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Discussion	points
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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?

A Aid to

A CPD Self-Assessment Test

C CPD

T Topics

Review No. 2002/04

To be reviewed not later than 31st December 2007

**QUESTION SHEET** 

## 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® produces a higher rate of amenorrhoea than Depo-Provera®.		
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.		
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