Prescribing guidelines for Combined Oral Contraceptive Pills (COCP)

For a first time user - check there are no contra-indications by referring to:


There are few direct comparative data to identify the best 1st line COCP. A monophasic pill containing 30mcg Ethinylestradiol (EE) with Levonorgestrel (Levest, Rigevidon) or combined with Norethisterone (Loestrin 30) is a suitable 1st choice for the majority of users who request oral contraception.

Women who need contraception and also have mild to moderate androgenic problems such as acne or hirsutism will benefit from a more oestrogenic pill than one containing Norethisterone and could initially be prescribed a 30mcg EE pill containing Desogestrel or Gestodene and advised to try it for a minimum of 3 months. Women with more severe androgenic skin problems who need contraception could be offered Yasmin as a 1st line preparation.

All COCPs (except Yasmin) contain progestogens which are derived form 19-nortestosterone and have varying degrees of androgenicity. According to the progestogen they contain, they will be classified as ‘oestrogen’ or ‘progestogen’ dominant.

Yasmin is a combined pill containing 30mcg ethinylestradiol and 3mg of Drosipirenone. Drosipirenone is a new progestogen derived from Spironolactone and therefore has specific anti-mineralocorticoid and anti-androgenic properties. Ethinylestradiol can cause water retention which may lead to a complaint of bloating when women take a COCP. Drosipirenone can counteract this by having a natriuretic effect so may be particularly suitable for those women who suffer bloating, weight gain and breast tenderness on other COCPs.

In addition, the anti-androgenic properties of drosipirenone have a beneficial effect on mild to moderate acne and Yasmin has been shown to be as effective as Dianette in this respect. It is now the preferred choice of Dermatologists for women with Polycystic ovary syndrome (PCOS).

<table>
<thead>
<tr>
<th>Progestogen only pill (POP)</th>
<th>Cypotrone</th>
<th>Drosipirenone</th>
<th>Gestodene (GSD)</th>
<th>Desogestrel (DSG)</th>
<th>Norgestimate</th>
<th>Levonorgestrel (LNG)</th>
<th>Norethisterone (NET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 mcg EE</td>
<td>Clairette / Dianette</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cilest</td>
<td>Norimin/Brevinor/ Ovysmen</td>
</tr>
<tr>
<td>30 mcg EE</td>
<td>Yasmin</td>
<td>Millinette30</td>
<td>Gedarel 30</td>
<td></td>
<td>Levest/Rigevidon</td>
<td>Loestrin 30</td>
<td></td>
</tr>
<tr>
<td>20 mcg EE</td>
<td>Millinette 20</td>
<td>Gedarel 20</td>
<td></td>
<td></td>
<td>Leestrin 20</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIDE EFFECTS:**

- **ANDROGENICITY SERIES**
  - Norethisterone high
  - Levonorgestrel
  - Gestodene
  - Desogestrel
  - Drosipirenone
  - Cypotrone acetate low

APPROVED BY: North East Essex Management Committee Meeting January 2016
REVIEW: January 2018
AUTHOR: Dr Caroline Marfleet, Consultant in Women’s Reproductive Health CHUFT
**Breakthrough Bleeding on COC – ‘the Nine Ds’**

For women who are experiencing breakthrough bleeding check for the following “Nine Ds”. In general, continue with the same pill for at least 3 months as bleeding may settle in this time. If after 3 months bleeding continues, switch to a higher oestrogen dose pill or change to a pill containing a different progestogen; try the vaginal ring - Nuvaring or change to a different method of contraception.

1. Default – have any pills been missed?
2. Diarrhoea and/or vomiting
3. Disturbance of absorption
4. Drugs
5. Diet
6. Disease (including Pelvic inflammatory disease (PID))
7. Disturbance of pregnancy – consider carrying out a pregnancy test
8. Distress
9. Dose – taking for 3 months

**2nd choice of COCP**: it is recommended that women are encouraged to try a COC for a minimum of 3 months before switching pills. After that period of time, women who have side effects relating to progestogens should be offered an oestrogen dominant COCP (EE 30mcg +Desogestrel, EE 30 mcg + Gestodene, EE 35 mcg + Norgestimate, Yasmin). Women with side effects relating to oestrogens should be offered a progestogen dominant COCP or a pill containing a lower dose of oestrogen (EE 20 mcg + Desogestrel, EE 20 mcg + Gestodene).

**Diagram**

1st time user

No CIs to COCP

No skin problems

EE 30 mcg + LNG for 3 months

Oestrogenic effects

EE 20 mcg + GSD or EE 20 mcg + DSG or POP DSG

Fluid retention/weight gain

Acne/hirsutism

EE 30 mcg + GSD or EE 30 mcg + DSG for 3 months

Progestogenic effects

EE 30 mcg + DSG or EE 30 mcg + GSD or EE 35 mcg + Norgestimate

No improvement

Acne/hirsutism

YASMIN

**Oestrogenic**

- Bloating
- Breast enlargement/tenderness
- Chloasma
- Nausea
- Non Infective vaginal discharge
- Photosensitivity
- Some headaches
- Weight gain (water retention)

**Progestogenic**

- Acne
- Depression
- Greasy hair
- Hirsutism
- Loss of libido
- Vaginal dryness
- Weight gain (increased appetite)

_Dianette and Clairette 35mcg are an ethinylestradiol OCP containing cyproterone acetate, an anti-androgenic progestogen. It is licensed for the treatment of acne and hirsutism but not as an oral contraceptive. It can be used for women with moderate or severe acne/hirsutism or those who do not respond adequately to Yasmin._