



Universidad de Cartagena

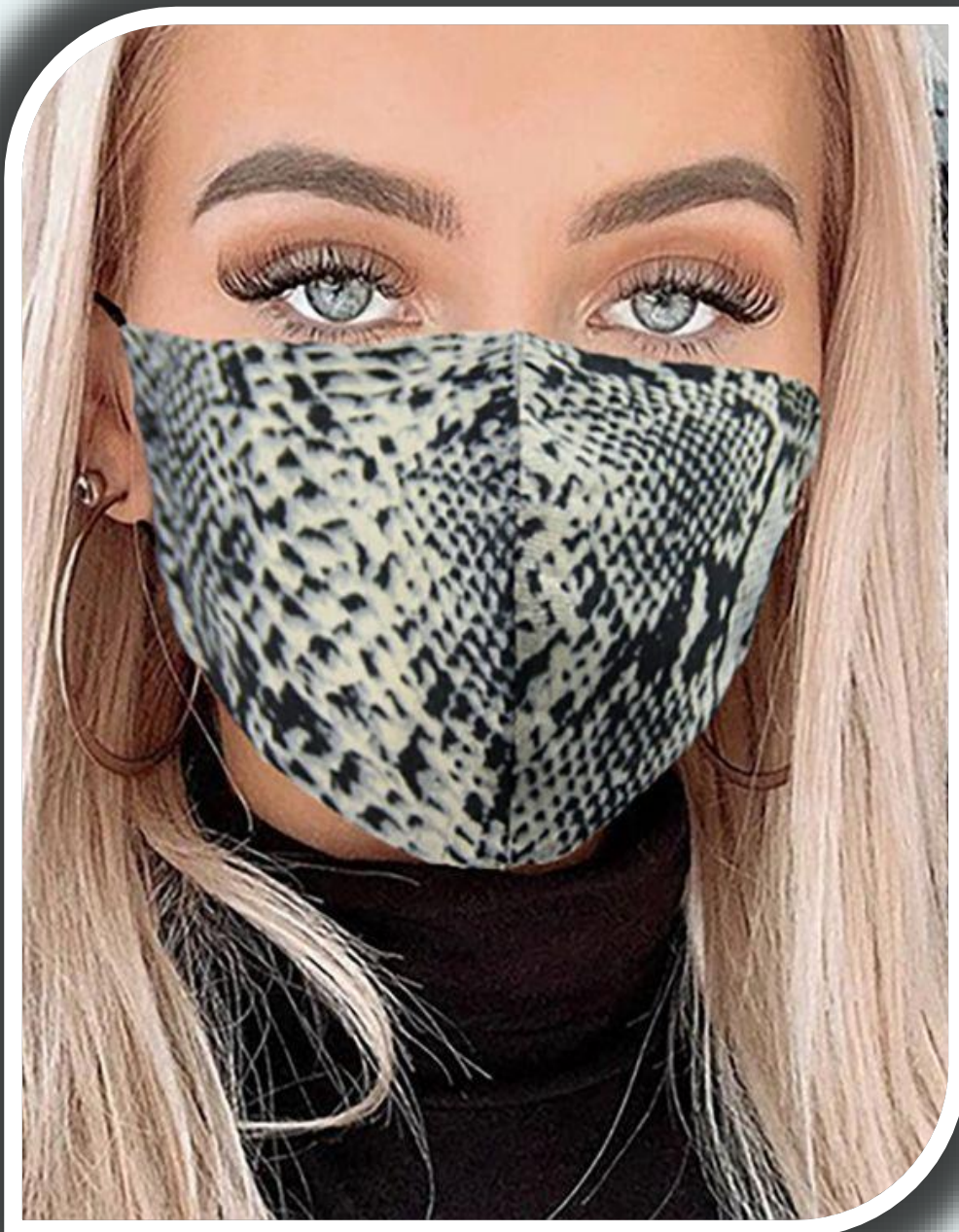
Fundada en 1827

ALVARO MONTERROSA CASTRO, MD
Profesor Titular
Grupo de Investigación Salud de la Mujer

Panorama Actual de la Anticoncepción Oral Libre de Estrógenos

¿Qué Tenemos?
¿Hay Algo Nuevo?





