestogen is associated with an improvement in ongoing pregnancy or live birth rate. Accordingly, luteal phase support (LPS) with the use of progestogens is routinely performed in IVF treatment cycles.

Reference: Griesinger G, Blockeel C, Tournaye H. Oral dydrogesterone for luteal phase support in fresh in vitro fertilization cycles: a new standard?. *Fertil Steril*. 2018;109(5):756-762.

Dydrogesterone in threatened abortion: pregnancy outcome

Abstract

Objective: To determine whether therapy with dydrogesterone in threatened abortion during the first trimester of pregnancy will improve pregnancy outcome.

Design: Prospective open study.

Subjects: Pregnant women presenting to the obstetric and gynaecology clinic admitting center with vaginal bleeding before 13 weeks gestation were evaluated for entry into the study. Women were excluded if they had a history of recurrent miscarriage.

Method: Eligible subjects were randomized to receive either dydrogesterone 40 mg stat dose followed by 10 mg twice a day for one week or conservative therapy.

Results: One hundred and 54 women were recruited. There was no statistically significant differences between the two groups with regard to pre-treatment status. The continuing pregnancy success rate was significantly (p=0.037) higher in women treated with dydrogesterone (95.9%) compared with women who received conservative treatment (86.3%). The odds ratio of the success rate between dydrogesterone treatment and non-treatment was 3.773 (95% confidence interval: 1.009-14.108).

Conclusion: Corpus luteal support with dydrogesterone has been shown to reduce the incidence of pregnancy loss in threatened abortion during the first trimester in women without a history of recurrent abortion.

Reference: Omar MH, Mashita MK, Lim PS, Jamil MA. Dydrogesterone in threatened abortion: pregnancy outcome. *J Steroid Biochem Mol Biol*. 2005;97(5):421-425.

A systematic review of dydrogesterone for the treatment of threatened miscarriage

Abstract

The objective of this systematic review was to assess whether the orally acting progestagen, dydrogesterone lowers the incidence of miscarriage in women with threatened miscarriage. A computerized search was performed in Medline, Embase, and Ovid Medline for original reports with the product name 'Duphaston' or 'dydrogesterone', and limited to clinical human data. Twenty-one reports of dydrogesterone treatment were identified with 1380 patients. Five randomized trials were identified, including 660 women who fulfilled the criteria for metaanalysis. The number of subsequent miscarriages or continuing pregnancies per randomized woman was compared in women receiving dydrogesterone compared to standard bed rest or placebo intervention. There was a 13% (44/335) miscarriage rate after dydrogesterone administration compared to 24% in control women [odds ratio for miscarriage 0.47, (CI = 0.31–0.7), 11% absolute reduction in the miscarriage rate]. The adverse and side effects were summarized in all 21 reports, and seemed to be minimal. Although all the predictive and confounding factors could not be controlled for, the results of this systematic review show a significant reduction of 47% in the odds for miscarriage when dydrogesterone is compared to standard care indicating a real treatment effect.

Reference: Carp H. A systematic review of dydrogesterone for the treatment of threatened miscarriage. *Gynecol Endocrinol*. 2012;28(12):983-990.

A randomized double-blind controlled trial of the use of dydrogesterone in women with threatened miscarriage in the first trimester: study protocol for a randomized controlled trial

Abstract

Background

Miscarriage is a common complication of pregnancy occurring in 15–20 % of all clinically recognized pregnancies. Currently, there is still no good scientific evidence to support the routine use of progestogens for the treatment of threatened miscarriage because the existing studies were not large enough to show a significant difference and some of them were not randomized or double-blind.

Methods

This is a double-blind, randomized controlled trial. A total of 400 patients presenting with first-trimester threatened miscarriage will be enrolled. They will be randomized to take dydrogesterone 40 mg per os, followed by 10 mg per os three times a day or placebo until twelve completed weeks of gestation or 1 week after the bleeding has stopped, whichever is longer. The primary outcome is the percentage of miscarriage before 20 weeks of gestation.

Discussion

We postulate that the dydrogesterone therapy will significantly reduce the risk of miscarriage in women with threatened miscarriage.

Reference: Chan, D.M.K., Cheung, K.W., Yung, S.S.F. *et al.* A randomized double-blind controlled trial of the use of dydrogesterone in women with threatened miscarriage in the first trimester: study protocol for a randomized controlled trial. *Trials* **17**, 408 (2016). https://doi.org/10.1186/s13063-016-1509-8

Effect of dydrogesterone and progesterone on threatened miscarriage due to corpus luteum insufficiency

Abstract

Objective: To investigate the efficacy and safety of dydrogesterone and progesterone in the treatment of threatened miscarriage due to corpus luteum insufficiency.

Methods: A prospective cohort study was designed and a total of 1,285 patients with threatened miscarriage due to corpus luteum insufficiency were recruited, in which 665 participants received dydrogesterone treatment (dydrogesterone group), and the other 620 received progesterone treatment (progesterone group). The time for clinical symptom relief, changes of sex hormone levels in serum, the rate of miscarriage prevention, delivery outcome, and adverse effects were compared between the two groups. XGBoost algorithm was applied to analyze the factors impacting the efficacy and safety of each treatment.

Results: There was no significant difference regarding the time for clinical symptom relief and the rate of miscarriage prevention between the two groups (P>0.05, RR=1.01, 95% CI: 0.97-1.06, P=0.566). However, after 4 weeks of treatment, compared with the progesterone group, the level of sex hormones was significantly upregulated, while the preterm birth rate (9.65% vs. 14.04%), the postpartum hemorrhage rate (3.10% vs. 5.62%), and the incidence of adverse effects (17.44% vs. 32.58%) were considerably reduced in the dydrogesterone group (all P <0.05). XGBoost algorithm analysis demonstrated that dydrogesterone treatment was correlated with a lower incidence of preterm birth rate, postpartum hemorrhage, and adverse effects, ranking the 3rd, 2nd and 1st, respectively, in the weight of dependent variables.

Conclusion: Compared with progesterone, dydrogesterone can improve the delivery outcome and demonstrate a higher safety in the treatment of threatened miscarriage due to corpus luteum insufficiency.

Reference: Lou C, Wang C, Zhao Q, Jin F. Effect of dydrogesterone and progesterone on threatened miscarriage due to corpus luteum insufficiency. Am J Transl Res 2021;13(5):4544-4552.

A critical appraisal of safety data on dydrogesterone for the support of early pregnancy: a scoping review and meta-analysis

Abstract

No data support the suggestion that first-trimester dydrogesterone use increases the risk of fetal abnormalities; however, two low-quality retrospective studies (one retracted by the journal) have suggested such a link. A scoping review and meta-analysis were carried out to address this discrepancy. The literature was reviewed but it was not possible to identify any evidence of a plausible mechanism for potential causality between dydrogesterone and fetal abnormalities. To investigate whether any evidence existed, a preliminary meta-analysis was undertaken of clinical studies published since 2005 on first-trimester dydrogesterone use with assessment of fetal abnormalities. A fixed effects model was used to determine pooled odds ratios with 95% confidence intervals (95% CI). From 83 articles identified, six randomized controlled trials were included. Pooled risk ratios (RR) for maternal dydrogesterone use and fetal abnormalities gave a RR approaching 1 (RR 0.96; 95% CI 0.57, 1.62), confirming previous conclusions of no causal association between fetal abnormalities and first-trimester dydrogesterone use. Physicians, scientists and journal reviewers should exercise due diligence to prevent promulgation of retracted data. We are confident in using dydrogesterone, if indicated, in the treatment of threatened or recurrent miscarriage, and believe that its favourable safety profile should extend to its appropriate use in assisted reproductive technologies.

