



Evidence lacking on treatment options for vaginal bleeding irregularities induced by progestin-only contraceptives

Clinical question

What are the most effective preventive and therapeutic interventions for bleeding irregularities associated with the use of progestin-only contraceptives?

Bottom line

Treatments studied included oestrogens, combinations of mefenamic acid, vitamin E, aspirin and tamoxifen. Although some women may benefit to some degree from the interventions tested, particularly with regards to cessation of an ongoing bleeding episode, the evidence is not strong enough to recommend routine use of any of the regimens, particularly for long term effects.

Caveat

Several regimens offer promise in regulating bleeding, but findings need to be reproduced in large scale trials. Intermittent treatment with an agent may help some women to continue the use of a progestin-only contraceptive.

Context

Progestin-only contraceptives are currently estimated to be used by over 20 million women worldwide. They are available in several delivery systems – injections, subcutaneous implants, intra-uterine systems, vaginal rings, oral preparations and implants. Although they are highly effective and long-acting, all preparations can induce uterine bleeding disturbances (infrequent bleeding, amenorrhoea, and irregular, frequent and prolonged bleeding).

Cochrane Systematic Review

Abdel-Aleem H et al. Treatment of vaginal bleeding irregularities induced by progestin only contraceptives. Cochrane Database of Systematic Reviews 2007, Issue 2. Article No. CD003449. DOI: 10.1002/14651858.CD003449.pub2.

Note: This review contains 19 trials involving 2290 participants.

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