

Fewer Heavy Days With Extended-Cycle OC Use

BY BETSY BATES

Los Angeles Bureau

RENO, NEV. — Patients taking extended-cycle oral contraceptives had about the same number of total bleeding days over 6 months as women taking a standard, 28-day oral contraception regimen but had significantly fewer days of moderate to heavy bleeding.

"There is lower serum and urinary estrogen, [as well as] smaller ovaries and follicles, thinner endometrium, and improved patient symptomatology with a continuous oral contraceptive pill regimen," Dr. Richard S. Legro reported at the annual meeting of the Society for Gynecologic Investigation.

The findings support the use of extended cycle suppression with oral estrogen (20 mcg) and progestin norethindrone

acetate (1 mg) in a continuous regimen for indications such as endometriosis, hirsutism, and acne, Dr. Legro said at the meeting, where he presented the findings in poster form.

No pharmaceutical companies contributed funding for the study, which was financed in part by the National Institutes of Health, said Dr. Legro, a reproductive endocrinologist at Pennsylvania State University in Hershey, Pa.

Dr. Legro and his coinvestigators en-

rolled 62 normally cycling women in a double-blind, randomized, controlled trial and followed them for symptoms, bleeding patterns, endometrial histology, follicular development, and serum and urinary levels of sex steroids as they took oral contraceptives for 28 days per month with the traditional 7-day pill-free interval or continuously.

The number of moderate to heavy bleeding days dropped to 1 day/month or less by cycle 2 in the continuous OC group, decreasing more slowly over time

in women taking the 28-day OC regimen.

Women taking continuous OC pills had a 25%-30% greater suppression of serum estrogen levels than those on the 28-day regimen. Total ovarian volume, maximum diameter of the largest follicle, and endometrial thickness were all reduced significantly more in patients on the continuous regimen. Scores on premenstrual pain, behavior, and distress scales were also lower for women assigned to receive continuous OC pills. ■

Low-Dose OCs May Impair Teen Bone Health

ATLANTA — Impaired bone mass acquisition associated with certain oral contraceptives may be a hidden problem affecting adolescent girls, Dr. Barbara Cromer said at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

Preliminary data from a pilot study comparing bone mineral density in adolescent girls using oral contraceptives containing two different levels of estrogen demonstrated an apparent blunting of bone development gains associated with the lower-estrogen pill, said Dr. Cromer of MetroHealth Medical Center in Cleveland.

Of 12 girls aged 12-18 years included in the randomized study, 5 received a combination oral contraceptive with 20 mcg of ethinyl estradiol and 1 mg of norethindrone acetate for 12 months and 7 received one with 35 mcg of ethinyl estradiol and 1 mg norethindrone for the same duration. All the girls underwent BMD testing with dual-energy x-ray absorptiometry at the lumbar spine (L1-L4) and at the femoral neck at baseline at 6 months and 12 months.

At 12 months, the mean percentage of change in bone mass acquisition from baseline in the lower-estrogen group was 1%, compared with 2% in the higher-dose group, Dr. Cromer reported.

A key question is obviously whether the difference is clinically significant, and "it's one that absolutely warrants further investigation," she said. "If there is clinical significance, we need to think about whether the appropriate dose of ethinyl estradiol for teens may be 35 mcg and whether the trade-off with the risk of VTE—which is relatively small in adolescents—is acceptable." It also needs to be clarified whether bone mass recovery occurs after cessation of these agents and whether lifestyle factors can override some of the negative bone effects, she said.

—Diana Mahoney

novo nordisk is changing diabetesSM

Leadership... It's time to think differently about what a pharmaceutical company can be. Novo Nordisk has dedicated itself to defeating diabetes, which is an interesting goal given that diabetes is the primary focus of our business. Success would undoubtedly force us to change, but then again, change is what we have always embraced.

Changing DiabetesSM means helping people with our actions, and not just with our products. It means staying true to our ideals and being respectful of the world we live in. And it means continuing to dedicate significant resources to diabetes research until a cure is found.

With leadership comes responsibility. We are committed to improving options for care now while partnering with others who share our mission and ultimate goal of defeating this disease.



Changing Diabetes is a service mark of Novo Nordisk A/S.

NovoMedLink.com
1-800-727-6500