Reference: Katalinic A, Shulman LP, Strauss JF, Garcia-Velasco JA, van den Anker JN. A critical appraisal of safety data on dydrogesterone for the support of early pregnancy: a scoping review and meta-analysis. *Reprod Biomed Online*. 2022;45(2):365-373.

Efficacy of dydrogesterone on treating recurrent miscarriage and its influence on immune factors: a systematic review and meta-analysis

Abstract

Background: This study aimed to explore the clinical efficacy of dydrogesterone in treating recurrent spontaneous abortion (RSA), analyze the influence of dydrogesterone on cellular immune factors, and provide evidence for clinical medication.

Methods: We used the China National Knowledge Infrastructure (CNKI) platform, Wanfang Data resource, PubMed, Web of Science, and Embase database to conduct a literature search to screen clinical studies published between 2005 and 2021 concerning dydrogesterone treatment for RSA. Stata 16.0 was used for meta-analysis and sensitivity analysis, and Begg's funnel chart was used to test publication bias.

Results: Only 13 studies, which included a total of 2,454 RSA patients, met the study inclusion criteria. The experimental group was treated with dydrogesterone, and the control group was treated with progesterone, human chorionic gonadotropin (hCG), placebo, or active immunization. Meta-analysis showed that the pregnancy success rate of the experimental group was higher than the control group, and the adverse reaction rate was lower than the control group. In addition, subgroup analysis also revealed that the experimental group had a higher pregnancy success rate than the control group and a lower adverse reaction rate. Levels of progesterone and hCG in the experimental group were dramatically higher than the control group after treatment. The experimental group also had higher levels of interleukin 4 (IL-4) and interleukin 10 (IL-10) than the control group, while levels of interferon-gamma (IFN-γ) were lower.

Discussion: Dydrogesterone, a safe and effective synthetic progesterone drug, had a significant clinical effect on RSA and effectively improved hormone levels and related cellular immune factors in RSA patients.

Reference: Guo H, Lu Q. Efficacy of dydrogesterone on treating recurrent miscarriage and its influence on immune factors: a systematic review and meta-analysis. *Ann Palliat Med.* 2021;10(10):10971-10985.

Survey Form

1. How frequently do you prescribe Dydrogesterone for patients with threatened abortion?

a) Very frequently

b) Frequently

c) Occasionally

d) Rarely

2. What is your primary indication for prescribing Dydrogesterone in cases of threatened abortion?

a) Progesterone supplementation

b) Prevention of miscarriage

c) Reduction of uterine contractions

d) Other (please specify)_____

3. How do you determine the appropriate dosage of Dydrogesterone for patients with threatened abortion?

a) Standardized protocols based on gestational age

b) Individualized assessment based on patient's medical history

c) Guided by symptom severity

d) Not sure

4. What is your preferred route of administration for Dydrogesterone in cases of threatened abortion?

a) Oral tablets

b) Vaginal suppositories

c) Intramuscular injections

d) Not sure

5. How do you monitor patients' response to Dydrogesterone treatment for threatened abortion?

a) Serial ultrasound examinations

b) Serum progesterone levels

c) Patient-reported symptoms

d) Not applicable, I do not commonly monitor response

6. In your experience, what proportion of patients with threatened abortion experience a successful pregnancy outcome with Dydrogesterone treatment?

a) Less than 25%

b) 25% - 50%

c) 50% - 75%

d) More than 75%

7. How do you manage patients who do not respond adequately to Dydrogesterone treatment for threatened abortion?

a) Increase dosage or frequency of administration

b) Switch to alternative medications

c) Perform additional diagnostic tests

d) Not sure

8. How do you assess the effectiveness of Dydrogesterone treatment in preventing recurrent threatened abortion in subsequent pregnancies?

a) Monitor pregnancy outcomes and recurrence rates

b) Evaluate patient-reported symptoms and satisfaction

c) Review changes in hormonal levels during treatment

d) Not applicable, I do not commonly manage recurrent cases

9. In your clinical experience, have you observed any differences in pregnancy outcomes based on the gestational age at which Dydrogesterone treatment is initiated?

a) Yes, significant differences

b) No significant differences

c) Not sure

10. How do you address concerns about potential fetal effects of Dydrogesterone treatment in pregnant patients?

a) Review available evidence on fetal safety

b) Discuss the risk-benefit ratio with the patient

c) Monitor fetal development closely during treatment

d) Not applicable, I do not commonly encounter these concerns

11. How do you counsel patients about the importance of adherence to Dydrogesterone treatment for threatened abortion?

a) Provide clear instructions on medication administration

b) Discuss potential consequences of non-compliance

c) Address concerns or barriers to adherence

d) Not applicable, I do not commonly address adherence issues

12. What is your perception of the overall safety profile of Dydrogesterone during pregnancy?

a) Very safe

b) Generally safe, with some exceptions

c) Not safe, with significant risks

d) Not sure

13. How do you evaluate the need for continuation or discontinuation of Dydrogesterone treatment in patients with threatened abortion?

