

OESTROGEN/PROGESTIN TREATMENTS AND SYDENHAM'S CHOREA

A REVIEW

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This work was prompted by questions received by our association about the possible reappearance of chorea in people who had had Sydenham's chorea and were taking oral contraceptives. Contraceptives are treatments containing hormones called oestrogen and/or progestin that are also used in hormone replacement therapy after menopause, gender change and in few other conditions (excess of hair growth, called hirsutism and hormonal imbalance such as in polycystic ovary syndrome). We conducted a review of the medical and scientific literature looking for articles describing patients who had developed chorea while using contraceptives or any other kind of oestrogen or progestin hormone treatment. This was to see whether chorea occurred more frequently in those who had had Sydenham's chorea in the past. A total of 80 people with chorea were found, and 61 of these had reported whether or not they had had Sydenham's chorea. About one in three of these 61 cases had previously had Sydenham's chorea. This suggests that those who had had Sydenham's chorea might be more likely to develop chorea with these hormone treatments. The reports show that chorea mainly occurs a few months after starting treatments, although sometimes it may occur weeks or years later. When treatments are discontinued, the chorea regresses, usually within a few weeks. Based on these results, we commented upon the use of these hormone treatments in people who have had a previous Sydenham's chorea. With regard to contraception, the risk of an unwanted pregnancy outweighs the risk of a return of chorea. However patients who had experienced severe mental health disorders as part of Sydenham's chorea may be more likely to be concerned about this risk. It would be of help to establish which hormonal contraception might be more appropriate in women who had had Sydenham's chorea (e.g. a safety guide to choosing progestin-only contraception or a combination of oestrogen and progestin). Given its short term use, emergency contraception would probably be less likely to cause chorea. We suggest that doctors should find the right time to inform individuals who have had Sydenham's chorea about the possible problem with hormone treatments. Doctors could offer a balanced view as the information that can be found in internet is not always reliable. In general, there is a need to further investigate the nature and frequency of this problem, and clarify its causes and mechanisms. For this reason it would be useful to carefully supervise people who have had Sydenham's chorea and are getting these treatments.