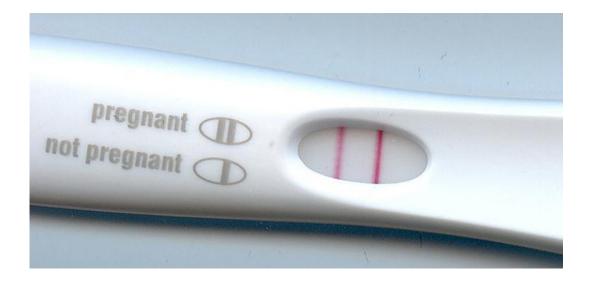


Study reveals Viagra to be 'ineffective' for fetal growth restriction

December 8 2017



Pregnancy test. Credit: public domain

A University of Liverpool led international clinical trial has found an anti-impotence drug to be ineffective at improving outcomes for pregnancies complicated by fetal growth restriction.

Fetal growth restriction, commonly called <u>intrauterine growth restriction</u> (IUGR), occurs when the placenta (afterbirth) has failed to develop correctly. In most cases this has happened in the early stages of pregnancy but is usually only recognised when the baby is found to be small on ultrasound after 20 weeks.



More severe IUGR occurs earlier in pregnancy which has implications as there is currently no treatment for IUGR.

Survival for IUGR <u>babies</u> depends on the birthweight and the number of weeks (gestation) they are at birth. Therefore, a medication that can improve weight or prolong the time to deliver could have significant advantages for these very sick babies.

Sildenafil, commonly called VIAGRA, causes <u>blood vessels</u> to relax and has been used for many years for the treatment of male erectile problems.

Researchers from the University of Liverpool's Institute of Translational Medicine set up the STRIDER Trial to examine whether Sildenafil could also cause the blood vessels supplying the placenta to relax and improve the blood supply to the placenta in IUGR pregnancies. Improving the blood supply to the placenta should improve the growth and well-being of the IUGR baby.

As part of the study researchers recruited 135 women from 19 fetal medicine units in the UK who were less than 30 weeks into their pregnancies with an IUGR baby. Randomly 70 of the women were prescribed Sildenafil and 65 women a placebo.

The results of the trial, which have been published in *The Lancet Child & Adolescent Health*, found that when sildenafil was administered to pregnant women with a severely growth-restricted fetus, it did not prolong pregnancy, improve survival, or reduce short-term neonatal morbidity.

Professor Zarko Alfirevic, said: "Sadly the use of this drug in this way was ineffective.



"However, as part of our continuing research, we are now monitoring the growth and development of the babies who participated in the trial to learn even more about this disease and its implications with a view to help us to identify possible treatment options in the future."

More information: Andrew Sharp et al, Maternal sildenafil for severe fetal growth restriction (STRIDER): a multicentre, randomised, placebocontrolled, double-blind trial, *The Lancet Child & Adolescent Health* (2017). DOI: 10.1016/S2352-4642(17)30173-6

Provided by University of Liverpool

Citation: Study reveals Viagra to be 'ineffective' for fetal growth restriction (2017, December 8) retrieved 12 July 2023 from <u>https://medicalxpress.com/news/2017-12-reveals-viagra-ineffective-fetal-growth.html</u>

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