a) Based on resolution of symptoms

b) Periodic reassessment of pregnancy viability

c) Guided by ultrasound findings

d) Not applicable, I do not routinely discontinue treatment

14. What is your preferred duration of Dydrogesterone treatment for patients with threatened abortion?

a) Until the end of the first trimester

b) Throughout the entire pregnancy

c) Until symptoms resolve

d) Not sure

15. What is your opinion on the role of Dydrogesterone in preventing recurrent miscarriages?

a) Highly effective

b) Moderately effective

c) Limited efficacy

d) Not sure

Survey Findings

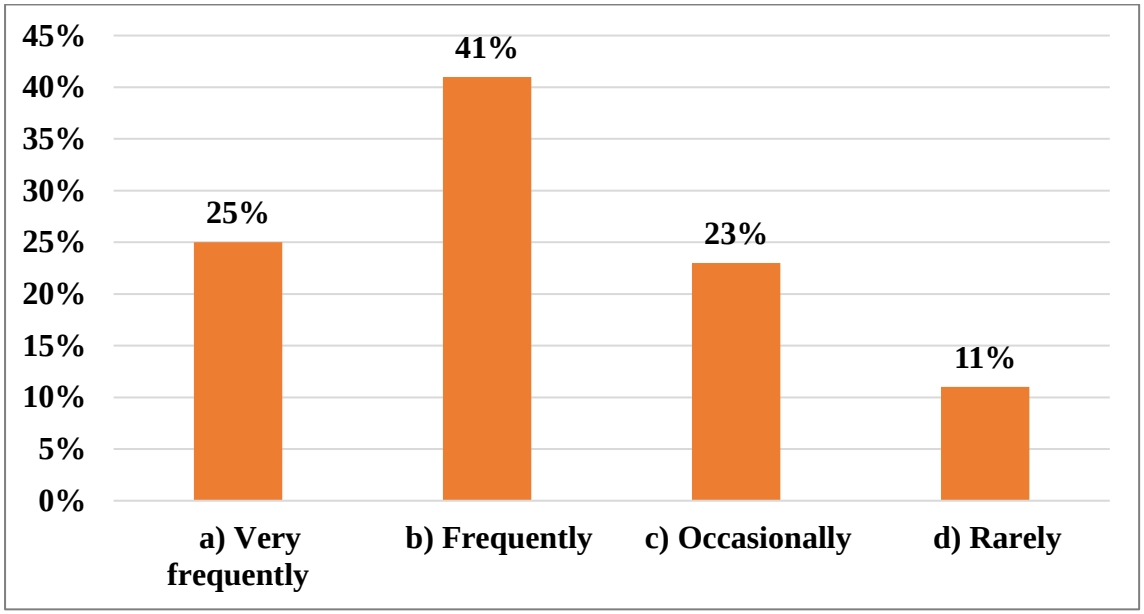
1. How frequently do you prescribe Dydrogesterone for patients with threatened abortion?

a) Very frequently

b) Frequently

c) Occasionally

d) Rarely



41% of doctors prescribe Dydrogesterone for patients with threatened abortion frequently.

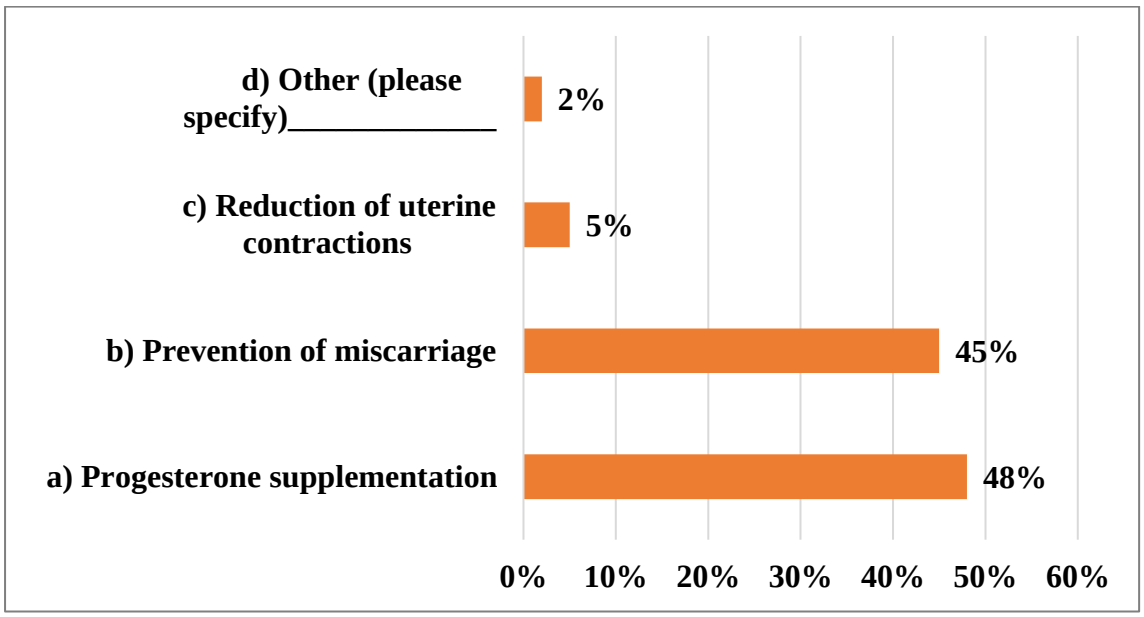
2. What is your primary indication for prescribing Dydrogesterone in cases of threatened abortion?

a) Progesterone supplementation

b) Prevention of miscarriage

c) Reduction of uterine contractions

d) Other (please specify)_____



According to 48% of doctors, their primary indication for prescribing Dydrogesterone in cases of threatened abortion is progesterone supplementation.

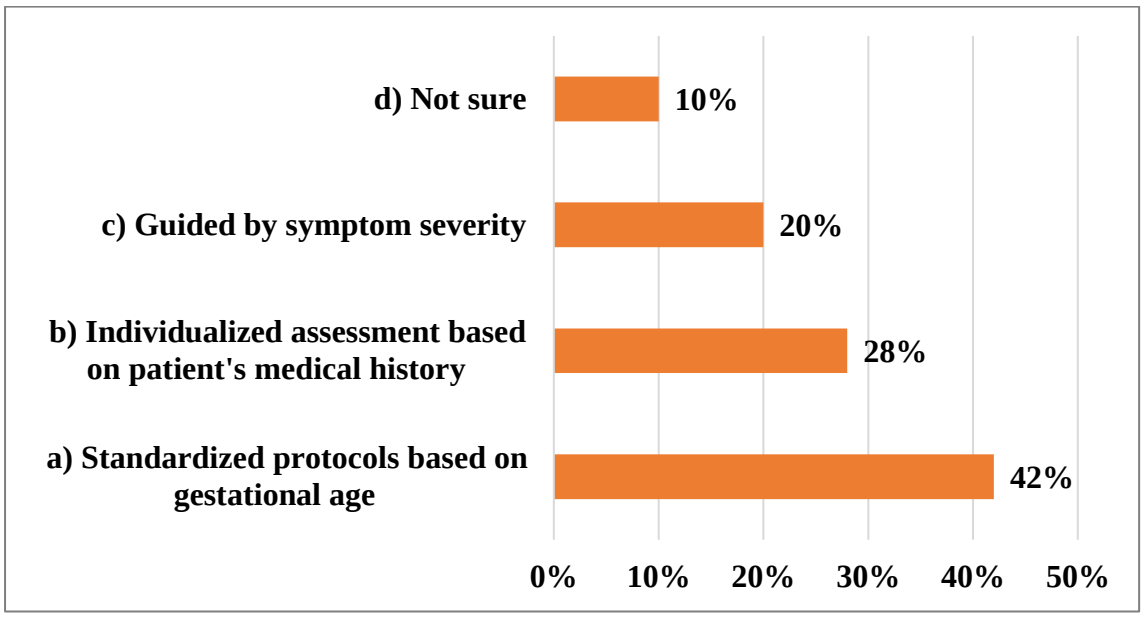
3. How do you determine the appropriate dosage of Dydrogesterone for patients with threatened abortion?

a) Standardized protocols based on gestational age

b) Individualized assessment based on patient's medical history

c) Guided by symptom severity

d) Not sure



According 42% of doctors, they determine the appropriate dosage of Dydrogesterone for patients with threatened abortion by standardized protocols based on gestational age.

