Oral Contraceptives: Risks, Benefits & New Regimes

By B. Norman Barwin, MD [5]

ORAL CONTRACEPTIVES: Objectives. Know the risks, benefits and side effects of oral contraceptives. Utilize basic concepts in OC prescribing. Know how to modify regiments to manage side effects. Objectives. Know the risks, benefits and side effects of oral contraceptives. Utilize basic concepts in OC prescribing. Know how to modify regiments to manage side effects.
ORAL CONTRACEPTIVES:

Objectives

- Know the risks, benefits and side effects of oral contraceptives
- Utilize basic concepts in OC prescribing
- Know how to modify regiments to manage side effects
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- Low Failure Rate

- Percentage experiencing an accidental pregnancy in the 1st year of continuous use:
  - Lowest expected 0.1%
  - Typical 3.0%
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Low Incidence of Intolerable Side Effects

- Especially compared to progestin only methods (irregular bleeding, acne, weight gain)
- Most side effects resolve in the first 1 to 3 months of use
- Counseling is CRITICAL
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Serious complications are RARE in healthy non-smokers

- No increase in stroke/myocardial infarction
- Morbidity increases in the presence of underlying risk factors: SMOKING, hypertension, hyperlipidemias, morbid obesity, diabetes
- 3 to 4 fold increase in thromboembolic events
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- Simple to initiate/Simple to discontinue
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Few Contraindications

- Past history of or current thrombophlebitis or thromboembolic disorders
- Cerebrovascular or coronary artery disease
- Known or suspected carcinoma of the breast, endometrium, or other estrogen dependent neoplasia
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- Few Contraindications
  - Undiagnosed abnormal genital bleeding
  - Cholestatic jaundice of pregnancy or jaundice with prior pill use
  - Hepatic adenomas or carcinomas
  - Known or suspected pregnancy
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- Few Contraindications
  - “Warnings” listed in package insert
  - Cigarette smoking
  - Hypertension
  - Hyperlipidemia
  - Morbid obesity
  - Diabetes
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- Noncontraceptive USES/BENEFITS
  - The majority of women are unaware of most benefits of OC use
  - Healthcare providers often neglect to discuss noncontraceptive benefits
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- Noncontraceptive USES/BENEFITS
  - Menstrual cycle symptom control
  - Protection of fallopian tube function
  - Beneficial effects on the breasts
  - Treatment of androgen excess disorders
  - Cancer prevention
  - Reduction in gynecologic procedures
  - Perimenopausal benefits/uses
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.Reduction in Healthcare Costs
  . For the patient:
  .Less tampons, pads, pain meds, office visits, procedures
  . For the HMO Insurance Company:
  .Less visits and procedures
  . For the employer:
  .Less absenteeism
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SUMMARY

- Low failure rate
- Low incidence of side effects
- Serious complications are rare
- Simple to initiate and discontinue
- Few absolute contraindications
- Numerous non contraceptive uses/benefits
- Reduction in healthcare costs
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SUMMARY
- LONG-TERM USE OF OC’s recommended because:
  - No additional risks with long-term use
  - Added benefits with long-term use
  - Prevention of gynecological problems with OC’s is more effective than treatment with OC’s
  - Many gynecological problems develop, worsen, and are less tolerated in the second half of the reproductive years
REASONS OC's NOT USED

- Contraindications
- Side effects
- Compliance problems
- Fear/Concern
NEW REGIMENS TO MANAGE SIDE EFFECTS AND IMPROVE COMPLIANCE
The Standard 28 Day Regime

- 21 Active / 7 Hormone Free
- Until recently, all formulations were a 28 day cycle
  - 21 active / 7 hormone free

Rationale
- To mimic the natural menstrual cycle by inducing monthly withdrawal bleeding
- Low incidence of breakthrough bleeding

Drawback
- Monthly withdrawal symptoms
Symptoms During the Pill Free Interval
Hormonal Withdrawal Symptoms
In Oral Contraceptive Users

Objective
. Measure the frequency and severity of symptoms during the pill free interval compared to the active pill interval
Hormone Withdrawal Symptoms In Oral Contraceptive Users

