

TOWARDS AVOIDING UNDESIRABLE EFFECTS OF HORMONAL CONTRACEPTION

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Oral contraceptive (OC) use in the U.S and around the world is characterized by high rates of inconsistent and incorrect use, leading to unintended pregnancy rates that adversely impact a variety of personal, medical, and economic aspects in the various societies around the world. Accordingly, more recent development of contraceptive options have sought to provide methods that not only are effective in preventing pregnancy but also result in beneficial side effect profiles and novel noncontraceptive benefits that may reduce inconsistent and incorrect use and improve overall contraceptive effectiveness. The determination of woman's ability to use a contraceptive method consistently and correctly appears to be an important factor in determining overall individual contraceptive success. This task is invariably the responsibility of the woman's clinician – it is that clinician's responsibility to help a woman choose a method that can be easily and successfully incorporated into her lifestyle. This process is one that must take into account a wide array of personal and community-based characteristics including education, religious practices, accepted community-based practices. The clinician must be able to help each patient take into account the wide variety of user and method characteristics that will determine whether a method will be used properly and thus provide optimal contraception.

A successful clinician will approach this clinical scenario with a thorough understanding of the various methods and a good relationship with the patient, allowing the clinician to help her recognize the unique method characteristics and personal lifestyle issues such as sexuality, work and home hours and future fertility desires that will facilitate the process to choose the best method – for her. In addition, the clinician will be adept at interpreting non-verbal as well as verbal signals from the patient, and consider contraceptive changes even when a method is reported to be satisfactory. Women may be using a method based on misperception and a lack of knowledge of what is available. In this way, newer contraceptive methods, especially those with novel and unique regimens and delivery system, may provide an even better accepted method of contraception for the ostensibly satisfied patient.

This concept can be described as “product and process.” Hormonal contraception and intrauterine methods (IUD/IUS) tend to be more effective than barrier methods (eg, diaphragms, male/female condoms). [Trussell]. Indeed, hormonal and intrauterine methods all share a similar contraceptive efficacy and reliability. If the clinician approaches each patient with the concept that all these methods are appropriate as first-line, mainstream options, pending medical and personal contraindications, women will more likely recognize the details of method use and their own characteristics that will help them find the best method for their use. The “products” have similar efficacy and safety profiles but differ with regard to delivery systems, compliance regimens, side effect profiles and, for some women, safety (e.g., those women who cannot use estrogen or should not use intrauterine contraception).

The “process” involves a clinician to encourage each woman to consider these options in view of her lifestyle issues and concerns. The “process” is thus a non-judgmental approach to a frank communication of the appropriate contraceptive methods as well as a realistic expectation of use, effectiveness and side effects with regard to the lifestyle of that particular woman. In this way, the ultimate decision concerning contraceptive use is made with accurate information provided by the clinician and by the person who is best suited to know what issues will impact her ability to use the method consistently and correctly – the patient.

In order to assist clinicians in their counseling of patients, a thorough knowledge of the side effect profile of contraceptives as well as the unique and novel non-contraceptive benefits. In this way, the incorporation of newer progestins and regimens as well as the increasing use of non-daily and non-oral contraceptives will markedly improve contraceptive outcomes and empower women to exercise better control over their reproductive lives and enjoy the non-contraceptive benefits derived from consistent and correct use of contraception for as long as the woman chooses not to be pregnant.

One could consider that the United States paradox of a high unintended pregnancy rate amidst the ready availability of numerous contraceptives is the result of a wide array of safe, reliable and effective contraceptive *products* provided by ineffective *processes*. Indeed, the clinician should be disinterested in the woman's ultimate contraceptive decision, but personally involved and highly supportive of the process by which she arrives at that decision.

Newer methods of daily and non-daily methods do not provide improved efficacy or reliability compared to more conventional methods. They do provide greater choices for women, specifically those methods characterized by novel delivery systems and compliance regimens. The increasing popularity of transdermal patches, vaginal rings and intrauterine contraceptives in the United States is testament that many women are looking to non-daily methods as first-line, mainstream options, not just as “go-to” methods to use after the initial method has not provided the contraceptive effectiveness or desired side effect profile. In addition, the high rate of oral contraceptive discontinuation and pregnancies occurring in women using oral contraceptives the month that they conceived is another powerful sign that women should be provided with a more realistic and balanced counseling about appropriate new and conventional oral and non-oral contraceptive options. If successful, a woman will use this information and her intimate understanding of her personal, sexual and lifestyle characteristics to choose the best contraceptive for her – at the start of the contraceptive process and not after a major problem or contraceptive failure.