

74: TWELVE YEAR EXPERIENCE OF DHEA SUPPLEMENTATION ON PREGNANCY OUTCOMES IN WOMEN WITH DIMINISHED OVARIAN RESERVE (DOR) UNDERGOING VARIOUS FERTILITY TREATMENTS

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Objective

To report clinical pregnancy rate (CPR) and live birth rate (LBR) in women with diminished ovarian reserve (DOR) undergoing ovulation induction with Letrozole, controlled ovarian stimulation with intrauterine insemination (COS-IUI) and in vitro fertilization (IVF) with Dehydroepiandrosterone (DHEA) alone or DHEA with CoQ10 supplementation.

Design

Observational retrospective study from February 2006 to May 2018.

Material and Methods

We collected information on DHEA and DHEA with CoQ10-supplemented fertility cycles that included completed cycles on Letrozole, COS-IUI and IVF treatment in women with DOR who had failed to get pregnant without medication. We excluded cycles in women ≥ 44 years old, frozen cycles, and egg donor IVF cycles. We divided the cycles by age groups: <35 yo, 35-39yo, and 40- <44 yo and by supplement: DHEA and DHEA+CoQ10. The CPR was defined as an intra uterine pregnancy on ultrasound at 6 weeks gestation. Statistical analyses were performed using STATA version 11.1.

Results

A total of 2,434 DHEA-supplemented fertility cycles were included; 1,387 on Letrozole, 795 on COS-IUI and 252 on IVF. The cancellation rate in the Letrozole group was 3.75% ($n=52$), in the COS-IUI group was 4.4% ($n=35$), and in the IVF group was 23.81% ($n=60$). The CPR was higher in women taking DHEA+CoQ10 supplementation compared to those taking DHEA alone in women <35 yo undergoing IVF (22.7% vs 85.7%, $p<0.01$). Even though the LBR was not statistically different between women taking DHEA compared to DHEA+CoQ10, we observed a lower LBR in those women taking DHEA+CoQ10 supplementation compared to those taking DHEA alone for each treatment mode in all age groups, except in those women 35-39 yo who underwent IVF treatment. We still have ongoing pregnancies, 3 in the Letrozole group, 5 in the COS-IUI group and 2 in the IVF group.

Conclusions

The additional supplementation with CoQ10 increased the CPR in women taking DHEA supplementation, but did not improve LBR.

Support

None