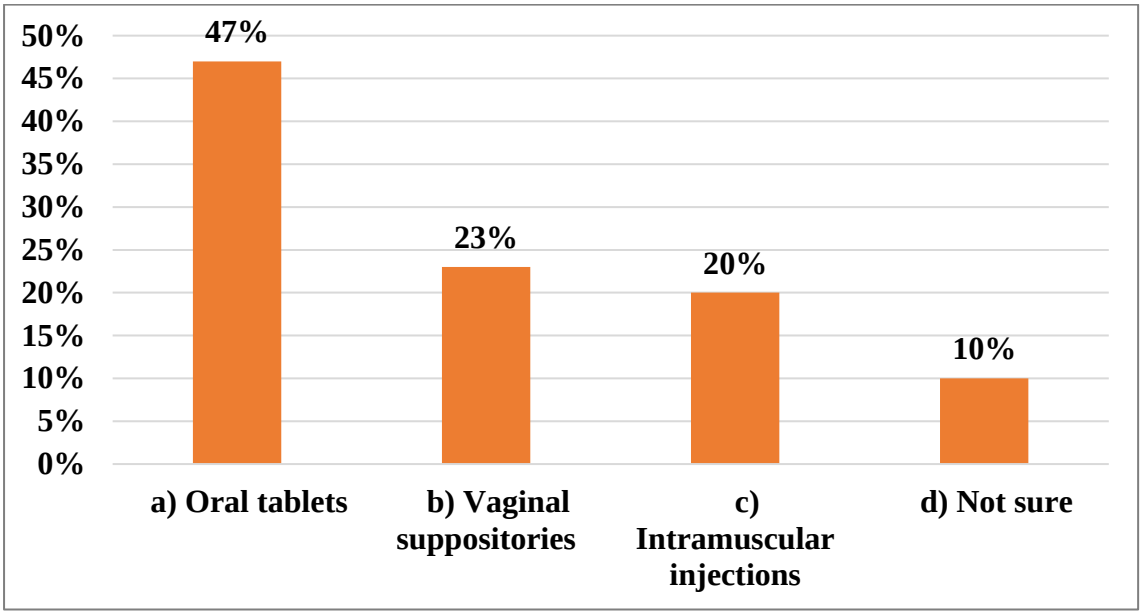
4. What is your preferred route of administration for Dydrogesterone in cases of threatened abortion?

a) Oral tablets

b) Vaginal suppositories

c) Intramuscular injections

d) Not sure



As per 47% of doctors, their preferred route of administration for Dydrogesterone in cases of threatened abortion is oral tablets.

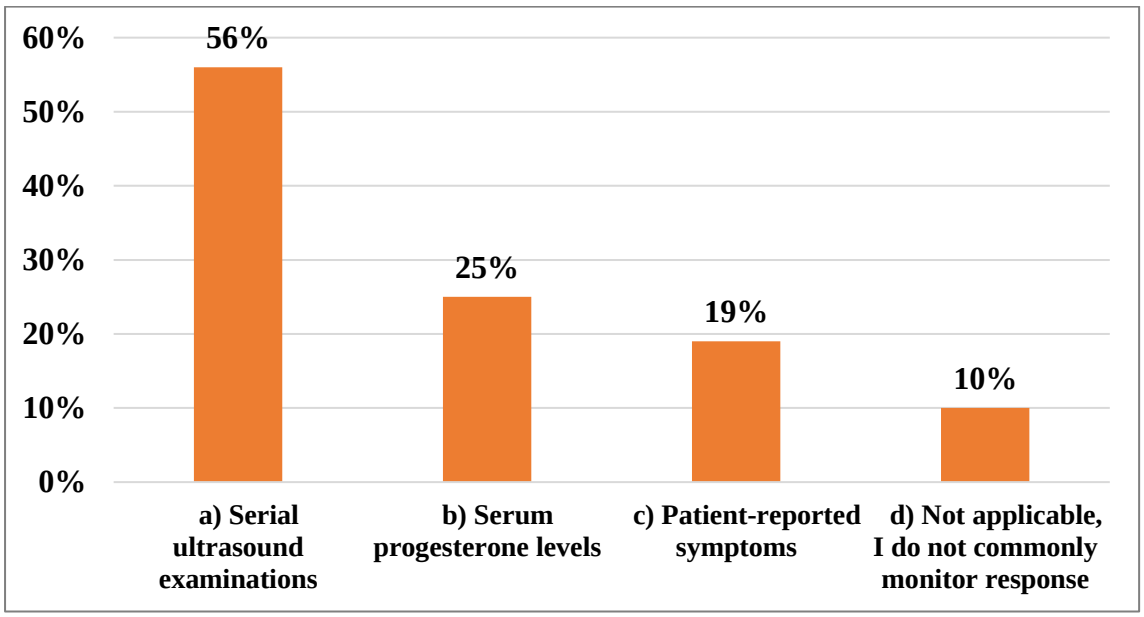
5. How do you monitor patients' response to Dydrogesterone treatment for threatened abortion?

a) Serial ultrasound examinations

b) Serum progesterone levels

c) Patient-reported symptoms

d) Not applicable, I do not commonly monitor response



56% of doctors monitor patby ients' response to Dydrogesterone treatment for threatened abortion serial ultrasound examinations.

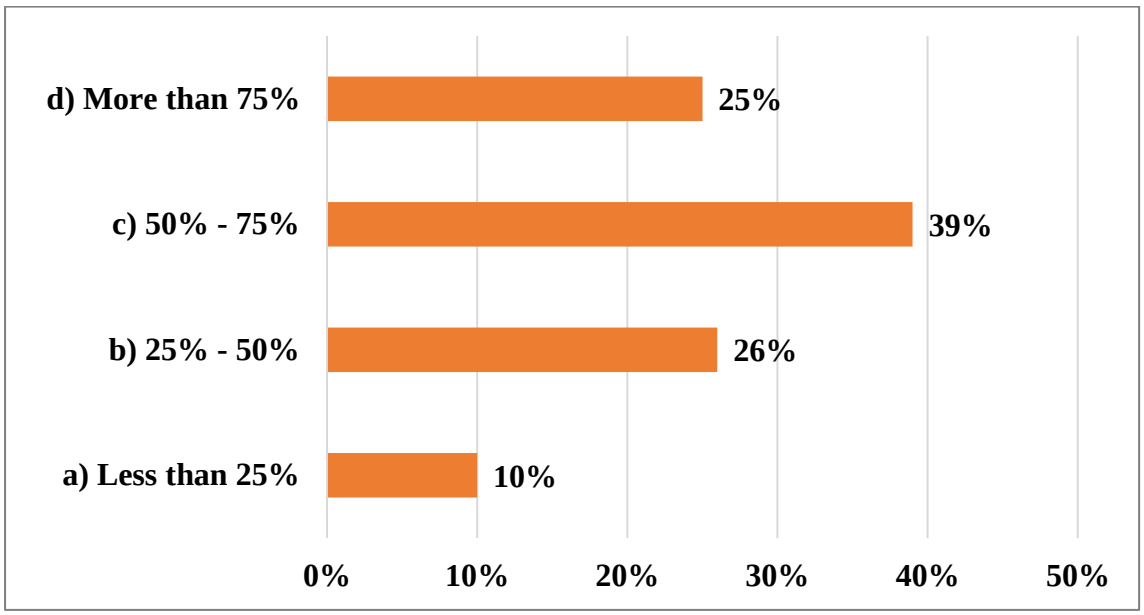
6. In your experience, what proportion of patients with threatened abortion experience a successful pregnancy outcome with Dydrogesterone treatment?

a) Less than 25%

b) 25% - 50%

c) 50% - 75%

d) More than 75%



In the experience of 39% of doctors, 50% - 75% of patients with threatened abortion experience a successful pregnancy outcome with Dydrogesterone treatment.

