

Current Advise re COCP Prescribing

Historical and licensed regime is 21 day taking followed by 7 day break. This is cultural and historical, not biological. It stops breakthrough bleeding but is not as efficient contraceptive wise as more breaks mean higher risk of pregnancy and 7 days felt to probably be too long (chance of ovulating with 7 day break). Also results in more hormonal withdrawal symptoms in the hormone free interval.

NEW OPTIONS

Extended Regimes

- 1) Scheduled extended cycles (bicycling/tricycling packs).
Take 2 or 3 packs consecutively followed by a 4 day break (up to 7 days).
- 2) Unscheduled extended cycles (tailored regimes).
Take pills continuously for a minimum of 28 days. When/if you have break through bleeding then have a 4 day break (up to 7 days). "personal cycle".
The length of time before bleed will be fairly consistent in an individual each time.
- 3) Continuous pill taking
Take a pill every day whether bleeding or not and accept some BTB.

There are new US pills (seasonale) with extended continuous regime licensing. New pills here are Qlaira and Zoely and have reduced hormone free interval license (4 day break) so more likely to happen but licensing wont change on existing pills.

Advantages – reduced bleeding days, reduced unintended pregnancy, empowerment (control over how to take it), suppresses endometriosis, PMS and hormone withdrawal symps, less need for emergency contraception.

Felt to be no increased risk of DVT/PE. Endorsed by FSRH.

CONSIDER SHORTER BREAK even if using in routine cyclical way as studies show loss of pituitary suppression at day 3-4 indicating that ovulation could occur particularly if low dose (20mcg) pill. So they would recommend a 24/4 day regime – take 24 have 4 day break if not extended regime.