







By the end of this lecture you will be able to:

- Perceive the different contraceptive utilities available
- © Classify them according to their site and mechanism of action
- Qustify the existing hormonal contraceptives present
- © Compare between the types of oral contraceptives pills with respect to mechanism of action, formulations, indications, adverse effects, contraindications and possible interactions
- Wint on characteristics & efficacies of other hormonal modalities

IN CONCEPTION→ there is fusion of the sperm & ovum to produce

a new organism.







IN CONTRACEPTION → we are preventing this fusion to occur This achieved by interfering with ____

Normal process of ovulation

Implantation

Preventing sperm from fertilizing the ovum

HORMONAL THERAPY

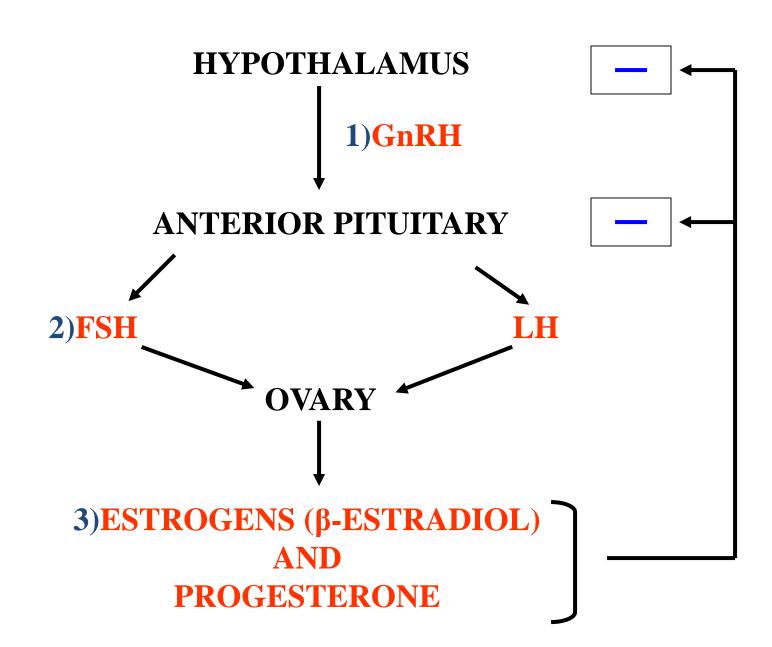
Oral Contraceptive pills Contraceptive Patches Vaginal rings Injectable IUD (with hormone) IUD (copper T)

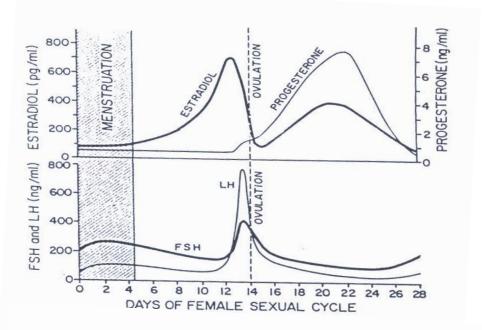
Killing the sperm

Spermicidals
Jells
Foams

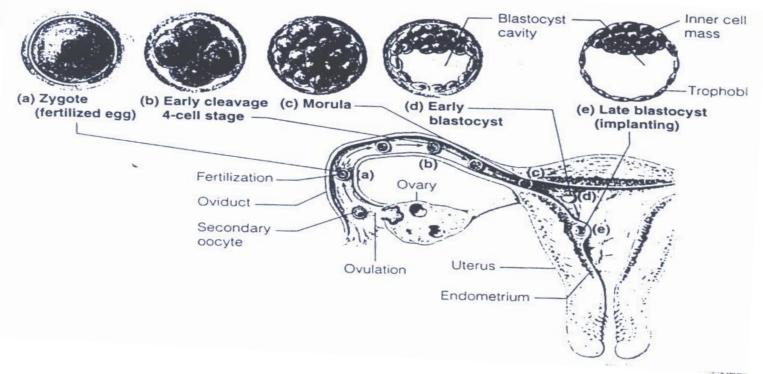
Interruption by a barrier

Condoms Cervical caps Diaphragms Thin films





Plasma concentrations of the gonadotropins & ovarian hormones during the normal female sexual cycle