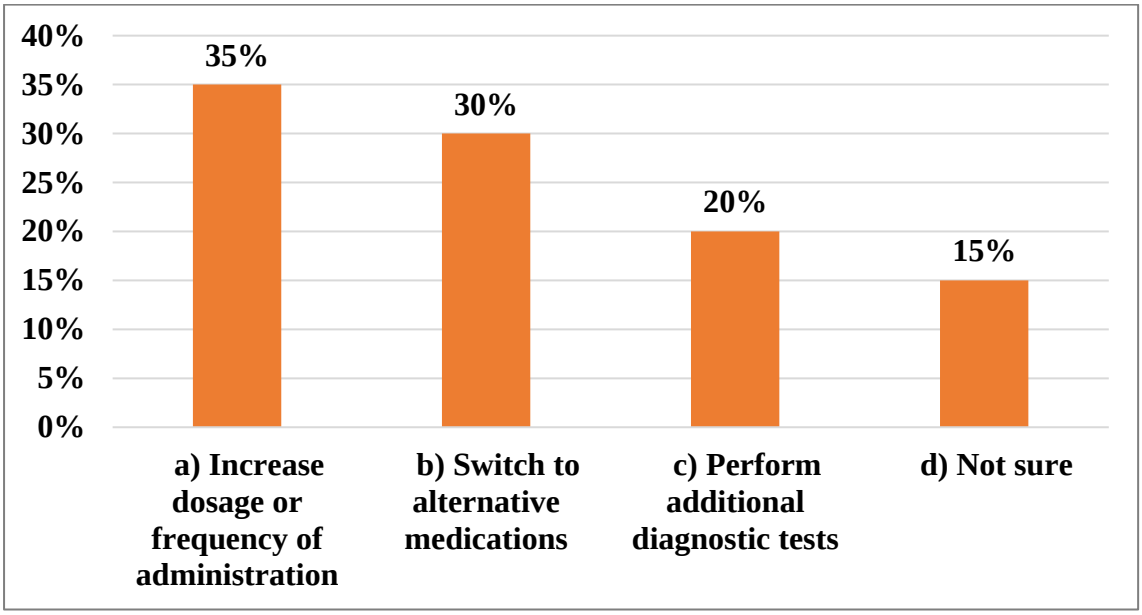
7. How do you manage patients who do not respond adequately to Dydrogesterone treatment for threatened abortion?

a) Increase dosage or frequency of administration

b) Switch to alternative medications

c) Perform additional diagnostic tests

d) Not sure



35% of doctors manage patients who do not respond adequately to Dydrogesterone treatment for threatened abortion by increasing the dosage or frequency of administration.

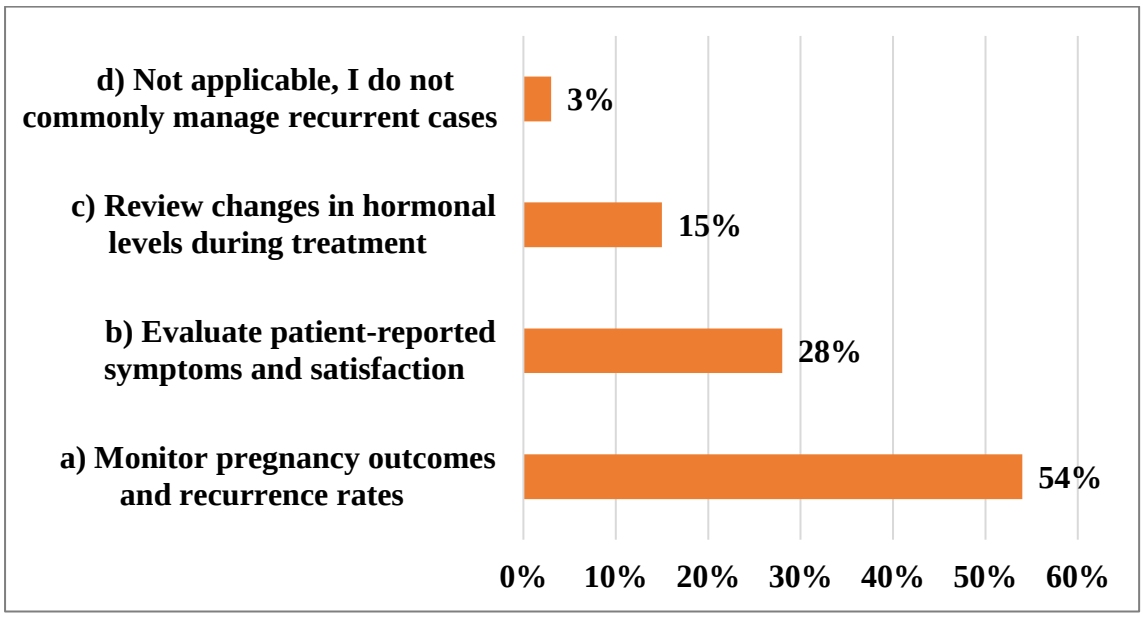
8. How do you assess the effectiveness of Dydrogesterone treatment in preventing recurrent threatened abortion in subsequent pregnancies?

a) Monitor pregnancy outcomes and recurrence rates

b) Evaluate patient-reported symptoms and satisfaction

c) Review changes in hormonal levels during treatment

d) Not applicable, I do not commonly manage recurrent cases



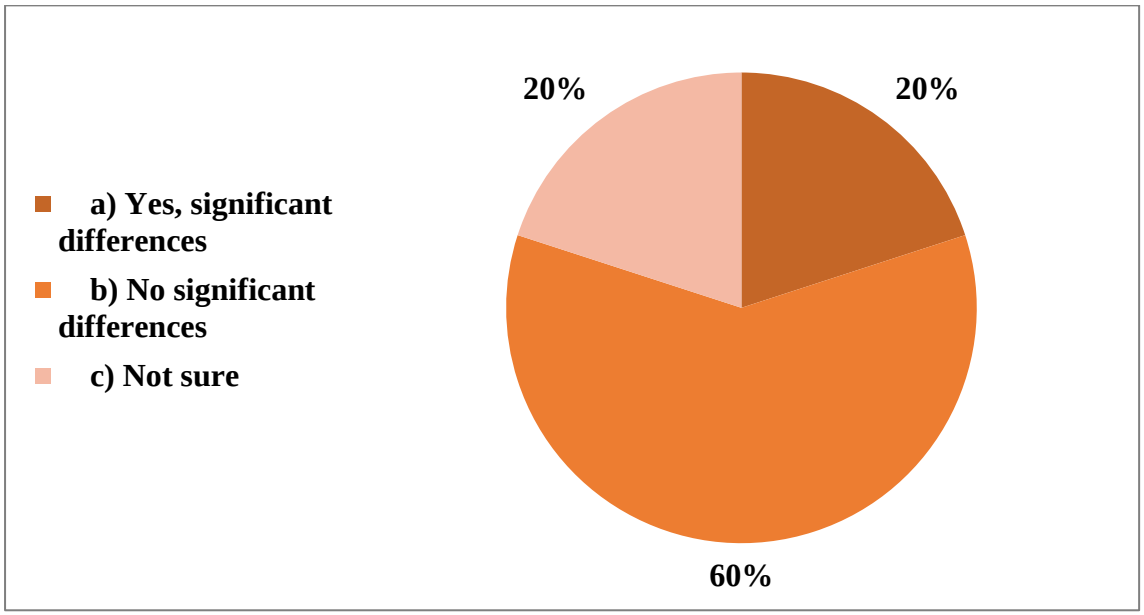
According to 54% of doctors, they assess the effectiveness of Dydrogesterone treatment in preventing recurrent threatened abortion in subsequent pregnancies by monitor pregnancy outcomes and recurrence rates.

