

Why Stop Now? Extended and Continuous Regimens of Combined Hormonal Contraceptive Methods



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KEYWORDS

- Combined hormonal contraception • Combined oral contraceptive pills
- Extended contraceptive use • Continuous contraceptive use
- Ovulation suppression • Bleeding profile with contraception
- Contraceptive vaginal ring • Contraceptive transdermal patch

KEY POINTS

Extended and continuous combined hormonal regimens result in:

- Decreased frequency of scheduled bleeding.
- Initial increase in unscheduled bleeding that lessens over time.
- Decrease in estrogen-withdrawal symptoms and improved control of medical conditions.
- Likely improved efficacy due to more consistent ovulation suppression.
- High user acceptability.

INTRODUCTION

Combined oral contraceptives (COCs) are the most common reversible birth control used by US women, a fact that has remained unchanged over several decades despite the introduction of many new contraceptive methods.¹ More than one in four women in the United States using contraception is using COCs.¹ Thirty percent of women in the United States are currently using some form of combined hormonal contraception (CHC) as their method of contraception, including COCs, the transdermal patch, and the vaginal ring.¹ Four out of every five sexually experienced women in the United States have used COCs.²

Since their initial introduction more than 50 years ago, COCs traditionally have been prescribed in 28-day cycles. COCs were designed to mimic the menstrual cycle with

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Obstet Gynecol Clin N Am 42 (2015) 669–681

<http://dx.doi.org/10.1016/j.ogc.2015.07.009>

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21 active hormone pills followed by seven placebo pills resulting in a regular withdrawal bleed every 28 days. Changes to dose, progestin and estrogen formulation, and regimens have been made over the years to improve the efficacy, bleeding profile, safety, and tolerability associated with CHCs.

Many women desire a decreased frequency in menstrual cycles.^{3,4} Decreasing the number of withdrawal bleeds per year may improve women's quality of life by decreasing menstrual and premenstrual symptoms resulting in fewer days of missed work or school and reducing the cost of sanitary supplies. Women may also prefer not to have a withdrawal bleed for social and cultural reasons.^{5,6} Additionally, changes to traditional CHC regimens improve side effect profiles, increase ovulation suppression, and decrease unintended pregnancy rates. This article explores extended and continuous CHC regimens including efficacy, safety, bleeding profiles, and management of other gynecologic conditions.

DEFINITIONS

Terminology used in the discussion of CHC regimens is inconsistent. In this article, we use "traditional regimen" to refer to CHCs prescribed in a 28-day cycle (Table 1). These traditional cyclic regimens typically include 21 days of active hormones with 7 days of placebo, allowing for a withdrawal bleed each cycle. "Traditional regimens with shortened hormone-free interval" refer to 28-day regimens with less than 7 hormone-free days each cycle. Food and Drug Administration (FDA)-approved regimens include 24/4 and 26/2 regimens. Some clinicians and researchers use the term "extended regimen" to refer to any regimen with more than 21 days of active hormones, including the 24/4 and 26/2 regimens. However, in the context of this article, we define extended regimen as any regimen where active hormones are used for longer than 28 days, with a scheduled hormone-free interval, or an interval with decreased hormones with the intent of having a withdrawal bleed less frequently than every 28 days.

The common FDA-approved extended regimens are designed as 84/7 regimens, meaning women can expect one scheduled withdrawal bleed every 3 months. Variations on the extended regimen include tailored and flexible extended regimens.

Term	Description
Traditional regimen	28-d cycle with 21 active hormone days and 7 placebo days
Traditional regimen with shortened hormone-free interval	28-d regimen with <7 hormone-free days each cycle (eg, 24/4 regimens)
Extended regimen	Active hormones taken continuously for longer than 28 d followed by a hormone-free or decreased hormone interval
Flexible extended regimen	Extended regimens with user-initiated hormone-free intervals either because of bleeding or user preference
Tailored extended regimen	Extended regimens with hormone-free intervals triggered by unscheduled bleeding/spotting
Continuous regimen	Regimens taken in an uninterrupted fashion with no hormone-free interval

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