Study Design
- Prospective study of OC users
- 69 new starts: No OC use in last 3 months
- 193 current users: OC use 12 months
Hormone Withdrawal Symptoms In Oral Contraceptive Users

Data Collection
- Demographics
- Daily calendars to subjectively record headaches, pelvic pain, bleeding, analgesic use, and other symptomatology
Objectives

- Know the risks, benefits and side effects of oral contraceptives
- Utilize basic concepts in OC prescribing
- Know how to modify regimens to manage side effects

Hormone Withdrawal Symptoms In Oral Contraceptive Users

- Headaches
- Pelvic Pain
- Bloating and Swelling
- Breast Tenderness
Reasons To Modify The Standard 21/7 OC Regime

- Common estrogen withdrawal symptoms during the hormone free interval
- Medical disorders:
  - Anemia, endometriosis, catamenial seizures, etc.
- Convenience/“Forgetability”
Changing The Standard OC
Regime: Current/Future Ideas

- Shorten the hormone free interval from 7 days to 3 to 5 days to provide greater ovarian suppression and decrease the incidence/severity of hormone withdrawal symptoms
- Extend the # of days of active OC's to greater than 21 days
- Add estrogen during the hormone free interval
Extending The Duration Of Active Oral Contraceptive Pills to Manage Hormone Withdrawal Symptoms

**Objective**

Test the hypothesis that extending the number of consecutive active OC’s will decrease the frequency of menstrual related problems
Extending The Duration Of Active Oral Contraceptive Pills to Manage Hormone Withdrawal Symptoms

Method
Prospective analysis of 50 patients on OC’s who experience hormone withdrawal symptoms during the pill free interval and were allowed to extend the number of consecutive active OC’s
Method of Extending Number of Active Weeks

- Instructed to take 6 consecutive weeks of active OC’s followed by a hormone free week
- The interval of active pills was increased by 3 weeks each consecutive cycle (6 wks, 12 wks) followed by a hormone free week
- If a patient experienced intolerable side effects, she remained on the regimen that worked best for her
Study Results Of The 50 Patients*

.37 patients (74%) stabilized on an extended regimen
.6 week 8
.9 week 13
.12 week 16

.13 patients (26%) not stabilized on an extended regimen
. Most common reasons
. Breakthrough bleeding
. Breakthrough spotting
. Headaches
Extended OC Regime:

If initiating OC’s, begin with the standard regimen for 2 months because of high incidence of BTB/BTS and other side effects. Have patient return during the 3rd cycle to assess compliance/side effects.
Extended OC Regime:

- If patient having withdrawal symptoms during the hormone free interval or wants to delay menses, discuss extending the active pills. Instruct to extend pills till BTB/BTS occurs, take a 4 to 7 day hormone free interval, and restart (re label pack to correct day of week if necessary)
Extended OC Regime:

- Warn the patient that she can go off the “real” pill for less than 7 days but never more than 7 days!!
- Make sure your patient understands and is comfortable with this extended regimen; if not, use standard regimen
Extended OC Regime:

- Increases counseling time in the office; your patient must understand how to extend
- Side effects?? - no extensive data; studies underway
Extended OC Regime:

- Increased OC cost because more active weeks per year and potentially more trips to the pharmacy (prescribe 3 months at a time).
- But, less tampons/pads/analgesics/ migraine medications, etc.
Extended OC Regime:

Increased lifetime steroid use, but no theoretical reason to anticipate increased complications (i.e., DVT, MI, stroke, etc.); no extensive data.
No reported increase in complications through extended regimes used for decades in patients with endometriosis.
What can you do if a patient can’t or doesn’t want to extend, but has estrogen withdrawal symptoms during the hormone free interval?

? Add Estrogen ?
CONCLUSION

Menstrual disorders are common: dysmenorrhea, menorrhagia, irregular menses, menstrual migraines. Menstrual disorders are less common in patients on OC’s, but they still occur in a significant percentage and can affect compliance. Modifications of the standard 21 day active / 7 day hormone free interval and newer formulations will improve the quality of life for many of our patients.

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http://www.obgyn.net/printpdf/oral-contraceptives-risks-benefits-new-regimes-0/page/0/16

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