



## ORAL CONTRACEPTIVE PILLS (OCP)

### Series 2: Frequently Asked Questions (FAQ)

Two types of OCP available in the market: **Progestogen-only pills (POP)** and **combined oral contraceptives (COC)** were discussed in the previous issue. In this second edition, we focus on FAQs asked by those on OCPs.



#### Association between OCP use and weight changes

Available evidence does not support a causal association between OCP use and weight change



#### Progestogen-only pills (POP)

Cochrane Review of 16 RCTs reported limited **evidence of weight gain among the users** (less than 2kg over 12 months) in most studies.

#### Combined oral Contraceptives (COC)

Cochrane Review of 49 RCTs do not support a causal association between use of COC and weight gain, and there is **no consistent evidence that different COC formulations affect weight differently**.



#### Association between OCP use and cancer

Women should be advised that current use of OCP is associated with a small increased risk of breast cancer which reduces with time after stopping OCP



#### Progestogen-only Pills (POP)

Generally, the annual risk of breast cancer rises with increasing age irrespective of hormone use. **Limited data on the risk associated with the use of POP due to small number of women using POP in studies. Any increased risk is likely to be small and to reduce with time after stopping.**



#### Combined Oral Contraceptives (COC)

Recent meta-analysis and published data from a large US prospective cohort study indicate a **significant reduction (34%-50%) in risk of endometrial cancer and ovarian cancer associated with more than 10 years of use**. They found a **greater protection in ovarian cancer in those who start COC before the age of 35**. However, few meta-analysis and recent large Danish study show a **slight but significant increased in risk of breast cancer among women currently using COC, and risk appeared to increase with duration of use**. The increased breast cancer risk associated with current COC use has been found to decline gradually after cessation of COC.



#### Use of OCP in women scheduled for Umrah and Hajj pilgrimage or wish to delay menses for any reasons.

OCP	Recommendation	
POP	Norethisterone 5mg (Norcolut®, Sunolut®, Primolut N®)	<b>1 tab TDS for max of 10-14 days, starting 3 days before expected onset of menstruation.</b> Taking more than 14 days increases the possibility of break-through bleeding.  When it is convenient for you to have your period, stop the tablets and your period should come in the next 2 to 3 days.
COC	‘Tailored’ COC regimen (shortened or no HFI) can be safely used to reduce frequency and avoid withdrawal bleeds.  HFI: Hormone Free Interval	<b>For Umrah &amp; Hajj</b> Suitable for women who are currently taking COC: <b>Continue the 21 active tablets once a day from one packet to another</b> to extend the non-bleeding days and omit the pill-free days/placebo tablet.
		<b>For any reasons</b> Tailored regimens are used to reduce the frequency of bleeding by offering more continuous ovarian suppression. (off-label but supported by FSRH). <b>Shortened HFI:</b> 21 active pills + 4 days HFI <b>Extended use:</b> 3 x 21 active pills (9 weeks) + 4/7 days HFI <b>Flexible extended use:</b> Continuous use of active pills until breakthrough bleeding occurs for 3-4 days + 4 days HFI <b>Continuous use:</b> continuous use of active pills with no HFI.



## Contraception for women aged over 40 years

Generally, women should stop taking OCP at the age 55 when natural loss of fertility can be assumed for most women.

OCP	Age 40-50 years	Age >50 years
POP	Can be continued to age 50 and beyond.	Stop at age 55 when natural loss of fertility can be assumed. A woman may wish to continue POP beyond this age for reasons relating to perceived non-contraceptive benefits.
COC	Can be continued to age 50	Stop at age 50 as the risk of COC use generally outweigh the benefits. Switch to a non-hormonal method or POP



## Combined Oral Contraceptive (COC) as Emergency Contraceptive Pills (ECP)

ECP are most effective the sooner they are taken after unprotected intercourse, **ideally within 72 hours**. However, **there are evidence indicated that ECP are still effective between 72 hours and 120 hours**. The effectiveness is reduced the longer the interval between the unprotected intercourse and taking ECP.

- Single dose of 30mg Ulipristal Acetate (preferred, but not available in HCTM) (eg: Ella®)
- Single dose 1.50mg (preferred, eg: Escapelle®) or one dose of 0.75mg, followed by second dose 0.75mg 12 hours later of Levonorgestrel-only OCP (eg Postinor®2)(Not available in HCTM)
- One dose of 100mcg of ethinyl estradiol (EE) plus 500mcg of Levonorgestrel (LNG), followed by the second dose 12 hours later. Brands available in NF Pharmacy:
  - A) 5 tablets of Loette® (1 tab contains 20mcg of EE plus 100mcg of LNG)
  - B) 4 tablets of Microgynon® 30 (1 tab contains 30mcg of EE plus 150mcg of LNG)



## Management of missed OCP

OCP	Situation		Recommendation
POP	Having <b>menstrual cycle</b> (including <b>breastfeeding</b> ) AND <b>missed 1 or more pills by more than 3 hours</b>		Take 1 pill as soon as possible then continue taking the pills daily. <b>Use additional contraceptive methods for 2 days.</b>
	<b>Amenorrhic</b> and <b>breastfeeding</b> AND <b>missed 1 or more pills by more than 3 hours</b>		Take 1 pill as soon as possible then continue taking the pills daily. No additional contraceptive method needed.
COC	Pills containing up to 20mcg EE	Missed 1 active pills in a row or starts a pack 1 day late	Take 1 pill as soon as possible then continue taking the pills daily. No additional contraceptive method needed.
		Missed 2 or more active pills or starts a pack 2 or more days late	Take 1 pill as soon as possible then continue taking the pills daily. <b>Use additional contraceptive methods for 7 days.</b>
	Pills containing 30-35mcg EE	Missed 1 or 2 active pills in a row or starts a pack 1 or 2 days late	Take 1 pill as soon as possible then continue taking the pills daily. No additional contraceptive method needed.
		Missed 3 or more active pills or starts a pack 3 or more days late	Take 1 pill as soon as possible then continue taking the pills daily. <b>Use additional contraceptive methods for 7 days.</b>

## OCP Available in NF Farmasi (Subjected to stock availability)

Progestogen-only pills (POP)	Combined oral Contraceptives (COC)
<b>Cerazette®</b> : Desogestrel 75mcg (RM29.20/28 tabs)	<b>Diane-35®</b> : Cyproterone 2mg + EE 35mcg (RM39.80/21 tabs) <b>Marvelon®</b> : Desogestrel 150mcg + EE 30mcg (RM12.90/21 tabs) <b>Mercilon®</b> : Desogestrel 150mcg + EE 20mcg (RM18.40/21 tabs) <b>Yasmin®</b> : Drospirenone 3mg + EE 30mcg (RM25.60/21 tabs) <b>Yaz®</b> : Drospirenone 3mg + EE 20mcg (RM25.60/28 tabs) <b>Microgynon®30</b> : Levonorgestrel 150mcg + EE 30mcg (RM8.80/21 tabs) <b>Loette®</b> : Levonorgestrel 100mcg + EE 20mcg (RM19.00/21 tabs)

### References:

1. The Faculty of Sexual & Reproductive Healthcare (FSRH) Guideline—Combined Hormonal Contraception, (UK, July 2019)
2. The Faculty of Sexual & Reproductive Healthcare (FSRH) Guideline—Progestogen-only Pills (UK, April 2019)
3. WHO Selected Practice Recommendations for Contraceptive Use-Third Edition 2016.

PPUKM Formulary App is now available on:



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