

Sisters doing it for themselves

Anne Szarewski

Background

We have come a long way since John Rock and his co-workers felt it necessary to build in a monthly bleed for women on the combined oral contraceptive (COC) pill.¹ They were trying to offset potential objections from the Catholic church, and were aware of the fact that women were psychologically reliant on monthly bleeds for reassurance they were not pregnant. This was especially important with the early high-dose COCs, since the side effects in the early months of use were very similar to those of early pregnancy: nausea, breast tenderness and some bleeding. The 7-day pill-free interval (PFI) was chosen to ensure that the majority of women would start to bleed before they were due to start their next packet. The high doses used (100 µg ethinylestradiol) meant that it took several days before the hormone levels fell sufficiently to cause the bleed. Nowadays, with much lower doses of hormones being used, the 7-day pill-free week is clearly too long, with increasing evidence of follicular activity and even ovulation despite accurate pill taking.^{2,3} In addition, over the years, awareness has increased regarding problems specifically related to the PFI, such as premenstrual symptoms, headaches and painful bleeds.⁴

Strategies for success

Several different strategies have been developed to attempt to overcome these problems. Reducing the length of the PFI to 4 days has proved effective in preventing ovulation² and there are now several 24/4 regimen COCs on the market, though not yet in the UK. Another approach is to reduce the number of PFIs. Tricycling (taking three packets of 21 pills before having a break) has become accepted practice for women who suffer headaches, painful bleeds or premenstrual symptoms in the PFI. This has also become standard practice for women in whom PFIs are positively detrimental, for example, those with endometriosis or epilepsy. For maximum benefit, tricycling is often coupled with a shortened (4-day) PFI. Eliminating the PFI altogether is another option, and continuous-use pill regimens are licensed in countries other than the UK (as are tricycle pills).

Problems and benefits

Why should women have to bleed 12 times a year? The pill withdrawal bleeds are not periods; they do not give any reassurance about fertility, pregnancy status or safety. Many women feel 'under par' during their PFI, not to mention the bother and expense of sanitary protection. It is already common practice to run packets together for special occasions, such as holidays, weddings, sporting and

other important events, where bleeding would be detrimental and/or inconvenient. And yet there seems to be a guilty feeling (not just among women, but also some health care professionals) that this is acceptable sometimes, but surely not on a regular basis. There is also the issue that the more packets are run together, the greater the risk of breakthrough bleeding (BTB) – seen as a punishment for bad behaviour, perhaps. Unfortunately, both tricycle and particularly the continuous-use regimens suffer from the problem of unpredictable BTB, which leads to high discontinuation rates.⁵ Unpredictable bleeding is very poorly tolerated by women, much less well than amenorrhoea in the long term.

Individual solutions

The solution is to tailor the length of pill use to the individual woman. Patricia Sulak's unit in Texas, USA has pioneered and published extensively on this practice.^{6,7} The regimen is actually very simple, though I will not pretend it is effortless to explain. The woman is advised to take her pill continuously until such time as she gets BTB. If she bleeds for more than 3–4 days, she should then take a break of 4 days. The advantage of this is that, for an individual woman, on a particular pill, once she establishes how long she can take the pill without bleeding, the bleed-free duration for her, on that pill, should always be the same. So, for example, if a woman finds she can take her pill for 14 weeks continuously before she starts to get BTB, she now knows that it will always be 14 weeks. This means she can plan ahead. If, for example, she realises that her holiday is booked for 14 weeks after her last withdrawal bleed, she can elect to stop her pill after 12 weeks in order to ensure she does not bleed while on holiday. The same principle could apply to other important events, whether work- or leisure-related. In effect, it puts her in control. It has been shown that this practical approach deals effectively with the BTB and results in greater client satisfaction.^{6,7} A similar approach has proved successful using the NuvaRing®,⁸ which is in fact licensed⁹ for extended use (though the license is only for two cycles). Phase III clinical trials evaluating a tailored COC regimen are currently underway (see <http://clinicaltrials.gov>, NCT00567164, NCT00569244, NCT00266032), but it is likely to be several more years before regulatory approval is obtained. This would, however, be a major step forward, as both health care professionals and patients generally feel reassured by such official approval.

