

Other drug leaflets available from Endometriosis SHE Trust (UK):

Danol (Danazol); Dimetriose (Gestrinone); Duphaston (Dydrogesterone); Mirena Coil (Levonorgestrel); Primolut-N (Norethisterone); Prostag SR (Leuprorelin Acetate); Provera/Depo-Provera (Medroxyprogesterone Acetate); Suprecur (Buserelin); Synarel (Nafarelin); Utovlan (Norethisterone) and Zoladex (Goserelin).

What is DLPA?

DLPA is an amino acid (protein) that has been found to be very helpful for the long-term control of chronic pain. It was used widely for osteoarthritis but has also proved to be very helpful in many women with endometriosis. The other beneficial effects of DLPA are helping people with depression and suppression of the appetite. Other conditions which seem to benefit from DLPA are – rheumatoid arthritis, menstrual cramps, migraine, joint pains and neuralgia.

How DLPA works:

The brain produces compounds called endorphins. These are the natural painkillers in the human body and come into action when a person experiences pain. Sometimes the natural endorphins are not sufficient to deal with the pain. DLPA makes these natural endorphins last for a longer time, thus dulling and reducing the pain being experienced. Phenylalanine is not considered as a drug because it is used by the body during metabolism (conversion of food to energy). It is sold under the same guidelines as vitamins. Phenylalanine is present in the protein containing foods in our diet.

Administration of DLPA:

DLPA should be taken about fifteen minutes before a meal. Anyone with high blood pressure should take their tablets fifteen minutes after food.

Dosage of DLPA:

DLPA comes in tablet form of 375mgs each. Two tablets should be taken before meals (or after meals for those with high blood pressure).

It is advisable to build up the dose by starting with one tablet a day for two days then four tablets a day for two days, then the full six tablets a day, taken in divided doses of two tablets before each meal (or after).

DLPA should not be taken as an occasional painkiller. It should be taken regularly over a period of time and in some cases a few weeks.

The action of DLPA will not be instant; the benefit will be felt gradually as the DLPA starts to take effect.

Once the pain is under control, the dose can gradually be reduced to a maintenance dose of one to two tablets per day. In some cases it is possible to reduce to one tablet weekly.

If, when the medication is stopped, the pain returns, then it will be necessary to build up the benefits again by restarting at a higher dose.

If little benefit has been felt in three weeks the dosage can be doubled for a further two weeks.

If no benefit has been felt in that time treatment should be discontinued, as DLPA is not effective for everyone.

When DLPA should not be used (contra-indications):

Pregnancy

Lactating women (breast feeding)

In cases of phenylketonuria (rare medical condition)

By patients taking MAOI's (monamineoxidase inhibitor drugs for mental illness)

By children under the age of 14 years

Precautions in the use of DLPA:

Patients with high blood pressure should discuss DLPA with their doctor and have regular blood pressure checks whilst taking it.

Reaction of DLPA with food/alcohol/drugs:

DLPA will interact with monamineoxidase (a drug used in the treatment of depression).

Side effects of DLPA:

Some people experience nausea, especially at the start of the course of treatment, but as with anything that is introduced to the body, if side effects are felt, then that item should be stopped. There are no documented reports of adverse mental or physical side effects that we have been able to find. It is not thought to be possible to take a toxic overdose of DLPA, so therefore there is a lack of potential for abuse.

Is DLPA effective?

Many women have benefited from using DLPA to relieve the pain of endometriosis, and could be well worth trying. Please remember, that what works for one person may not work for another. DLPA is worth trying if you suffer from pain and are unwilling to take strong painkillers as a first line management.