Investigational OC May Decrease PMDD Symptoms

Regimen of 24 days of low-dose drospirenone tied to fewer symptoms during the pill-free interval.

BY KATE JOHNSON
Montreal Bureau

San Francisco — A new drospirenone-based OC awaiting approval by the Food and Drug Administration is effective in relieving premenstrual symptoms because it is given in a low dose and for an extended regimen, according to new research.

Drospirenone is a progestin derived from spironolactone and thus has a diuretic effect that other progestins do not, Gloria Bachmann, M.D., reported at the annual meeting of the American College of Obstetricians and Gynecologists.

Drospirenone is used in an FDA-approved OC (Yasmin, manufactured by Berlex) in a formulation of 30 mcg of ethinyl estradiol (EE) and 3 mg of drospirenone given in the typical OC regimen of 21 days, followed by 7 hormone-free days.

But the newer low-dose formulation (20 mcg of EE/3 mg drospirenone) given over a 24-day period with only 4 hormone-free days can significantly reduce symptoms of premenstrual dysphoric disorder (PMDD), compared with placebo, said Dr. Bachmann, associate dean for women's health and professor of obstetrics and gynecology at Robert Wood Johnson Medical School, New Brunswick, N.J.

"In the usual OC cycle of 21 hormone days and 7 days off, women begin to get symptomatic even before the pill-free interval because their ovaries are not totally suppressed," she said in an interview. "By giving an extended number of days of hormone, you have better ovarian suppression and thus fewer symptoms during the shorter pill-free interval."

Dr. Bachmann presented a double-blind study, sponsored by Berlex, in which 83 women with PMDD were randomized to either the low-dose drospirenone-based extended OC regimen (42 women) or placebo (41 women) for three cycles of treatment followed by a washout cycle. The women then crossed over to the other arm of treatment for another three cycles.

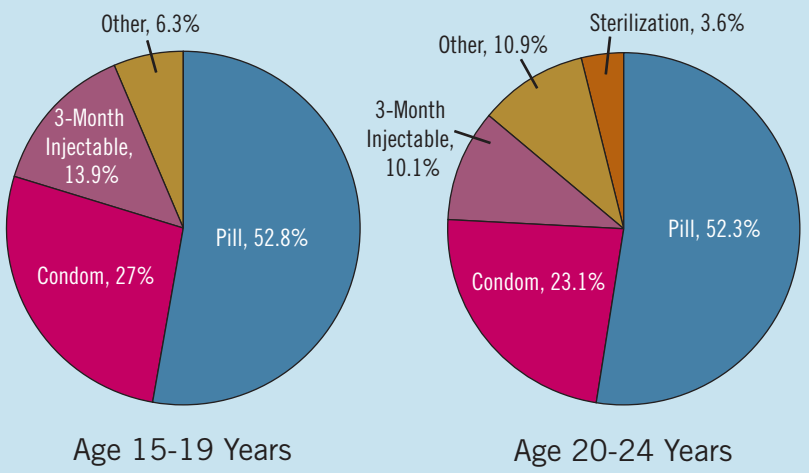
PMDD symptoms were assessed using the Daily Record of Severity of Problems (DRSP) scale, which includes 21 symptoms and 3 measures of functional impairment.

Active treatment was significantly more effective than placebo in relieving emotional and physical symptoms of PMDD, and the effects were similar to those seen when PMDD is treated with selective serotonin reuptake inhibitors (SSRIs), Dr. Bachmann commented during the meeting.

"If you're deciding between an SSRI and an OC [to treat women with PMDD], you have the added benefit of birth control. You're actually improving the gynecologic health of women as well, so it's a win-win situation," she said. ■

DATA WATCH

Contraceptive Methods Used by Young Women



Source: 2002 data, Centers for Disease Control and Prevention

Kevin Foley, Research

Antioxidant in Investigational Green Tea Salve Said to Clear Genital Warts

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

St. Louis — An investigational ointment containing extract of green tea successfully clears genital warts in about 60% of patients, Karl Beutner, M.D., said at the annual meeting of the Society for Investigative Dermatology.

The ointment, polyphenon E, is being developed by MediGene AG, Martinsried, Germany. The active ingredient is 80% tea polyphenols. The main catechin in the extract is (–)-epigallocatechin gallate (EGCG), which has been shown to induce apoptosis in human carcinoma cell lines.