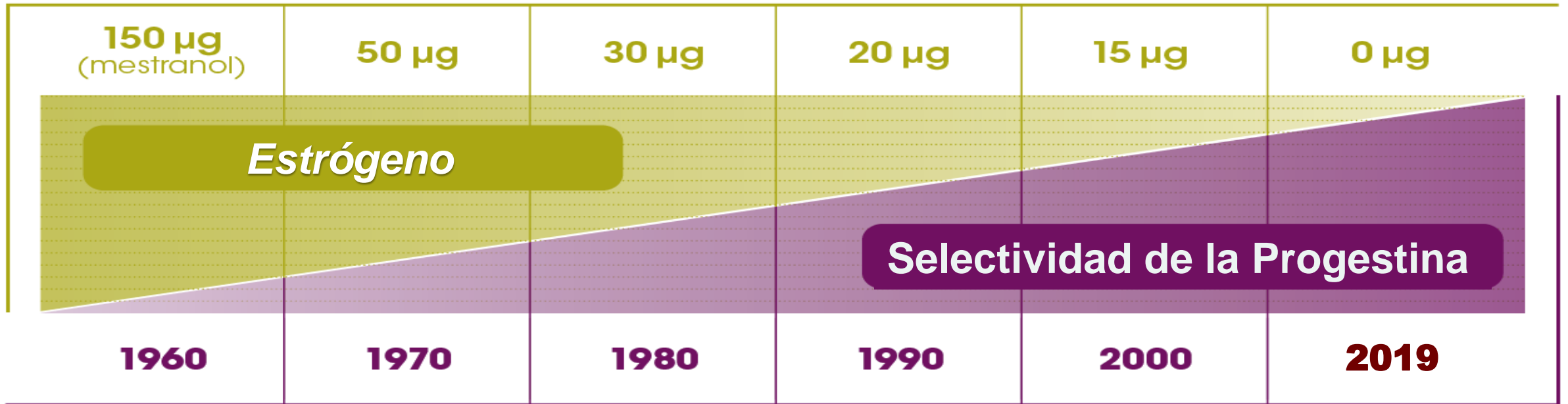
***Los Anticonceptivos Orales han
marcado un hito en la Historia de la
Medicina
Su introducción revolucionó
la planificación Familiar
Abrió las puertas a la
Anticoncepción Hormonal***

CONFLICTOS DE INTERESES:

**El autor de la presentación es explorador
de la anticoncepción hormonal en toda su
dimensión**

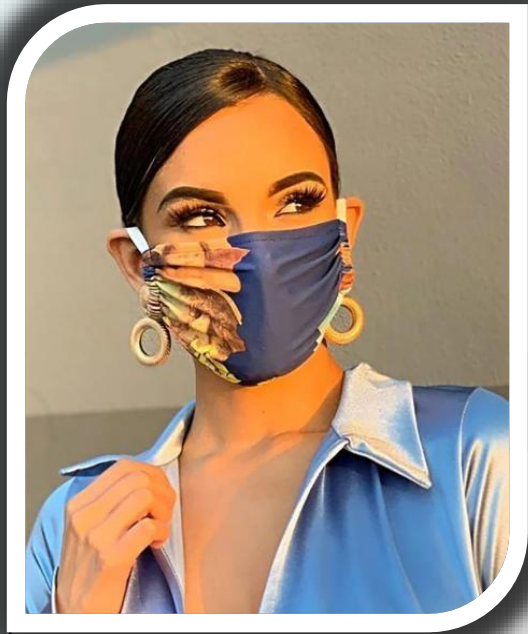
**Tiene publicaciones sobre diferentes
moléculas disponibles
y sobre hormonoterapia en general**

**No ha tenido ni tiene compromisos con la
industria farmacéutica
que le limiten su libre pensamiento y actuación**



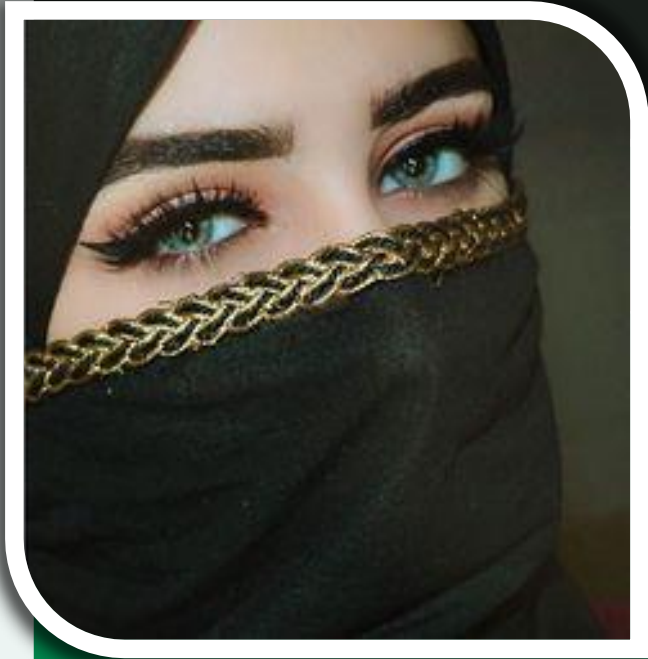
PROGESTINA: Anticoncepción
ESTRÓGENO: Complementa – Control del Ciclo

