Gynecological Endocrinology

ISSN: 0951-3590 (Print) 1473-0766 (Online) Journal homepage: informahealthcare.com/journals/igye20

Non-contraceptive use of hormonal contraceptives

Adolf Eduard Schindler

To cite this article: Adolf Eduard Schindler (2008) Non-contraceptive use of hormonal contraceptives, Gynecological Endocrinology, 24:5, 235-236, DOI: 10.1080/09513590802005562

To link to this article: https://doi.org/10.1080/09513590802005562

Gynecological Endocrinology, May 2008; 24(5): 235–236

informa
healthcare

EDITORIAL

Non-contraceptive use of hormonal contraceptives

ADOLF EDUARD SCHINDLER

Director, Institute for Medical Research and Education Essen, Germany

Over several decades a large variety of hormonal contraceptives have been designed and clinically applied successfully to accomplish proper contraceptive efficacy. During this time many investigations have convincingly demonstrated that these various hormonal contraceptives indeed have high contraceptive quality, but in addition it has become clear that they have beneficial effects on various medical conditions. Moreover, the clinical use of these hormonal contraceptive preparations is also cost-effective.

The available hormonal contraceptives are basically ethinyl estradiol/progestogen combinations or progestogen monopreparations. The use can be oral, transdermal, vaginal, intramuscular or intrauterine. The route of application modifies the effects on metabolism and hemostasis of these hormonal contraceptives, which is of considerable importance in women with underlying medical problems.

Besides contraception, these hormonal preparations can be used very effectively in various medical conditions even if contraception is not actually a necessity.

The following medical problems are main areas for the non-contraceptive use of hormonal contraceptives.

Treatment of women with menstrual cycle dysfunction

Oral hormonal contraceptives have, on the one hand, high contraceptive efficacy and, on the other, control the menstrual bleeding pattern. In addition, they lead to a reduction in ascending genital infections.

Treatment of women with signs of androgenization (seborrhea, acne, hirsutism and alopecia)

The first choice for such problems is oral hormonal contraceptives combined with an antiandrogenic progestogen (chlormadinone acetate, cyproterone acetate, dienogest or drospirenone). In these cases oral hormonal contraceptives decrease the circulating androgens, increase sex hormone-binding globulin and normalize in the abnormal ovarian structures in polycystic ovary syndrome.

Treatment of women with premenstrual syndrome

Any hormonal contraceptive interfering with ovarian function will positively influence the premenstrual syndrome. However, to optimize the therapeutic effect, the antimineralocorticoid effect of drospirenone is of particular value. In addition, the change from a cyclic application to a continuous application will enhance clinical effectiveness.

Treatment of women with dysmenorrhea

In a similar way as for the premenstrual syndrome, hormonal contraceptives have a significant effect on dysmenorrhea and menstrual cycle-associated lower abdominal pain. This clinical effectiveness can be further improved if one uses hormonal contraceptives in a continuous way.

Treatment of women with endometriosis and adenomyosis

Essential cofactors for the clinically effective use of hormonal contraceptives regarding

Correspondence: Prof. Dr. A. E. Schindler, Director, Institute for Medical Research and Education, 55, 45122, Essen, Germany. Tel: +49 201 7991833. Fax: +49 201 7499533. E-mail: schindler@uni-essen.de.

ISSN 0951-3590 print/ISSN 1473-0766 online © 2008 Informa UK Ltd.
DOI: 10.1080/09513590802005562

endometriosis-associated pain and avoiding endometriosis progression or new development of endometriotic lesions are the reduction or elimination of ovarian activity and total progestogenic antiproliferation by continuous action, at best resulting in amenorrhea.

Treatment of women with primary and secondary hemostasis defects

Hormonal contraceptives should be used in such a way that the optimal endpoint is amenorrhea.

Treatment of women with pre- and perimenopausal disorders

After exclusion of malignancy, most of the clinically related diseases result from a estrogen/progestogen imbalance such as endometrial hyperplasia, adenomyosis, myoma and hypermenorrhea/menorrhagea. In this age group it is preferable to handle the above problems with progestogens such as the progestogen-only pill, depot progestogen or the levonorgestrel-intrauterine system.