"It's a strong antioxidant that inhibits a number of different enzymes," said Dr. Beutner, chief medical officer at Dow Pharmaceutical Sciences, Petaluma, Calif. "Unpublished reports indicate that it induces a pro–Th1 cytokine profile not dissimilar to that of imiquimod."

The three-armed, placebo-controlled trial randomized 502 patients to an active ointment of 10% or 15% concentration, or the vehicle, which contains isopropyl myristate. Patients had an average of eight warts (2-30), covering an average area of 95 mm^2.

Patients applied the ointment three times a day for up to 16 weeks, or until all warts cleared. Those who cleared completely were enrolled in a 12-week follow-up trial to assess recurrence rates.

"The primary end point was clearance of all warts—the baseline warts and any warts that developed during treatment," Dr. Beutner said. "This is an important distinction because other trials report the response in terms of only clearing the baseline warts. This was a stringent end point. They had to be clear of all warts."

At the end of the 16-week treatment period, about 59% of patients in both active groups had complete clearance of their baseline warts, compared with about 34% of vehicle patients. Complete clearance of all warts occurred in 56% of the 10% group, 57% of the 15% group, and almost 34% of the vehicle group. Average time to response was 11 weeks.

About 80% of those in both active groups had more than 50% clearance. Less than 10% in either active group failed to respond. Women responded better than men, with about 65% of women and 50% of men in both active groups achieving complete clearance. Ongoing investigation is looking at whether the ointment is more effective on the moist skin of the vulvar area than on the dry skin of the penis, Dr. Beutner said.

During the 12-week follow-up period, 8.8% of those in the vehicle group experienced recurrence of baseline warts, compared with 6.5% of the group receiving the 15% formulation and 8.3% of the group receiving the 10% formulation. No new warts appeared in the vehicle group, however, while new warts did appear in 8% of the group receiving the 10% formulation and in 3.7% of the group receiving the 15% formulation.

About 87% of the active patients and 72% of the vehicle patients experienced at least one adverse event; events peaked at 2 weeks and then declined throughout the trial. Most were mild to moderate and included erythema, erosion, excoriation/flaking, edema, and induration. Only 1% of the patients discontinued use because of an adverse event. About 20% of the vehicle patients also had a mild to moderate local reaction.

The only serious events related to the study drug were two cases of vulvovaginitis, judged to be application site reactions.

Clinical trials for the ointment have been completed for the genital warts indication, Dr. Beutner said. MediGene AG also is conducting a phase II trial of the ointment for the treatment of actinic keratosis. Dr. Beutner is a consultant for the company. ■

Focus on Goal Impediment for Teen Pregnancy Prevention

BY SHARON WORCESTER
Tallahassee Bureau

New Orleans — Higher educational and career goals among adolescent girls are widely considered to be protective against pregnancy, but a recent study suggests that this is true only among those who specifically view pregnancy as an impediment to achieving these goals.

Of 351 racially and ethnically diverse nulliparous teens who completed a questionnaire asking about such factors as educational and career goals, anticipated effects of childbearing on these goals, personal desire to avoid pregnancy, and sexual behavior and contraceptive use, 64% had college aspirations, and 58% planned to pursue a career as well as eventual motherhood, Sara Jumping Eagle, M.D., reported in a poster at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

Most (74%) said their goals were achievable, but only 42% said that pregnancy would interfere with their achievement of those goals. Only those young women who considered pregnancy an obstacle to their goals were significantly more likely to want to remain nonpregnant (77% vs. 27%), had plans to abort if they became pregnant (27% vs. 4%), and had plans to use contraception consistently in the future (90% vs. 79%), according to Dr. Jumping Eagle of the University of Colorado, Denver.

The findings challenge the conventional approach to risk assessment, which assumes "that there are sets of risk and protective factors that differ in quantity between teenagers who do and do not become mothers but [that] exert similar effects on them." Dr. Jumping Eagle noted.

The conventional approach does not take into account the fact that educational and career goals are not necessarily causally related to avoiding pregnancy, she wrote, concluding that more time within pregnancy prevention intervention programs should be spent not only encouraging such goals, but also teaching that pregnancy is likely to make the achievement of those goals so difficult that the girls would be "willing to overlook the inconveniences associated with using contraception." ■

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