Reducción de los Riesgos
Incremento del Control del Ciclo



CLASIFICACIÓN DE LAS PROGESTINAS

19 NOR TESTOSTERONA DERIVADOS		17 α PROGESTERONA DERIVADOS		Híbridos
Estranos	Gonanos	Pregnanos	Norpregnanos	
Noretindrona Noretinodrel Linnestrenol Etinodiol Norgesterona Quingestanol Norgestrieno	Norgestrel Levonorgestrel Desogestrel Gestodeno Norgestimato	Ciproterona Clormadinona Megestrol Medroxiprogesterona Superlutina	Nomegestrol Trimegestona Promogestona	Drosipirona Dienogest
			MODULADOR SELECTIVO DEL RECEPTOR PROGESTERONA	
			Acetato de Ulipristal	
19 NORPROGESTERONA DERIVADOS (NO ANDROGENICOS) Acetato de Segesterone o Nesterone				



PROGESTIN-ONLY PILLS CLASSIFICATION ACCORDING TO PROGESTINS

Groups	Progestins	Concentration per-Tablet
<i>Continuous administration without pause days</i>		
POP containing traditional progestins	Norethisterone	0.350 mg
		0.500 mg
		0.600 mg
	Norethindrone	0.350 mg
	Ethinodiol diacetate	0.500 mg
	Lynestrenol	0.500 mg
POP containing desogestrel	Norgestrel	0.075 mg
	Levonorgestrel	0.030 mg
POP containing desogestrel	Desogestrel	0.075 mg
<i>Continuous administration for 24 days and 4 pause days</i>		
POP containing drospirenone	Drospirenone	4.0 mg



Alteración Biofísica del Moco Cervical
Acción Tubárica
Altera el Ciclo Menstrual
Efecto Anovulatorio
Efecto Endometrial – Espermático
Ambiente Intrauterino Inhóspito Gametos
No interrumpen embarazo
No causan defectos al nacer

REVIEW

Current Knowledge of Progestin-only Pills

Monterrosa-Castro Alvaro* and Redondo-Mendoza Velia

*Grupo De Investigación Salud de la Mujer. Facultad de Medicina.
Universidad de Cartagena. Colombia.*

ARTICLE HISTORY

Received:

Revised:

Accepted:

DOI:

Abstract:

Background: Since the 1960s, contraceptive pills have contributed to the changing role of women in society and to women achieving the role they play today. The results of this evolution are estrogen-free contraceptives in general and progestin-only pills in particular. Despite the many advances that have emerged with progestin-only pills in recent decades, they are not as well-understood and their use is not as widespread.

Objective: To review the literature on the current knowledge of progestin-only pills within the wide range of family planning methods.

Methods: A bibliographic search was carried out in the following databases: PubMed, ScienceDirect, EBSCOhost, OvidSP, Embase, and SciELO in Spanish; citation of relevant publications was done.

Results: Progestin-only pills containing desogestrel or drospirenone can be used with adequate safety and good contraceptive efficacy, in breastfeeding and nonbreastfeeding women. The recent introduction of progestin-only pill containing 4.0 mg of drospirenone, administered in a 24/4-day regimen, offers better cycle control than previous progestin-only pills. It allows much more predictable bleedings and the same contraceptive efficacy as combined oral contraceptives.

Conclusion: Progestin-only pills have an increasingly important place in contraception methods and birth control. They have evolved notably from restricted use only during breastfeeding to a broader context. The absence of estrogen in the pill currently offers more advantages than disadvantages, in terms of safety and lower risk of some complications, making it a valuable alternative for family planning. Progestin-only pills containing desogestrel or drospirenone should be favored over older formulations.