9. In your clinical experience, have you observed any differences in pregnancy outcomes based on the gestational age at which Dydrogesterone treatment is initiated?

a) Yes, significant differences

b) No significant differences

c) Not sure



In the clinical experience of majority of doctors, 60%, they have no significant differences in pregnancy outcomes based on the gestational age at which Dydrogesterone treatment is initiated.

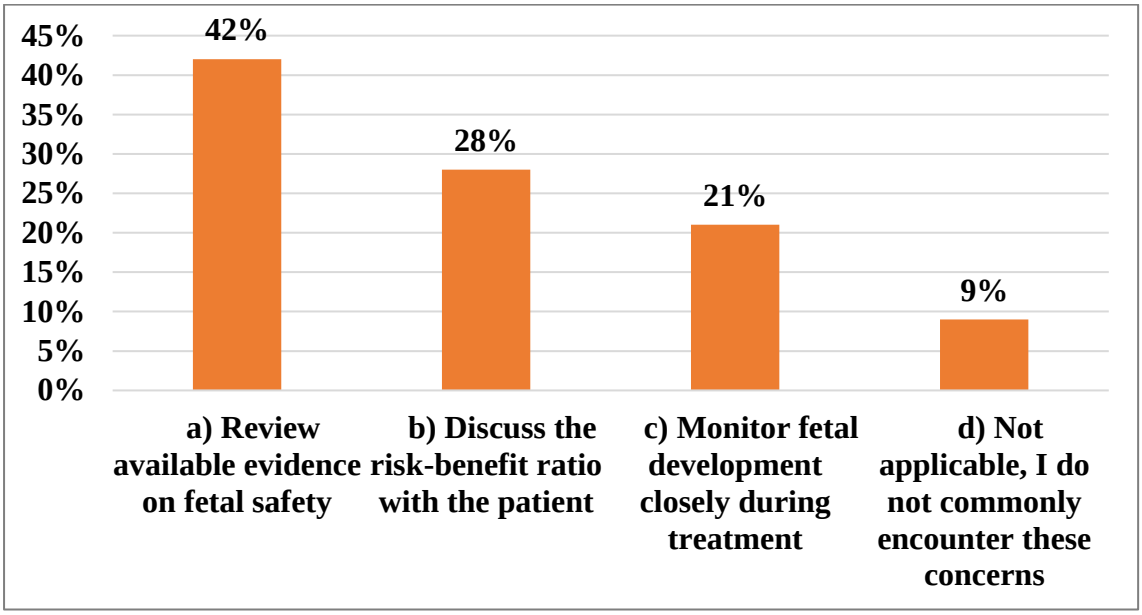
10. How do you address concerns about potential fetal effects of Dydrogesterone treatment in pregnant patients?

a) Review available evidence on fetal safety

b) Discuss the risk-benefit ratio with the patient

c) Monitor fetal development closely during treatment

d) Not applicable, I do not commonly encounter these concerns



According to 42% o doctors, they address concerns about potential fetal effects of Dydrogesterone treatment in pregnant patients by reviewing available evidence on fetal safety.

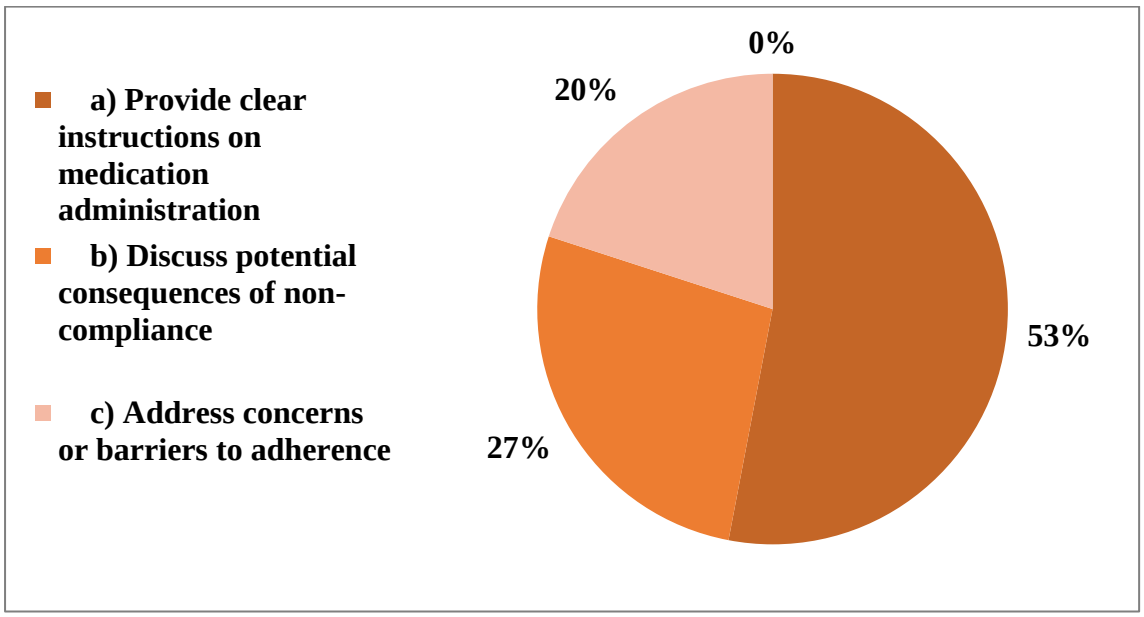
11. How do you counsel patients about the importance of adherence to Dydrogesterone treatment for threatened abortion?

a) Provide clear instructions on medication administration

b) Discuss potential consequences of non-compliance

c) Address concerns or barriers to adherence

d) Not applicable, I do not commonly address adherence issues



Majority of doctors, 53%, counsel patients about the importance of adherence to Dydrogesterone treatment for threatened abortion by providing clear instructions on medication administration.

