- with those of women using Ortho-Novum7/7/7 (norethindrone/ethinylestradioltriphasic) or other oral contraceptives. *Contraception* 2000; **62**: 289–295.
- Luukkainen T, Pakarinen P, Toivonen J. Progestin-releasing intrauterine systems. Semin Reprod Med 2001; 19: 355–364.
- 10 Lethaby AE, Cooke I, Rees M. Progesterone/progestogen releasing intrauterine systems versus either placebo or any other medication for heavy menstrual bleeding. *Cochrane Database Syst Rev* 2000; 2: CD002126.
- 11 Mascarenhas L. Insertion and removal of Implanon: practical considerations. Eur J Contracept Reprod Health Care 2000; 5 (Suppl.2): 29–34.
- 12 Archer DF, Philput CA, Weber ME. Management of irregular bleeding and spotting associated with Norplant. *Hum Reprod* 1996; 11 (Suppl.2): 24–30.
- 13 Kaewrudee S, Taneepanichskul S, Jaisamraun U, et al. The effect of mefenamic acid on controlling irregular uterine bleeding secondary to Norplant use. *Contraception* 1999; 60(1): 25–30.
- 14 Said S, Sadek W, Rocca M, et al. Clinical evaluation of the therapeutic effectiveness of ethinyl oestradiol and oestrone sulphate on prolonged bleeding in women using depot medroxyprogesterone acetate for contraception. World Health Organization Special Programme of Research, Development and Research Training in Human Reproduction, Task Force on Long-acting Systemic Agents for Fertility Regulation. Hum Reprod 1996; 11(Suppl. 2): 1–13.
- 15 Cheng L, Zhu H, Wang A, et al. Once a month administration of mifepristone improves bleeding patterns in women using subdermal contraceptive implants releasing levonorgestrel. *Hum Reprod* 2000; 15: 1969–1972.
- 16 Grow DR, Reece MT. The role of selective oestrogen receptor modulators in the treatment of endometrial bleeding in women using long-acting progestin contraception. *Hum Reprod* 2000; **15**(Suppl. 3): 30–38
- 17 Subakir SB, Abdul Madjiid O, Sabariah, S, et al. Oxidative stress, vitamin E and progestin breakthrough bleeding. *Hum Reprod* 2000; 15(Suppl. 3): 18–23.

Discussion points	5
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- 1. What information should be given to women taking the progestogen-only pill about bleeding side effects and contraceptive efficacy?
- 2. Does body mass index (BMI) affect the incidence of bleeding side effects with progestogen-only contraception and, if so, how?
- 3. Is the endometrium adequately protected when oestradiol is used with depot contraception?
- 4. What guidance would you issue to your department to ensure a standardised and pragmatic approach to women using progestogen-only methods who experience bleeding as a problem?
- 5. What agents have been found to be helpful in the treatment of bleeding side effects with progestogen-only contraceptives?

F	Facul	lty
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A Aid to

A **CPD** Self-Assessment Test

**QUESTION SHEET** 

C CPD

T Topics

Review No. 2002/04

To be reviewed not later than 31st December 2007

## Bleeding problems and progestogen-only contraception

Indicate your answer by ticking the appropriate box for each question		True	False
1.	Progestogen induces proliferative change in the endometrium.		
2.	Under the influence of synthetic progestogens, endometrial bleeding comes from the spiral arterioles.		
3.	Circulating progestogen levels are linked to the bleeding pattern.		
4.	When abnormal bleeding patterns are produced by the POP there is evidence to suggest that changing brands is helpful.		
5.	Bleeding problems with progestogen-only methods improve with time.		
6.	Implanon <sup>®</sup> produces a higher rate of amenorrhoea than Depo-Provera <sup>®</sup> .		
7.	Women using the Mirena® IUS will ovulate normally in the majority of cycles.		
8.	Ethinyloestradiol is more effective than placebo in reducing bleeding side effects with Norplant <sup>®</sup> .		
9.	Oestrone is no better than placebo in reducing bleeding side effects with Depo-Provera®.		
10.	The use of oestrogen with the POP may affect contraceptive protection.		
Tur	n to page 200 for answers		