REVIEW

Current Knowledge of Progestin-only Pills

Monterrosa-Castro Alvaro* and Redondo-Mendoza Velia

*Grupo De Investigación Salud de la Mujer. Facultad de Medicina.
Universidad de Cartagena. Colombia.*

ARTICLE HISTORY

Received:

Revised:

Accepted:

DOI:

Abstract:

Background: Since the 1960s, contraceptive pills have contributed to the changing role of women in society and to women achieving the role they play today. The results of this evolution are estrogen-free contraceptives in general and progestin-only pills in particular. Despite the many advances that have emerged with progestin-only pills in recent decades, they are not as well-understood and their use is not as widespread.

Objective: To review the literature on the current knowledge of progestin-only pills within the wide range of family planning methods.

Methods: A bibliographic search was carried out in the following databases: PubMed, ScienceDirect, EBSCOhost, OvidSP, Embase, and SciELO in Spanish; citation of relevant publications was done.

Results: Progestin-only pills containing desogestrel or drospirenone can be used with adequate safety and good contraceptive efficacy, in breastfeeding and nonbreastfeeding women. The recent introduction of progestin-only pill containing 4.0 mg of drospirenone, administered in a 24/4-day regimen, offers better cycle control than previous progestin-only pills. It allows much more predictable bleedings and the same contraceptive efficacy as combined oral contraceptives.

Conclusion: Progestin-only pills have an increasingly important place in contraception methods and birth control. They have evolved notably from restricted use only during breastfeeding to a broader context. The absence of estrogen in the pill currently offers more advantages than disadvantages, in terms of safety and lower risk of some complications, making it a valuable alternative for family planning. Progestin-only pills containing desogestrel or drospirenone should be favored over older formulations.

Uso adecuado del esquema

Quistes Lúteos: Normales (50%)

Seguras en lactancia: Madre-Neonato

Sin retardo en la Fertilidad

Mal control del Ciclo/ Sin medidas efectivas

Posible Protección EPI

Posible Protección A. Células Falciformes

Posible Reducción Cáncer Endometrial



REVIEW

Current Knowledge of Progestin-only Pills

Monterrosa-Castro Alvaro* and Redondo-Mendoza Velia

*Grupo De Investigación Salud de la Mujer. Facultad de Medicina.
Universidad de Cartagena. Colombia.*

ARTICLE HISTORY

Received:
Revised:
Accepted:

DOI:

Abstract:

Background: Since the 1960s, contraceptive pills have contributed to the changing role of women in society and to women achieving the role they play today. The results of this evolution are estrogen-free contraceptives in general and progestin-only pills in particular. Despite the many advances that have emerged with progestin-only pills in recent decades, they are not as well-understood and their use is not as widespread.

Objective: To review the literature on the current knowledge of progestin-only pills within the wide range of family planning methods.

Methods: A bibliographic search was carried out in the following databases: PubMed, ScienceDirect, EBSCOhost, OvidSP, Embase, and SciELO in Spanish; citation of relevant publications was done.

Results: Progestin-only pills containing desogestrel or drospirenone can be used with adequate safety and good contraceptive efficacy, in breastfeeding and nonbreastfeeding women. The recent introduction of progestin-only pill containing 4.0 mg of drospirenone, administered in a 24/4-day regimen, offers better cycle control than previous progestin-only pills. It allows much more predictable bleedings and the same contraceptive efficacy as combined oral contraceptives.

Conclusion: Progestin-only pills have an increasingly important place in contraception methods and birth control. They have evolved notably from restricted use only during breastfeeding to a broader context. The absence of estrogen in the pill currently offers more advantages than disadvantages, in terms of safety and lower risk of some complications, making it a valuable alternative for family planning. Progestin-only pills containing desogestrel or drospirenone should be favored over older formulations.

No Se Asocia a Cáncer de Seno

RR: 1.7 [IC95%:0.8-3.7]

RR: 1.6 [IC95%:0.9-2,6]

RR: 1.0 [IC95%: 0.9-1.29]

Más de 5 años: RR: 1.4 [IC95%:1.03-2.00]

Por cada año adicional: RR:1.03 [1.01-1.06]

Sin impacto en Utero, Hígado, Colorectal

Posible Protector Cancer Epitelial Ovario



**Sin Efecto sobre el peso o IMC
Utilidad en Transición a la Menopausia
Utilidad en Fumadoras.
Desogestrel – Drospirenona: Ovulación
Beneficio adicional en tratamiento:
Endometriosis
Desogestrel: Abrió camino a la píldora sin
Estrógenos fuera de la lactancia**

REVIEW

Current Knowledge of Progestin-only Pills

Monterrosa-Castro Alvaro* and Redondo-Mendoza Velia

*Grupo De Investigación Salud de la Mujer. Facultad de Medicina.
Universidad de Cartagena. Colombia.*

ARTICLE HISTORY

Received:
Revised:

Abstract:

Background: Since the 1960s, contraceptive pills have contributed to the changing role of women in society and to women achieving the role they play today. The results of this evolution are estrogen-free contraceptives in general and progestin-only pills in particular. Despite the many advances that have emerged with progestin-only pills in recent decades, they are not as well-understood and their use is not as widespread.

