

The Female Patient[®]

Preferences in Oral Contraceptive Regimens and Menstrual Frequency

Patricia J. Sulak, MD

After more than 40 years of use, the traditional 28-day (21 day active/7-day hormone free) oral contraceptive (OC) regimen is finally undergoing a change in design as clinicians use their creative energies to design OC regimens that extend the active-pill interval. Due to the introduction of a number of new OC products, prescribers and patients can now choose among several regimens that decrease the number, shorten the duration, or completely eliminate the hormone-free interval (HFI).

Four new combination OC (COC) regimens address the issues of altering or eliminating the HFI (Figure). The ethinyl estradiol (EE) 20 mcg/drospirenone (DRSP) 3 mg (Yaz) and EE 20 mcg/norethindrone acetate (NETA) 1 mg (Loestrin 24 Fe) regimens both allow for 24 days of active pills and a shortened HFI (4 days per cycle). These 28-day cycle regimens result in 13 HFI-associated bleeding episodes per year. The other two new regimens (EE 30 mcg/levonorgestrel [LNG] 150 mcg + EE 10 mcg [Seasonique] and EE 20 mcg/LNG 90 mcg [Lybrel]) completely eliminate the HFI by adding low-dose EE during the usual 7-day HFI or by continuous COC use. The 91-day EE 30 mcg/LNG 150 mcg + EE 10 mcg

regimen consists of 84 days of active pills followed by 7 days of low-dose EE resulting in four cycles per year. The 365-day, continuous-regimen EE 20 mcg/LNG 90 mcg allows for daily COC use without any break in hormone exposure and eliminates HFI-associated bleeding episodes.

Preferences for Menstrual Frequency

Numerous surveys have queried women regarding the impact of menstruation on daily living and health, and their preference for cycle frequency (Table).¹⁻⁹ While survey populations and methodologies differ among the studies, a point of interest when evaluating the results is that women from many different backgrounds were voicing a preference for menstrual suppression long before the first extended-regimen COC became commercially available.¹⁻⁸ Despite the differing populations of women surveyed and the methods utilized, several trends can be consistently identified:

- A general agreement that monthly menstrual cycles may be painful and unpleasant
- An overall willingness to consider menstrual suppression
- Women younger than age 34 years tend to prefer four cycles per year
- Women older than age 40 years are more likely to prefer complete elimination of cycles.

A retrospective study examined medical records from 292 women taking monophasic OCs who reported unwanted hormone withdrawal symptoms during an approximate 7-year interval lasting from 1993 to 2000, a time when extended-regimen OCs were not yet marketed in the United States.¹⁰ When offered the option of extending the number of active-pill days within a cycle only 9% chose not to participate. The majority (86%) of patients who extended active therapy reported an improvement in symptoms, an improvement in quality of life, and a high degree of satisfaction. A more recent study⁶ conducted among women without menstrual-related

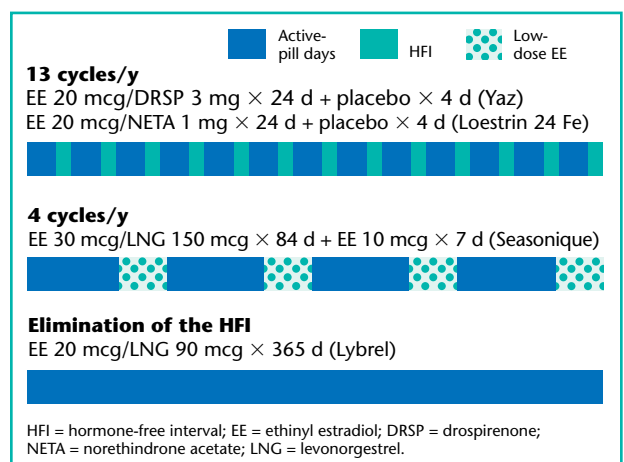


FIGURE. Combination oral contraceptive regimens that alter or eliminate the hormone-free interval.

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DISCLOSURE

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TABLE. Patient Preference Regarding Menstruation and Menstrual Suppression

Reference	No.	Population Age, y	Results
Miller and Smith ¹	88	18-23	80% of women aged 18-23 y indicated willingness to eliminate menses Women reporting menstrual or premenstrual changes that affected work, school, and/or social life were more likely to desire elimination of menses
Rutter et al ²	158	20-28	46% indicated a preference for OC cycles lasting \geq 3 mo 43% reported altering pill use to control the timing of withdrawal bleeding 22% reported taking an OC daily for > 6 wk on at least one occasion
den Tonkelaar and Oddens ³	1,301	15-57	80.5% of menstruating women preferred one or more changes in menses (less painful, shorter, lighter) Among women aged 15-34 y, 24%-35% preferred four menses per year; 3%-4% preferred one menses per year
Andrist et al ⁴	221	21-30	Subjects reported an interest in menstrual suppression to reduce menstrual pain (63%), decrease bleeding days (72%), and have lighter menses (69%) 57% indicated an interest in not having menses every month
Andrist et al ⁵	1,470	18-40	59% did not desire menses every month Approximately 33% would choose complete elimination of menstruation
ARHP ⁶	491	Not reported	44% prefer to eliminate menstruation (59% of women aged 40-49 y) 15% have used OCs to delay or stop menses
Ferrero et al ⁷	270	Reproductive-aged, Italy	27.8% desired less frequent menses 28.5% desired amenorrhea Preferred cycle length among women aged 20-29 y: Every 3 mo, 45.5%; Annually, 0.0%
Weigratz et al ⁸	1,195	15-57, Germany	22%-34% overall had used OCs for menstrual suppression 45%-69% stated they would use an OC for menstrual suppression The preferred cycle length is every 3 mo for women aged 15-34 y
Glasier et al ⁹	1,001	China, South Africa, Nigeria, Scotland	> 50% disliked having menses 10% to approximately 33% preferred to eliminate menstruation 33%-50% would consider using a contraceptive method that would temporarily stop menstruation

OCs = oral contraceptives; ARHP = Association of Reproductive Health Professionals.

symptoms reported that among women who wanted to reduce menstrual frequency, 56.8% preferred use of a daily oral tablet to suppress menstruation over other forms of hormonal contraception.

Conclusion

In the past several years, extended-regimen contraception has evolved from a well-kept secret used during special events to a method that is widely accepted by both prescribers and patients. Extended-regimen COCs offer women the option of choosing the frequency and duration of their cycles. These regimens should be offered to all women who desire contraception and are candidates for OC use. With proper counseling these women can make informed decisions and take control of their cycles.

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