

## **Bleeding pattern with Cerazette<sup>®</sup> : trends over time**

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**Objective:** The acceptability of an oral contraceptive is, amongst other factors, governed by its effect on the vaginal bleeding pattern. The continuous use of estrogen-free contraception results in a less predictable bleeding pattern than with combined oral contraceptives. Therefore, we evaluated bleeding patterns with a new progestogen-only pill (POP) containing desogestrel 75 µg (Cerazette<sup>®</sup>) compared to a traditional POP containing levonorgestrel 30 µg.

**Design & Methods:** In a double blind, randomized comparative trial, 651 healthy female volunteers took either desogestrel 75 µg or levonorgestrel 30 µg daily during a 1-year treatment period. Using the WHO recommended '90-day reference period', the vaginal bleeding patterns (mean number of bleeding and/or spotting days) with the two POPs were compared in four 90-day reference periods.

**Results:** The mean number of bleeding days during the first shifted reference period (days 29–118) was 8.4 and 11.9 days, for the DSG and LNG-group respectively. The number of bleeding days declined to 5.0 days in the fourth reference period (days 271–360) of Cerazette<sup>®</sup>, while it hardly changed for the LNG-group. The mean number of spotting days during the first shifted reference period (days 29–118) was 12.4 and 9.1, for the DSG and LNG-group respectively. After 4 reference periods the mean number of spotting days declined to 8.5 days in both groups.

**Conclusions:** For both Cerazette<sup>®</sup> and the LNG-containing POP the mean total number of spotting and bleeding days declined over time. However, this reduction was more pronounced in the Cerazette<sup>®</sup> group. This shift towards fewer bleeding days over time may augment the acceptability of Cerazette<sup>®</sup>, because a high number of bleeding and/or spotting days is one of the main reasons for treatment discontinuation in users of progestogen-only contraception.