It must be remembered that there will be certain groups of women who do not wish to decrease the frequency of their bleeds, and who have extremely low tolerance of irregular bleeding.^{10,11} It is important to be culturally sensitive, while nevertheless making women aware of their options.

Conclusion

Although tailored extended COC use certainly requires some explanation and education, it is very rewarding to both the client (for whom this is frequently a revelation, and who leaves empowered) and the clinician, who can reflect that today she/he has truly made a difference to someone's life. I feel strongly that this simple modification of pill use liberates and empowers women. I predict that, increasingly, as the song suggests, "sisters" will be "doing it for themselves".

J Fam Plann Reprod Health Care 2009; **35**(2): 71–72

Cancer Research UK Centre for Epidemiology, Mathematics and Statistics, Wolfson Institute of Preventive Medicine, London, UK

Anne Szarewski, PhD, FFSRH, *Clinical Consultant and Honorary Senior Lecturer, and Editor-in-Chief, Journal of Family Planning and Reproductive Health Care*

Correspondence to: Dr Anne Szarewski, Cancer Research UK Centre for Epidemiology, Mathematics and Statistics, Wolfson Institute of Preventive Medicine, Charterhouse Square, London EC1M 6BQ, UK. E-mail: anne.szarewski@cancer.org.uk

Statements on funding and competing interests

Funding The author has received honoraria, consulting fees and conference sponsorship from GlaxoSmithKline, Sanofi-Pasteur, Schering-Plough (formerly Organon), Bayer Schering and Wyeth.

Competing interests The author is the Editor-in-Chief of the *Journal of Family Planning and Reproductive Health Care*.

References

- Gladwell M. *John Rock's error*. *The New Yorker*, 18 March 2000.
- Klipping C, Duijkers I, Trummer D, Marr J. Suppression of ovarian activity with a drospirenone-containing oral contraceptive in a 24/4 regimen. *Contraception* 2008; **78**: 16–25.
- Milsom I, Korver T. Ovulation incidence with oral contraceptives: a literature review. *J Fam Plann Reprod Health Care* 2008; **34**: 237–246.
- Edelman A, Gallo MF, Nichols MD, Jensen JT, Schulz KF, Grimes DA. Continuous versus cyclic use of combined oral contraceptives for contraception: systematic Cochrane review of randomized controlled trials. *Hum Reprod* 2006; **21**: 573–578.
- Archer DF, Jensen JT, Johnson JV, Borisute H, Grubb GS, Constantine GD. Evaluation of a continuous regimen of levonorgestrel/ethinyl estradiol: phase 3 study results. *Contraception* 2006; **74**: 439–445.
- Sulak PJ, Kuehl TJ, Coffee A, Willis S. Prospective analysis of occurrence and management of breakthrough bleeding during an extended oral contraceptive regimen. *Am J Obstet Gynecol* 2006; **195**: 935–941.
- Coffee AL, Sulak PJ, Kuehl TJ. Long-term assessment of symptomatology and satisfaction of an extended oral contraceptive regimen. *Contraception* 2007; **75**: 444–449.
- Sulak PJ, Smith V, Coffee A, Witt I, Kuehl AL, Kuehl TJ. Frequency and management of breakthrough bleeding with continuous use of the transvaginal contraceptive ring: a randomized controlled trial. *Obstet Gynecol* 2008; **112**: 563–571.
- Electronic Medicines Compendium. NuvaRing: Summary of Product Characteristics. 23 January 2009. <http://emc.medicines.org.uk/document.aspx?documentId=21419> [Accessed 18 February 2009].
- Glasier AF, Smith KB, van der Spuy ZM, Ho PC, Cheng L, Dada K, et al. Amenorrhea associated with contraception – an international study on acceptability. *Contraception* 2003; **67**: 1–8.
- Weisberg E. Judaism and women's health. *J Fam Plann Reprod Health Care* 2009; **35**: 53–55.

FICTION BOOK REVIEWS

The Memory Keeper's Daughter. Kim Edwards. London, UK: Penguin Books, 2007. ISBN-13: 978-0-14103-014-2. Price: £7.99. Pages: 416 (paperback)

On a snowy winter's night back in the early 1960s in a provincial American town a doctor rushes his wife to his surgery to give birth, assisted by his devoted nurse. The couple are not aware that she is carrying twins and the doctor uses sedation for the delivery of the second twin. He is shocked to discover that the baby has Down's syndrome – a condition that affected his own sister with devastating consequences. A few hours later, an irrevocable – and to our Noughties eyes, a terrible – decision is taken which has profound and far-reaching effects, both on the main characters of the book as well as on those who appear tangentially throughout.