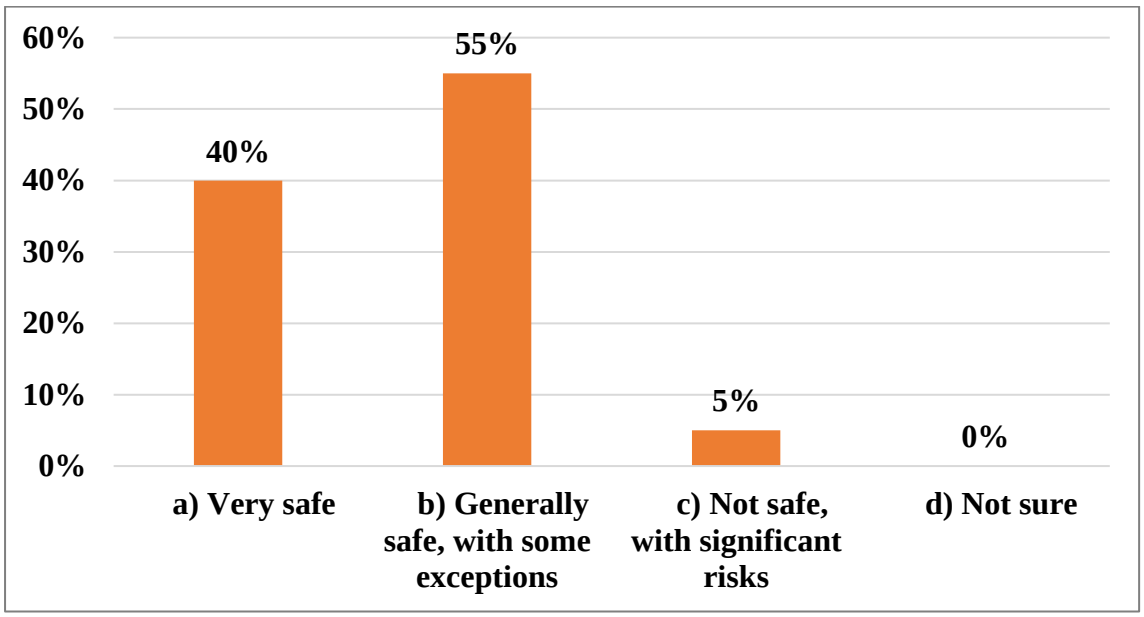
12. What is your perception of the overall safety profile of Dydrogesterone during pregnancy?

a) Very safe

b) Generally safe, with some exceptions

c) Not safe, with significant risks

d) Not sure



55% of doctors perceive the overall safety profile of Dydrogesterone during pregnancy as generally safe, with some exceptions.

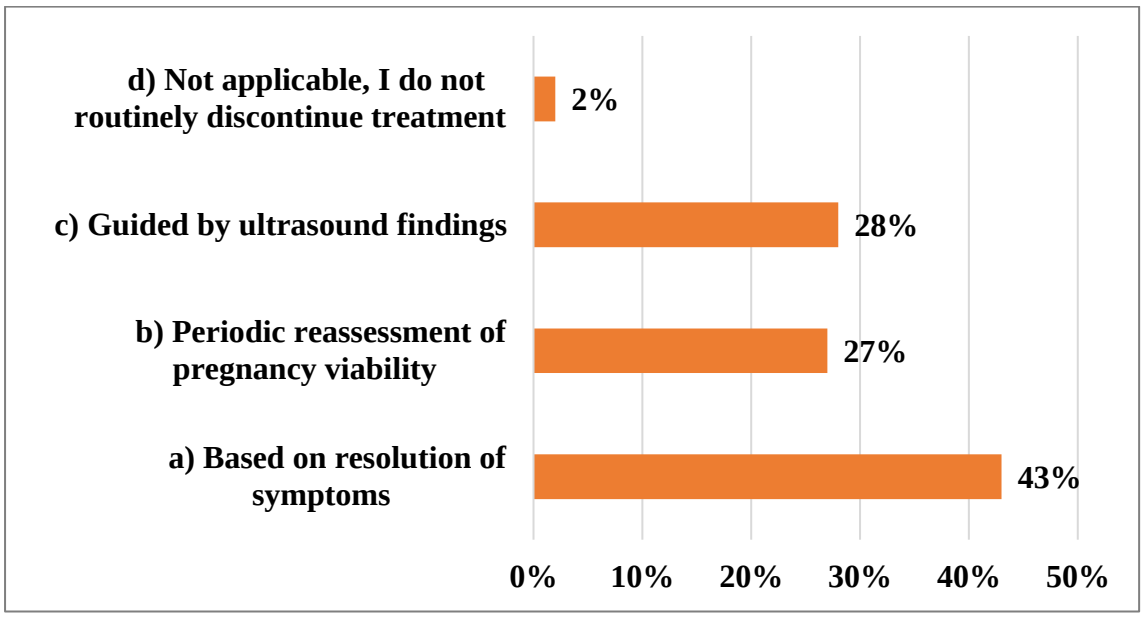
13. How do you evaluate the need for continuation or discontinuation of Dydrogesterone treatment in patients with threatened abortion?

a) Based on resolution of symptoms

b) Periodic reassessment of pregnancy viability

c) Guided by ultrasound findings

d) Not applicable, I do not routinely discontinue treatment



43% of doctors evaluate the need for continuation or discontinuation of Dydrogesterone treatment in patients with threatened abortion based on resolution of symptoms.

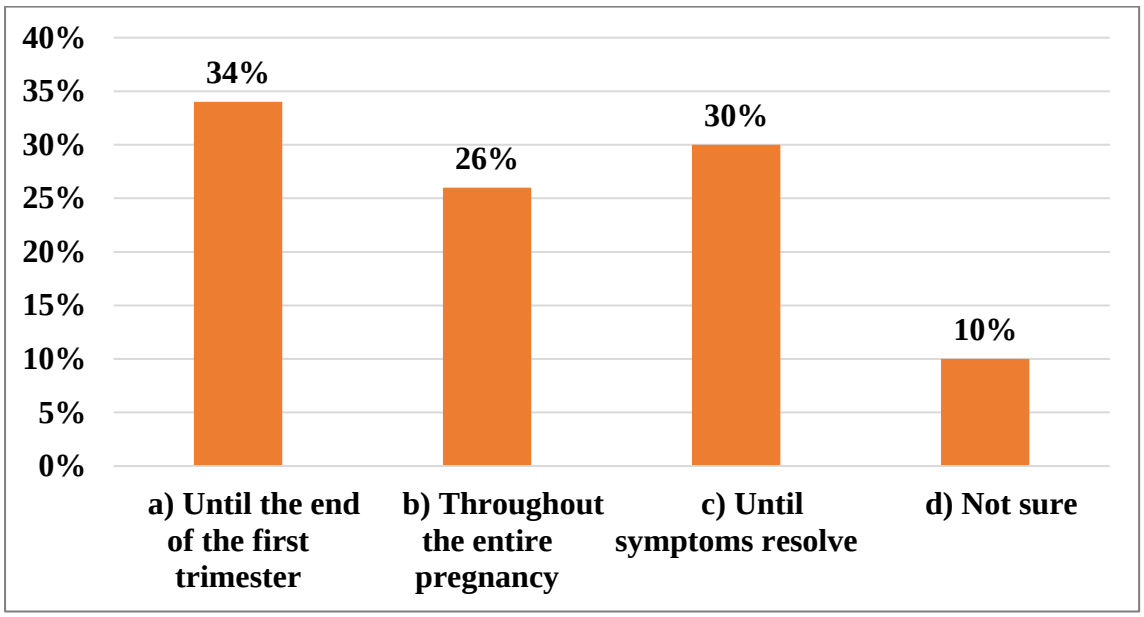
14. What is your preferred duration of Dydrogesterone treatment for patients with threatened abortion?

a) Until the end of the first trimester

b) Throughout the entire pregnancy

c) Until symptoms resolve

d) Not sure



According to 34% of doctors, their preferred duration of Dydrogesterone treatment for patients with threatened abortion is until the end of the first trimester.

