

Ethinylestradiol/ Chlormadinone Acetate

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Modern oral hormonal contraceptives very reliably prevent pregnancy, as well as having other therapeutic effects. In patients treated with oral contraceptives (OCs), irregular cycles are normalised and menstrual blood loss is virtually always reduced. Dysmenorrhoea can be treated with oral contraceptives in more than two thirds of all cases, and many of the symptoms of premenstrual syndrome (premenstrual dysphoric disorder) disappear. Ovarian, large bowel and endometrial carcinomas appear to be rarer after prolonged oral contraceptive use. OCs in general, especially those with an antiandrogenic gestagen, have positive effects in androgenic skin and hair disorders (e.g. acne, seborrhoea, hypertrichosis, androgenic alopecia).

Ethinylestradiol/chlormadinone acetate (EE/CMA) 0.03/2 mg/day is a very effective contraceptive. In postmarketing surveillance studies, the adjusted (intake errors and concomitant medication) Pearl indices were between 0.04 and 0.076; the

unadjusted indices were between 0.34 and 0.4. Positive effects on cycle and abnormal bleeding, and also the good tolerability profiles are probably responsible for the excellent compliance in phase III and postmarketing surveillance studies. Notably, dysmenorrhoea is significantly reduced with EE/CMA.

The antiandrogenic effect of EE/CMA is undisputed. Compared with ethinylestradiol/levonorgestrel (EE/LNG), the sex-hormone binding globulin level was clearly increased with EE/CMA, while it remained unchanged with EE/LNG. This effect, together with the inhibition of testosterone (T)-receptor binding and 5 α -reductase activity and the T-receptor down-regulation that was proven for EE/CMA, leads to clinical efficacy in mild-to-moderate androgen-induced skin and hair disorders. As with other OCs, the venous thromboembolism rate is very low.

To summarise, the study results obtained to date have identified the EE/CMA combination as an effective and safe method of contraception, with clear additional benefits in certain areas. Long-term and further experimental clinical and controlled studies might prove the assumed, but not yet definitively confirmed, positive effects of this OC. ▲