

## The role of progestogen-only-pills (POP's) for contraception and non-contraceptive indications

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Progestogen-only- pills (POP's) were first started at the beginning of the seventies, but no fully satisfying clinical results were obtained regarding contraceptive efficacy and bleeding problems. With the publication on increased thromboembolic events using combined hormonal contraceptives (COC's) a new interest emerged to revive POP's since it was published that POP's are not burdened with an increased risk of venous thromboembolism (VTE). POP's such as levonorgestrel 0,03 mg/day continuously as well as desogestrel 0,075 mg/day were even associated with reduced coagulatory activity. Nevertheless, levonorgestrel 0,03 mg/day did not have an acceptable bleeding pattern and a satisfying Pearl- Index. This was improved with desogestrel 0,075/day. Also studies with higher doses of levonorgestrel demonstrated better results.

A new concept was developed with drospirenone, but this is still on investigation. The contraceptive efficacy was comparable with the data obtained with combined hormonal contraceptives (COC's).

Looking at non-contraceptive indications there is quite some experience with dienogest. It is officially indicated for endometriosis and adenomyosis and described as clinically as effective as GnRH-agonists, but without the side effects of estrogen withdrawal symptoms and loss of bone density. Visanne® as dienogest is indicated in all women operated for endometriosis or adenomyosis with future desire to become pregnant.

In addition, possible favourable effects in other estrogen-dependent benign lesions such as PMS, myoma and benign breast changes. There appears to be oncologically risk reduction for endometrial cancer, ovarian cancer, colon cancer and probably breast cancer.

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