Types

ORAL CONTRACEPTIVE PÍLIS

According to composition & intent of use; OC are divided into three types

COMBINED Pills(COC)

Contain estrogen & progestin(100% effective)

MINI Pills(POP)

Contain only a progestin(97%effective)

MORNING-AFTER Pills

Contain both hormones or Each one alone (high dose) or Mifepristone <u>+</u> Misoprostol

ESTROGENS

Ethinyl estradiol or mestranol [a "prodrug" converted to ethinyl estradiol]

Currently concentration used now is very low to minimize estrogen hazards

PROGESTINS

- **4** Norethindrone
- **Levonorgestrel** (Norgestrel)
- Medroxyprogesterone acetate

Has systemic androgenic effect; acne, hirsutism, weight gain.

Currently - Norgestimate

- Desogestrel
- Drospirenone

Has no systemic androgenic effect

MECHANISM OF ACTION OF COC

INHIBIT OVULATION by SUPPRESSING THE RELEASE OF GONADOTROPHINS(FSH & LH) → no action on the ovary → ovulation is prevented.

- **Inhibit IMPLANTATION** by causing abnormal contraction of the fallopian tubes & uterine musculature → ovum will be expelled rather than implanted.
- Increase viscosity of the cervical mucus making it so viscous → no sperm pass
- 4 Abnormal transport time through the fallopian tubes .

Methods of administration of monthly pills

- Pills are better taken same time of day
- **♣** For 21 days; starting on day 5 / ending at day 26.
- This is followed by a 7 day pill free period
- **44** TO IMPROVE COMPLIANCE; a formulation of 28 pills
 - * The first 21 pills are of multiphasic formulation
 - * Followed by the last 7 pills are actually placebo

Are known as Continuous / Extended cycle → Cover 91 days schedule Taken continuously for 84 days, break for 7 days
Has very low doses of both estrogens and progestins

- **Benefit**: It lessens menstrual periods to 4 times a year → useful in those who have pre-menestrual or menestrual disorders, and in perimenopausal women with vasomotor symptoms.
- <u>Disadvantages</u>; Higher incidence of breakthrough bleeding & spotting during early use.

Monthly Pills

Currently, their formulation is improved to mimic the natural on going changes in hormonal profile.

Accordingly we have now the phase formulations

- 1. Monophasic → (a fixed amount of estrogen & progestin)
- 2. Biphasic (2 doses) → (a fixed amount of estrogen, while amount of progestin increases stepwise in the second half of the cycle)
- 3. Triphasic (3 doses) → (amount of estrogen; fixed or variable & amount of progestin increases stepwise in 3 phases).

	Estrogen (mg)		Progestin (mg)	
Monophasic combination tablets				
Loestrin 21 1/20	Ethinyl estradiol	0.02	Norethindrone acetate	1.0
Desogen, Apri, Ortho-Cept	Ethinyl estradiol	0.03	Desogestrel 0.15	
Brevicon, Modicon, Necon 0.5/35	Ethinyl estradiol	0.035	Norethindrone 0.5	
Demulen 1/35	Ethinyl estradiol	0.035	Ethynodiol diacetate	1.0
Nelova 1/35 E, Ortho-Novum 1/35	Ethinyl estradiol	0.035	Norethindrone	1.0
Ovcon 35	Ethinyl estradiol	0.035	Norethindrone	0.4
Demulen 1/50	Ethinyl estradlol	0.05	Ethynodiol dlacetate	1.0
Ovcon 50	Ethinyl estradlol	0.05	Norethindrone	1.0
Ovral-28	Ethinyl estradiol	0.05	_{D,L} -Norgestrel	0.5
Norinyl 1/50, Ortho-Novum 1/50	Mestranol	0.05	Norethindrone	1.0
Biphasic combination tablets				
Jenest-28, Ortho-Novum 10/11, Necon 10/11, Nelova 10/11				
Days 1—10	Ethinyl estradiol	0.035	Norethindrone	0.5
Days 11—21	Ethinyl estradlol	0.035	Norethlndrone	1.0

