Efficacy of a new low-dose oral contraceptive with drospirenone in premenstrual dysphoric disorder


This multicentre, double-blinded, randomised, placebo-controlled trial in the USA aimed to assess the effect of a 24/4 regimen of drospirenone/ethinylestradiol therapy has yet to be evaluated and its relative efficacy compared to current treatment will need to be proven before such treatment becomes commonplace in the UK.

Reviewed by Karen Rose, MB ChB Senior Honorary Officer, Dean Terrace Family Planning Clinic, Edinburgh, UK

Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross-sectional surveys.


This paper compares data on contraceptive practice among 16–49-year-old women over 3 years from 2000 to 2002. Approximately 2000 women were surveyed each year as part of the Omnibus multipurpose survey. Women were selected by random sampling of addresses and occupants throughout the UK. Interviewers asked about use of contraceptives and emergency hormonal contraception (EHC).

The most striking change was the source of emergency contraception. The introduction of over-the-counter (OTC) EHC in January 2001 resulted in a marked increase in the proportion of women obtaining EHC from pharmacies (19.7% in 2001 and 32.6% in 2002). There was a corresponding reduction in the proportion supplied from general practice and family planning clinics but little change in supply from emergency departments. Women who bought OTC EHC tended to be older, wealthier and single. Over the same period, the proportion of women using emergency contraception once or more than once a year remained static at approximately 6% and 2%, respectively. There was no significant change in the proportion using reliable contraceptive methods or having unprotected intercourse. The authors conclude that availability of OTC EHC has not led to increased use or encouraged unsafe sex.

The survey did not determine the absolute number of times EHC was used and it excluded women under the age of 16 years. Although the authors attempted to correct for selection bias, they were unable to correct for non-response and recall bias. It was assumed that all OHC obtained from pharmacies was bought, with no mention of free supply under patient group direction.

Reviewed by Louise Melvin, MRCPG, FFHP Specialist Registrar, Simpson’s Centre for Reproductive Health, Edinburgh, UK

Bleeding patterns after immediate initiation of an oral contraceptive compared with a vaginal hormonal contraceptive.


This study compared 84-day bleeding patterns of 201 women randomly assigned to immediate start (‘Quick Start’) of a triphasic oral contraceptive pill (25 µg ethinylestradiol) compared with the contraceptive vaginal ring (providing 15 µg ethinylestradiol daily). The women either took their first pill or were fitted with a contraceptive vaginal ring irrespective of where they were in their cycle. They then used barrier contraception for the first 7 days and were asked to record their bleeding patterns on a daily basis. The mean bleeding-spotting days in the 84-day reference period for all women was 19.2 days (17.0 days for ring users and 21.4 days for pill users). As well as confirming the excellent bleeding pattern results found in earlier non-randomised studies for the contraceptive vaginal ring, this study also showed that the ‘Quick Start’ approach is an acceptable alternative to waiting for menses for both contraceptive methods. This is an important observation as this method is easy to implement, increases initiation and may increase effective use and continuation of contraception. Perhaps we should completely abandon the conventional advice we give to women about starting hormonal contraception ‘after your next period’?

Reviewed by Andrew Horne, PhD, MRCPG AAGL Clinical Fellow in Gynaecological Endoscopy, Sunnybrook and Women’s College Health Sciences Centre, Toronto, Canada

References


Discussion

The cost effectiveness of low-dose drospirenone and ethinylestradiol therapy has yet to be evaluated and its relative efficacy compared to current treatment will need to be proven before such treatment becomes commonplace in the UK.

Reviewed by Karen Rose, MB ChB Senior Honorary Officer, Dean Terrace Family Planning Clinic, Edinburgh, UK


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The study by Lloyd and Gale in the October 2005 issue of this journal showed an increase in EHC use in a rural setting since it became available OTC. The impact on numbers of unplanned pregnancies is unknown, but OTC EHC does at least appear to be saving health service time and resources.

Reviewed by Louise Melvin, MRCPG, FFHP Specialist Registrar, Simpson’s Centre for Reproductive Health, Edinburgh, UK


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Reviewed by Andrew Horne, PhD, MRCPG AAGL Clinical Fellow in Gynaecological Endoscopy, Sunnybrook and Women’s College Health Sciences Centre, Toronto, Canada
Bleeding patterns after immediate initiation of an oral compared with a vaginal hormonal contraceptive

Andrew Horne

*J Fam Plann Reprod Health Care* 2006 32: 22
doi: 10.1783/147118906775275091

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