

## Continuous-Use Ethinylestradiol/Levonorgestrel 20µg/90µg as an Oral Contraceptive

A Viewpoint by Paula Bednarek

Department of Obstetrics and Gynecology,  
Oregon Health and Science University,  
Portland, Oregon, USA

Since the introduction of oral contraceptives (OCs) >40 years ago, OC formulations have included 21 active and 7 placebo tablets per 28-day cycle to produce a monthly withdrawal bleed.

Recent modifications to this conventional regimen include decreasing the number of placebo days (i.e. from 7 days to 3 or 4), extending the use of active tablets while decreasing the number of placebo weeks (leading to fewer withdrawal bleeds per year) and continuous use (eliminating hormone-free intervals entirely). Such modifications have been used off-label for many years to reduce the frequency and severity of menstrual-related symptoms. More recently, personal preference to avoid menstruation has also become a common reason for extended or continuous use. A Cochrane review of randomised trials comparing 28-day regimens with extended cycles ranging from 49 to 365 days showed no differences in satisfaction, compliance, pregnancy rates or safety.<sup>[1]</sup>

In May 2007, the US FDA approved the first OC formulation expressly packaged for continuous use.

This formulation contains ethinylestradiol 20µg and levonorgestrel 90µg, and is to be taken daily with no hormone-free intervals. Breakthrough bleeding is the most common adverse effect with all extended- and continuous-cycle OC regimens, including this one. Episodes of unscheduled bleeding tend to decrease with longer use for most women, and ongoing studies are investigating other strategies to better manage this event.

Importantly, many women who have symptoms exacerbated by their menses can specifically benefit from extended- and continuous-cycle regimens. These include women with dysmenorrhea, menorrhagia, endometriosis, coagulopathies, menstrual headaches, premenstrual syndrome or other cyclic mood disorders.

Although there are not enough data to recommend one extended- or continuous-cycle regimen over another, the wider availability of these regimens provides more options for women. OC formulations specifically packaged for extended and continuous use are safe, effective for contraception, and offer non-contraceptive benefits that will be welcomed by many women. ▲

## Reference

1. Edelman AB, Gallo MF, Jensen JT, et al. Continuous or extended cycle vs. cyclic use of combined oral contraceptives for contraception. *Cochrane Database Syst Rev* 2005; (3): CD004695