	Estrogen (mg)		Progestin (mg)	
Triphasic combination tablets				
Triphasil, Tri-Levlen, Trivora				
Days 1—6	Ethinyl estradlol	0.03	_L -Norgestrel	0.05
Days 7—11	Ethinyl estradiol	0.04	L-Norgestrel	0.075
Days 12—21	Ethinyl estradiol	0.03	_L -Norgestrel	0.125
Ortho-Novum 7/7/7, Necon 7/7/7				
Days 1—7	Ethiriyl estradiol	0.035	Norethindrone	0.5
Days 8—14	Ethinyl estradiol	0.035	Norethindrone	0.75
Days 15—21	Ethinyl estradiol	0.035	Norethindrone	1.0
Ortho-TrI-Cyclen				
Days 1—7	Ethinyl estradiol	0.035	Norgestimate	0.18
Days 8—14	Ethinyl estradiol	0.035	Norgestlmate	0.215
Days 15—21	Ethinyl estradiol	0.035	Norgestimate	0.25

ADRS

A. Estrogen Related

- 1. Nausea and breast tenderness
- 2. Headache
- 3. **♦** Skin Pigmentation
- 4. Impair glucose tolerance (hyperglycemia)
- 5. ★ incidence of breast, vaginal & cervical cancer
- 6. Cardiovascular major concern
 - a. Thromboembolism
 - **b.** Hypertension
- 7. ★ frequency of gall bladder disease

B. Progestin Related

- 1. Nausea, vomiting&headache
- 2. Slightly higher failure rate
- 3. Fatigue, depression of mood
- 4. Menstrual irregularities
- 5. Weight gain
- 6. Hirsutism
- 7. Masculinization (Norethindrone)
- 8. Ectopic pregnancy.

Contraindications of estrogen containing pills

- > Thrombophlebitis / thromboembolic disorders
- > CHF or other causes of edema
- Vaginal bleeding of undiagnosed etiology
- > Known or suspected pregnancy
- Known or suspected breast cancer, or estrogen-dependent neoplasms
- > Impaired hepatic functions
- > Dyslipidemia, diabetes, hypertension, migraine.....
- > Lactating mothers use progestin only pills(mini pills)

N.B. Obese Females, smokers, Females > 35 years

better given progestin only pills

Interactions

Medications that cause contraceptive failure

Impairing CY absorption CYT P450 Inducers

Medications that

◆ COC toxicity

CYT P450 Inhibitors

Medications that is altered in clearance by COC

Medications that cause contraceptive failure

- ➤ Antibiotics that interfere with normal GI flora → → absorption
 - **→ ↓** its bioavailability
- Microsomal Enzyme Inducers → ↑ catabolism of OC e.g.: Phenytoin , Phenobarbitone, Rifampin

Medications that ★ COC toxicity

Microsomal Enzyme Inhibitors; → metabolism of OC → ↑ toxicity e.g.: Acetaminophen, Erythromycin.

Medications altered in clearance (→) by COC: → → in their toxicity WARFARIN, Cyclosporine, Theophyline



Contains only a progestin → as norethindrone or desogestrel....

Mechanism of action

- > The main effect is
- → increase cervical mucus, so no sperm penetration & therefore, no fertilization.

Indications

Are alternative when oestrogen is contraindicated (e.g.: during breast feeding, hypertension, cancer, smokers over the age of 35).

Contraceptives containing only a progestin

Should be taken every day, the same time, all year round

I.M injection e.g. medroxy progesterone acetate 150 mg every 3 months...

Types

ORAL CONTRACEPTIVE PILIS

COMBINED Pills

MINI Pills

MORNING-AFTER Pills

Contraception on instantaneous demand, 2^{ndry} to unprotected sexual intercourse

Post Coital Contraception

Emergency Contraception

Composition	Method of Administration	Timing of 1st dose After Intercourse	Reported Efficacy
Ethinyl estadiol + Levonorgestrel	2 tablets twice with 12 hrs in between	0- 72hrs	75%
High-dose only Ethinyl estadiol	Twice daily for 5 days	0- 72hrs	75 - 85%
High dose only levonorgestrel	Twice daily for 5 days	0- 72hrs	70 – 75%
Mifepristone ± Misoprostol	A single dose	0- I20 hrs	85 - 100%

MORNING-AFTER Pills Continued

Indications

When desirability for avoiding pregnancy is obvious:

- -Unsuccessful withdrawal before ejaculation
- -Torn, leaking condom
- -Missed pills
- -Exposure to teratogen e.g. Live vaccine
- -Rape





Injectable





Male Condom











