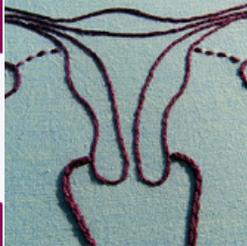


THE NATIONAL WOMEN'S HEALTH NETWORK

Menstrual Suppression

FACT SHEET



What woman hasn't at least occasionally wished she could avoid having her period? For decades some women have taken their traditional birth control pills on a non-traditional schedule in order to manipulate the timing of their periods - for example, to avoid menstruating during a vacation, athletic competition or another important personal event. There are now oral contraceptive pills (OCPs) on the market that offer the ability to suppress menstruation. These pills are intended to change a woman's bleeding pattern to produce either no periods (Lybrel) or just four periods a year (Seasonale and Seasonique), instead of a dozen.

Menstrual suppression products are chemically identical to traditional oral contraceptive pills. The active tablets contain a combination of levonorgestrel and ethinyl estradiol. The difference lies in the way a woman takes the pills. The traditional OCP is taken for 21 days, followed by 7 days of placebo pills. Seasonale and Seasonique are taken for 84 days consecutively, followed by 7 days of placebo pills. In both cases, while the woman is taking the placebo pills, she gets her period.* Lybrel uses the same hormones, in a slightly lower dose, with no change in hormone dose throughout the year. Lybrel is designed to produce no periods at all.

Women's individual experiences of, and attitudes about, menstruation play an important role in

determining their interest in menstrual suppression and may also affect the level of satisfaction with the method. For women who have pain or other discomfort with their periods, the option to suppress menstruation can be a welcome relief. Some women find the thought of fewer periods, or no periods, appealing for its convenience. But others express a preference for monthly menstruation because they rely on it as a signal that they are not pregnant or because they view it as a sign that their bodies are functioning normally. These women may be less likely to choose or be satisfied with a method that reduces the frequency of their periods.

EFFECTIVENESS, HEALTH RISKS AND BENEFITS

From a safety perspective, OCPs like Seasonale or Lybrel are options for most women. If your health care provider has determined that you can take birth control pills safely, you can probably take these. It is important to keep in mind that a woman trying to suppress her period using the pill will take a few dozen more active hormone pills over the course of a year than a woman taking the 21-day version of the pill. However, there does not seem to be a meaningful increase in health risk although no long-term studies have been done. The small risk of stroke or blood clots associated with tra-

ditional oral contraceptives - increased in women who smoke, are over 35 years of age, or have high blood pressure - are similarly associated with extended use pills. In addition to the time limitations, another hurdle appears to be the dropout rate and sample size of the related clinical trials. The FDA approval for Seasonale, for example, was based on a one-year study involving only 809 women.¹ The main study supporting the efficacy of Seasonique began with 1,013 participants, but concluded with the data from only 534 due to dropout from adverse event and lost-to-follow-up.²

The effectiveness of menstrual suppression products for preventing pregnancy is also very similar to regular OCPs. But their effectiveness for actually suppressing menstruation is not so straightforward. During the first year of use, many women have experienced break-through bleeding - instead of ending or reducing their periods, they were bleeding on an irregular, unpredictable schedule. Women using Seasonale or Seasonique had as many days of bleeding as women using traditional oral contraceptives in the first year of use. This fact may have contributed to the high drop-out rate in the trials. It is important to note that most women who experienced break-through bleeding and remained in the clinical trials found that the irregular bleeding did eventually subside.

THE NEED FOR A BALANCED, ACCURATE DISCUSSION OF WHAT'S NORMAL AND WHAT'S HEALTHY

The National Women's Health Network supports the availability of menstrual suppression products as an option for women. Our concerns about this method lie with the way these products are being marketed to women by manufacturers and health care providers.

Below are some examples of problematic marketing:

- One doctor brought to a media briefing by the makers of Seasonale asserted that using Seasonale could improve high school girls' test scores because, she said, girls score lower on the SATs when

they are menstruating, although she provided no evidence for this claim.³

- Several physicians have referred to the experience of women in earlier eras who menstruated less than women today due to more frequent pregnancies and longer periods of amenorrhea (absence of a menstrual period) associated with breast feeding to support the claim that women weren't intended to menstruate as much as they do today. One gynecologist who conducted research on menstrual suppression said "It's having seven or 10 kids that is natural," explaining that menstrual suppression "gets women to a more natural state."⁴ It is accurate to say that women menstruate more today than they have at other times, but the assertion that monthly menstruation is unnatural is unfounded.
- Some scientists have speculated that reducing the frequency of menstruation and ovulation might reduce the risk of breast, endometrial and ovarian cancers and even extend fertility, but these ideas have not been proven by scientific study.⁵ The association that has been identified in epidemiological studies between frequency of menstruation/ovulation and some reproductive cancers does not indicate a causal relationship.
- One manufacturer presented a distorted picture of women's feelings about menstruation by misrepresenting data from a survey that the company commissioned. In a news release about the survey the company wrote that more than half of women feel "messy, fat and unattractive" during their periods; but in fact, only a third of women reported feeling unattractive during their period, and 68 percent of women said they feel healthy.⁶

These misrepresentations and unsupported claims are particularly a concern with respect to young teens or girls who are just beginning to learn about

menstruation and are forming a new understanding about the way their bodies work. Telling them that it's unnatural or unhealthy to get a monthly period, or that they'll perform better in school, in sports or socially if they suppress their periods is doing them a real disservice. Introducing menstruation to pre-adolescents and newly menstruating girls as a negative experience to be avoided may affect the girls' body image and relationship to their bodies in negative and lasting ways.

Women need truthful and complete information about these products to make informed decisions. As more products get approved, the marketing competition is likely to increase. Drug companies and clinicians promoting menstrual suppression must not tell women that it's healthier to have fewer periods because this is not supported by evidence. Making menstrual suppression products available will expand women's contraceptive options and increase convenience for some. But this advance should not be undermined by stigmatizing menstruation.

* The menstrual period of a woman using hormonal contraception is sometimes called withdrawal bleeding. Instead of a 'natural' menstrual cycle controlled by the body's own hormonal fluctuations, withdrawal bleeding is the body's reaction to the cessation of the hormone dose that the contraceptive has been providing.

CONTACT US

The National Women's Health Network is committed to ensuring that women have access to accurate, balanced information. For more information, email us at healthquestions@nwhn.org or call the Women's Health Voice at (202) 682-2646. Stay informed, connect with us on Facebook and Twitter.

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