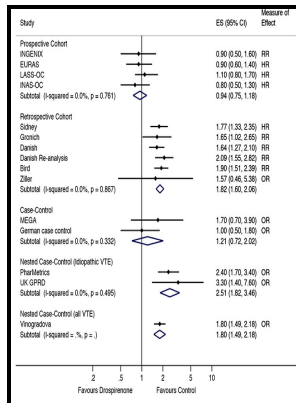


Developments in low dose combined oral contraception - modifications of the pill free interval.

University of Manchester - An Update on Contraception in Polycystic Ovary Syndrome



Description: -

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Shorter pill

Surprisingly there has been limited attention to the metabolic consequences of surgical treatment. Although there was a small and significant benefit with the 30 µg ethinyl oestradiol combination, the overall results of the two trials show that the effectiveness of oral contraceptive use for the prevention of ovarian cysts is uncertain average relative risk 0.

Outcomes of extended oral contraceptive regimens with a shortened hormone

As yet, the data about changes in insulin secretion are not sufficient to draw any conclusion. In healthy users after six cycles the mean changes in SHBG reached +270% versus +80% if COC contained low or higher antiestrogenic progestin DNG versus LNG;. Variable VTE risk, RR 95% CI Second-generation Levonorgestrel 1 Third-generation Norgestimate 1.

Doctor's Review

A pre-treatment cycle, 3 treatment cycles, and a post-treatment period were monitored by ovarian ultrasound and by measurements of luteinizing hormone LH, follicle stimulating hormone FSH, 17-beta-estradiol, and progesterone every other day. To date, no comparative study has proved that the efficacy of danazol or gonadotrophin-releasing hormone analogues is superior to that of progestogens or oral oestrogen-progestogen combinations, which are similarly effective in reducing pelvic pain associated with endometriosis and in improving health-related quality of life in ~70% of symptomatic patients, , , .

Outcomes of extended oral contraceptive regimens with a shortened hormone

Oral contraceptive prescriptions are unlikely to prevent the development of functional cysts or hasten their disappearance. Although there have been some advances over the last 15 years in our understanding of factors which may be important in the control of endometrial function, we seem to be no nearer understanding why women on progestogen-only contraceptives suffer from breakthrough bleeding.

Rationale for eliminating the hormone

It might be speculated that substantial endocrine changes cause beneficial metabolic effects after a longer period of time. In some cases, pre-ovulatory values were achieved although ovulation did not occur.

Manipulation of the pill

GnRH agonists do not further potentiate the beneficial effect of the estrogen component of COC on SHBG. The 7-day hormone-free interval HFI in today's low-dose OCs is associated with reduced pituitary—ovarian suppression, allowing for ovarian follicular development, endogenous oestradiol production and possible ovarian cyst formation and ovulation. Ibanez L, Diaz M, Sebastiani G, Marcos MV, Lopez-Bermejo A, de Zegher F.

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