Effects of continuous versus cyclical oral contraception: a randomized controlled trial.

There is continuing interest in the use of long-cycle and combined hormone contraceptives to improve menstrual and menstrual health. This paper is a well-designed, randomised, double-blind trial involving a total of 62 healthy women taking either combined pills for 21 days plus 7 days of placebo over six cycles or continuous therapy for 168 days.

It was surprising to see that a 20 µg ethinylestradiol and 1 mg norethindrone acetate pill was chosen for this study. The authors explained that previously published work had reported more days of amenorrhea and fewer days of spotting with such a preparation.

The subjects were studied for three menstrual cycles prior to enrolment. No hormonal contraception was taken during this time. They were then seen regularly during the ‘active’ phase of the study.

There were just under 20% of women dropped out once taking the study medication with approximately half giving ‘uncomfortable with the side effects’ as the reason. The overall results are similar to previous published work with the total number of bleeding days similar between the two groups but significantly less moderate/heavy bleeding days occurring with the continuous therapy (mean 5.2 ± 6.8 days) than cyclic bleeding (mean 11 ± 8.5 days; p = 0.005). Both groups had less bleeding over time; however unpredictable breakthrough bleeding was more common in the continuous regimen cohort (37.6 ± 38.8 vs 18.3 ± 17.2 days).

These healthy, normal women taking continuous active pills had less associated menstrual pain and a favourable improvement in ‘behaviour’ during the premenstrual phase only. Perhaps a greater improvement would be expected if the cycle was repeated with premenstrual syndrome or dysmenorrhea.

Women taking the continuous regimen had greater ovarian and endometrial suppression with premenstrual syndrome or dysmenorrhoea. ‘Behaviour’ during the premenstrual phase only. Interestingly, geographical differences were highlighted the specific side effects. However, as many previous studies there remain a small number of men who seem resistant to hormonal suppression, and therefore should this type of approach become widespread in use then a test of efficacy, as for example after a vasectomy, would need to be incorporated. Differences between groups were slight.

Disappointingly, however, both Organon and Schering have announced that they do not intend to pursue this line of research. Optimism is only maintained by the ongoing efforts of bodies such as the World Health Organization and the National Institutes of Health who continue to be active in this field.

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Male hormonal contraception: a double-blind placebo-controlled study

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