Without consulting his wife, he arranges for the baby to be taken by the nurse to a residential home but tells his wife that the baby has died.

The book spans the 25 years from 1964 to 1989 and the history of the doctor, his wife and progeny and the nurse who was present at the birth. The attitudes of the times are well presented and the psychological backgrounds are very credible.

Despite the horror of the original decision, it must have been one that was in truth taken many, many times. What makes this narrative unusual is that it has a redemptive element that, sadly, probably happens rarely in 'real' life. But it is not a 'happy ending' book, rather one that presents options.

I found this a beautifully written story with believable, if not always loveable, characters whose motivations and actions are understandable.

The narrative is told simply and well and has an almost televisual quality in its detail.

The book is not about medicine *per se*, but it would be of interest to doctors, nurses and all those who work in reproductive health. It is an easy, if not comfortable, read.

Reviewed by **Judy Bud**, Dip Psych
Transpersonal Psychotherapist, London, UK

Touching Distance. Rebecca Abrams. London, UK: Macmillan, 2008. ISBN-13: 978-0-230-01555-5. Price: £12.99. Pages: 310 pages (hardback)

This historical novel is set in the 'granite city' of Aberdeen in the last decade of the 18th century during the Age of Enlightenment.

The book is based on fact and tells the story of Dr Alec Gordon, newly appointed physician in the Aberdeen Dispensary. This prestigious appointment has been quickly gained as Dr Gordon has recently returned from training at one of the great European medical schools. Although benefiting from the latest medical thinking and new ideas, we find Dr Gordon struggling desperately in the darkness of ignorance to fight an epidemic that suddenly strikes and kills newly delivered mothers across the region.

The author has clearly researched the content of the book to an exceptionally high standard. Having done so, she does not hesitate to write about the full range of symptoms of this "mysterious" disease in realistic detail in its progression to the point of death. This is not a book for the squeamish. Various treatments are tried by the good doctor, all of which are accurate representations of medical ideas in use

at the time in the British Isles and in parts of Europe. The failure of these treatments within the limitations of the late 18th century make the doctor more and more desperate as he sets off at all hours of the day and night to attend patients, often in the poorest of districts.

The society of North East Scotland across the classes is as carefully researched as is the medical history. A whole range of life is presented from housing to clothes to food and even dialect. Just beneath the surface of the desperate struggle Dr Gordon is experiencing are professional politics, jealousies and the deep suspicion felt by some about accepting new medical concepts that could fit in as well in the 21st century as in the 18th century.

As failure sets in, so does panic, and we see Dr Gordon trying to sustain public and personal confidence in his abilities and the medical profession as a whole. Not content with this overwhelming situation, Alec Gordon has to deal with an unhappy home life as his wife struggles with her own mental illness. Despite all this, there are some welcome moments of light and relief in a background of passion.

Touching Distance is dark and fascinating and works at many levels as a novel. It is a story of courage and tenacity and a whole new way of medical thinking. The sheer determination of our medical fathers and scientists against all the odds during an epidemic is extraordinary and moving. The author, Rebecca Abrams, gives the people of the time real life in the pages of this book.

Reviewed by **Lesley Smith**
Medical Historian and Curator, Tutbury Castle, Staffordshire, UK

We hope that journal readers enjoyed reading *The Memory Keeper's Daughter*, and also discovering whether their opinion of the book matched that of our guest reviewer. In the July 2009 issue, the fiction book under scrutiny will be *Tell It To The Bees* by Fiona Shaw (304 pages, Tindal Street Press, 2009, ISBN-13: 978-0-95564-766-6, to be published on 21 May 2009 priced at £9.99).

We want to remind journal readers that if they would like to offer to review an appropriate fiction title of their own choosing then they should contact the Journal Editorial Office by e-mail (journal@fsrh.org) in the first instance with details of their nominated title.

Visit the Faculty Website at www.fsrh.org