

Long cycle with Combined Hormonal Contraception

Self-determined management of menstruation for women

A significant majority of women (56%) would like to have less frequent or no monthly bleeding. Only 28% of women prefer to have monthly periods.¹

This result from the Austrian Contraceptive Prevalence Report is consistent with other studies from Germany.^{2,3}

Accordingly, 38% of women have already used hormonal contraception for longer periods without a break to avoid a period. Around 4% of women manage their menstruation regularly and 14% occasionally. This practice is especially widely used by young women (21-29 years) – around 50%.

Women have significantly fewer headaches, less abdominal pain, and improved well-being during the long cycle compared with women using the conventional regimen.⁴

From a medical point of view, the long cycle is safe and normal fertility resumes quickly once hormonal contraception is stopped.⁵

The monthly withdrawal bleeding in women using the pill, vaginal ring, or patch is artificially induced by the 4-7 day hormone-free interval. This is not based on biological necessity but was introduced by the inventors of the pill in the 1960s as a marketing tool. The (artificial) monthly bleeding was intended to mimic the natural cycle in order to increase acceptance among women, as well as to facilitate approval by the American health agency FDA. Gregory Pincus, the inventor of the pill, describes this in his biography.⁶

the regimen originally introduced (pill taking beginning on day 5 and ending on day 24) to insure an approximately 28-day menstrual cycle has, with exceptions to be noted, been universally adopted. The rationale for this is simple: these artificial menstrual cycles give assurance to the contraceptive user of "normal" genital function.

This aspect has become a growing topic of discussion.^{7,8} A 3-month pill has been on the market in the US since 2003 (Seasonale[®]), and recently, a similar product was marketed in several European countries (Seasonique[®]).⁹

Consequently, an increasing number of women are freely deciding, based on their own needs and desires, the frequency and timing of their period by using the pill, ring, or patch in a long cycle.

More information can be found in several languages at: www.periodfree.info

¹ Austrian Contraceptive Prevalence Report (Österreichischer Verhütungsreport) 2012, www.gynmed.at

² Study on contraceptive prevalence, Germany (Verhütungsverhalten Erwachsener), BZgA 2011, www.bzga.de

³ Wiegatz et al. Attitude of German women and gynecologists towards long-cycle treatment with oral contraceptives. *Contraception*. 2004 Jan;69(1):37-42.

⁴ Bitzer et al. Lebensqualität und allgemeines Wohlbefinden nach Umstellung auf ein Drospirenon-haltiges orales Kontrazeptivum, *Journal für Fertilität und Reproduktion* 2007

⁵ Anderson et al. Endometrial microstructure after long-term use of a 91-day extended-cycle oral contraceptive regimen, *Contraception* 71 (2005) 55–59

⁶ Gregory Pincus, *The control of Fertility*, 1965, www.muvs.org

⁷ Thomas SL, Ellertson C. Nuisance or natural and healthy: should monthly menstruation be optional for women? *Lancet*. 2000 Mar 11;355(9207):922-4

⁸ Aubeny E. Will period-free hormonal contraception become the norm of the twenty-first century? *Eur J Contracept Reprod Health Care*. 2006 Mar;11(1):1-5

⁹ Andrist et al. Women's and providers' attitudes toward menstrual suppression with extended use of oral contraceptives. *Contraception*. 2004 Nov;70(5):359-63.