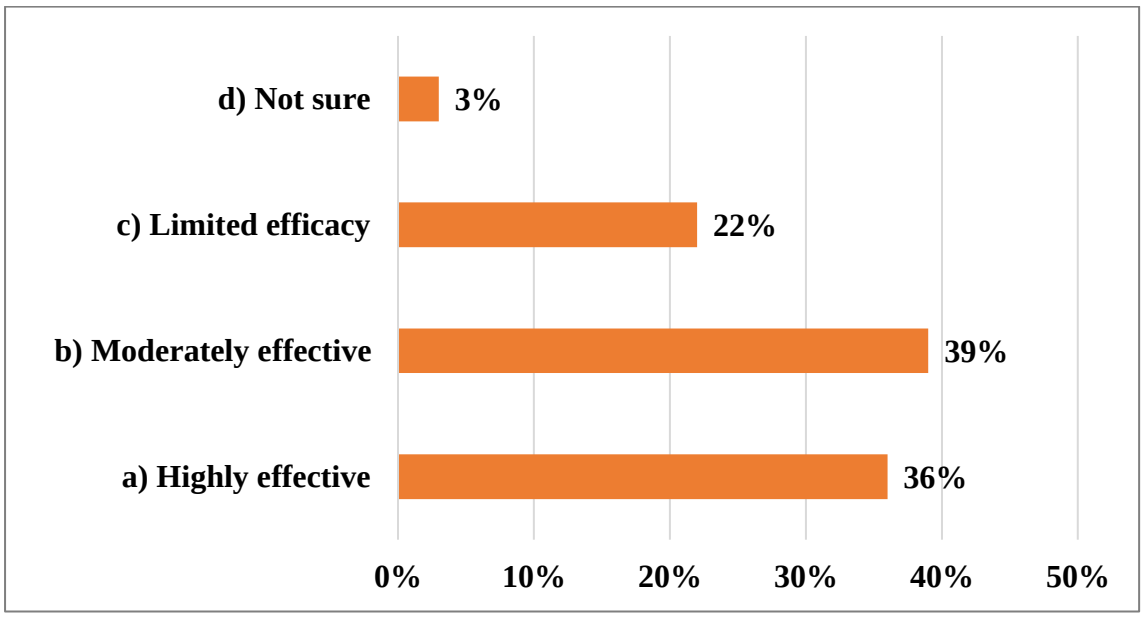
15. What is your opinion on the role of Dydrogesterone in preventing recurrent miscarriages?

a) Highly effective

b) Moderately effective

c) Limited efficacy

d) Not sure



In the opinion of 39% of doctors, the role of Dydrogesterone in preventing recurrent miscarriages is moderately effective.

Summary

- 41% of doctors prescribe Dydrogesterone for patients with threatened abortion frequently.
- According to 48% of doctors, their primary indication for prescribing Dydrogesterone in cases of threatened abortion is progesterone supplementation.
- According 42% of doctors, they determine the appropriate dosage of Dydrogesterone for patients with threatened abortion by standardized protocols based on gestational age.
- As per 47% of doctors, their preferred route of administration for Dydrogesterone in cases of threatened abortion is oral tablets.
- 56% of doctors monitor patby ients' response to Dydrogesterone treatment for threatened abortion serial ultrasound examinations.
- In the experience of 39% of doctors, 50% - 75% of patients with threatened abortion experience a successful pregnancy outcome with Dydrogesterone treatment.
- 35% of doctors manage patients who do not respond adequately to Dydrogesterone treatment for threatened abortion by increasing the dosage or frequency of administration.
- According to 54% of doctors, they assess the effectiveness of Dydrogesterone treatment in preventing recurrent threatened abortion in subsequent pregnancies by monitor pregnancy outcomes and recurrence rates.
- In the clinical experience of majority of doctors, 60%, they have no significant differences in pregnancy outcomes based on the gestational age at which Dydrogesterone treatment is initiated.
- According to 42% o doctors, they address concerns about potential fetal effects of Dydrogesterone treatment in pregnant patients by reviewing available evidence on fetal safety.
- Majority of doctors, 53%, counsel patients about the importance of adherence to Dydrogesterone treatment for threatened abortion by providing clear instructions on medication administration.
- 55% of doctors perceive the overall safety profile of Dydrogesterone during pregnancy as generally safe, with some exceptions.
- 43% of doctors evaluate the need for continuation or discontinuation of Dydrogesterone treatment in patients with threatened abortion based on resolution of symptoms.

- According to 34% of doctors, their preferred duration of Dydrogesterone treatment for patients with threatened abortion is until the end of the first trimester.
- In the opinion of 39% of doctors, the role of Dydrogesterone in preventing recurrent miscarriages is moderately effective.

Consultant Opinion

Market Opportunities:
Recognize the significant prevalence of threatened abortion and the frequent prescription of Dydrogesterone as an opportunity for pharmaceutical companies to invest in research and development of improved formulations or delivery methods for Dydrogesterone.

Value for Healthcare Professionals:
Provide healthcare professionals with updated guidelines and protocols for the use of Dydrogesterone in cases of threatened abortion, emphasizing the importance of progesterone supplementation and standardized dosing based on gestational age.

Adverse Effect Management:
Conduct further research on the safety profile of Dydrogesterone during pregnancy to address concerns raised by healthcare professionals about potential fetal effects, and provide evidence-based information to guide clinical decision-making.

Withdrawal Management:
Develop clear guidelines for the management of patients who do not respond adequately to Dydrogesterone treatment, including strategies for dose adjustment or alternative therapeutic options.

Market Positioning:
Position Dydrogesterone as a safe and effective treatment option for threatened abortion, highlighting its role in improving pregnancy outcomes and preventing recurrent miscarriages, particularly when initiated early in pregnancy.

Personalized Treatment Decisions:
Encourage healthcare providers to personalize Dydrogesterone treatment based on individual patient factors such as gestational age, symptom severity, and response to treatment, to optimize outcomes and patient adherence.

Improving Patient Outcomes:
Promote patient education and counseling about the importance of adherence to Dydrogesterone treatment, providing clear instructions on medication administration and addressing any concerns about potential side effects or fetal safety.

Innovation and Research:
Support research initiatives aimed at further evaluating the efficacy and safety of Dydrogesterone in preventing recurrent threatened abortion and improving pregnancy outcomes, particularly in subpopulations with specific risk factors or comorbidities.

By addressing these aspects, both healthcare professionals and pharmaceutical companies can work together to optimize the use of Dydrogesterone in cases of threatened abortion, ultimately leading to improved patient care and outcomes in obstetric practice.

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For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only

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