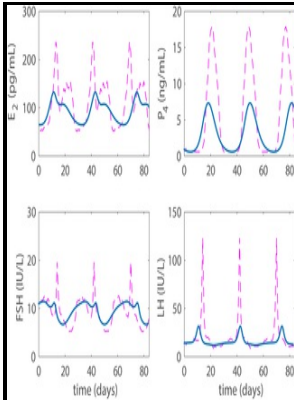


# Developments in low dose combined oral contraception - modifications of the pill free interval.

University of Manchester - Combined oral contraceptives in the treatment of polycystic ovary syndrome



Description: -

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Notes: Thesis (M.D.) - University of Manchester, Faculty of Medicine.

This edition was published in 1996



Filesize: 13.31 MB

Tags: #British #Library #ETHOS: #Developments #in #low #dose #combined #oral #contraception #: #modifications #of #the #pill #free #interval

## The combined oral contraceptive pill

Combination of COC with flutamide Flutamide is the only antiandrogen that specifically blocks the androgen receptor without any glucocorticoid, progestational, androgenic or estrogenic activity. Several clinical studies have evaluated the acceptability of extended regimens of combined pill to reduce the frequency of menstruation. Results The 220 patients counseled on the extended regimen were 14—52 years of age mean 36.

## The combined oral contraceptive pill

Marchbanks PA, McDonald JA, Wilson HG, et al. Follow-up intervals ranged from 0.

## Ovarian and endometrial function during hormonal contraception

This in turn prevents development of a dominant follicle in the early days of the menstrual cycle and the resulting surge in luteinizing hormone LH that triggers ovulation. Several studies have directly compared COC monotherapy and COC in combination with GnRH agonists.

## An Update on Contraception in Polycystic Ovary Syndrome

But another consequence of this interval is the emergence of hormone-withdrawal-associated symptoms.

## An Update on Contraception in Polycystic Ovary Syndrome

In an attempt to inhibit ovulation reliably with the lowest possible dose of steroids, without compromising efficacy while at the same time minimizing side-effects, metabolic effects and risks a new preparation has recently marketed in the USA. The main therapeutic objective should be temporary and possibly prolonged relief of symptoms in specific circumstances and not definitive cure, because more than half of the women with severe dysmenorrhoea or deep dyspareunia will have pain recurrence within a few months of drug withdrawal whatever of the steroidal hormone used ; ;.

**Extending the duration of the pill**

Increasing the pill-free interval allowed more follicular development and more estradiol production. This positive trend is maintained even with simultaneous COC treatment. Concerning the long-term use of COC, there are few data available, as published studies lasted 1 year at most.

**The combined oral contraceptive pill**

Residual follicular activity is responsible not only for ovarian estradiol synthesis but also for androgen production. Preparations with 20µg ethinyl oestradiol doses appear to inhibit ovulation effectively but allow appreciable ovarian activity.

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