Objective: To review the literature on the current knowledge of progestin-only pills within the wide range of family planning methods.

Methods: A bibliographic search was carried out in the following databases: PubMed, ScienceDirect, EBSCOhost, OvidSP, Embase, and SciELO in Spanish; citation of relevant publications was done.

Results: Progestin-only pills containing desogestrel or drospirenone can be used with adequate safety and good contraceptive efficacy, in breastfeeding and nonbreastfeeding women. The recent introduction of progestin-only pill containing 4.0 mg of drospirenone, administered in a 24/4-day regimen, offers better cycle control than previous progestin-only pills. It allows much more predictable bleedings and the same contraceptive efficacy as combined oral contraceptives.

Conclusion: Progestin-only pills have an increasingly important place in contraception methods and birth control. They have evolved notably from restricted use only during breastfeeding to a broader context. The absence of estrogen in the pill currently offers more advantages than disadvantages, in terms of safety and lower risk of some complications, making it a valuable alternative for family planning. Progestin-only pills containing desogestrel or drospirenone should be favored over older formulations.

DOP (Drospirenona Only Pill)



2002

Rosembaum: Reducción Actividad ovárica con Drospirenona sola

0.5 mg/día: 36%

1.0 mg/día: 25%

2.0 mg/día: 50%

3.0 mg/día: 91% - Sin ovulación.

2003

Elger. Perfil farmacodinámica Drospirenona

2003

Estudios con diferentes dosis para administrar con periodos de pausa

2014

2015

**Duijkers: “Progestagen Only Pills”
Desogestrel (continuo) versus
Drospirenona 4.0 mg (esquema 24/4)**

2015

Archer: Eficacia, Seguridad, Tolerabilidad y Control del Ciclo

2019

Aprobado por la FDA para anticoncepción y manejo de la dismenorrea

DOP (Drospirenona Only Pill)

Drospirenona 4mg (Esquema 24/4) Sin Estrógenos

Eficacia similar a los Anticonceptivos Combinados

Buen perfil de Sangrado – Buen Control Ciclo

Pocos días de sangrado y poca Cantidad Sangrado

Continua protección pese 24 horas de olvido

Reducción de la dismenorrea

Sin cambios en Parámetros Hemostáticos

Seguro en la Lactancia – No Eventos Adversos

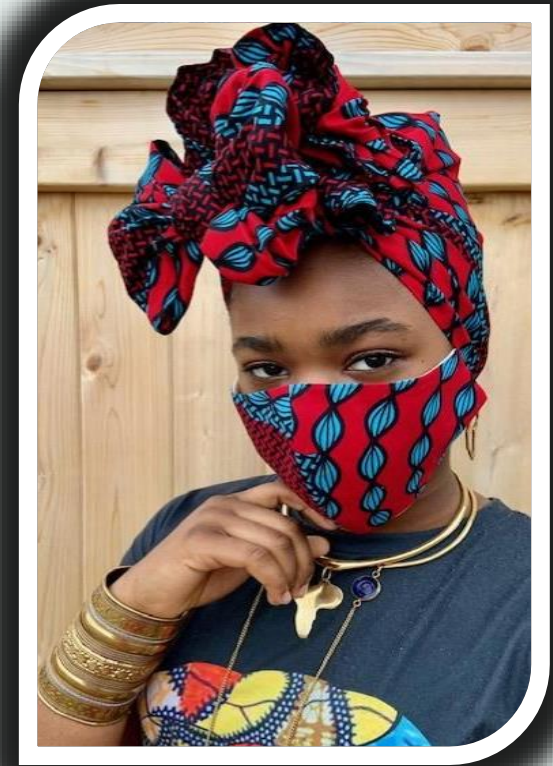
No Eventos Tromboembólicos Venosos

La Obesidad no Reduce la Eficacia

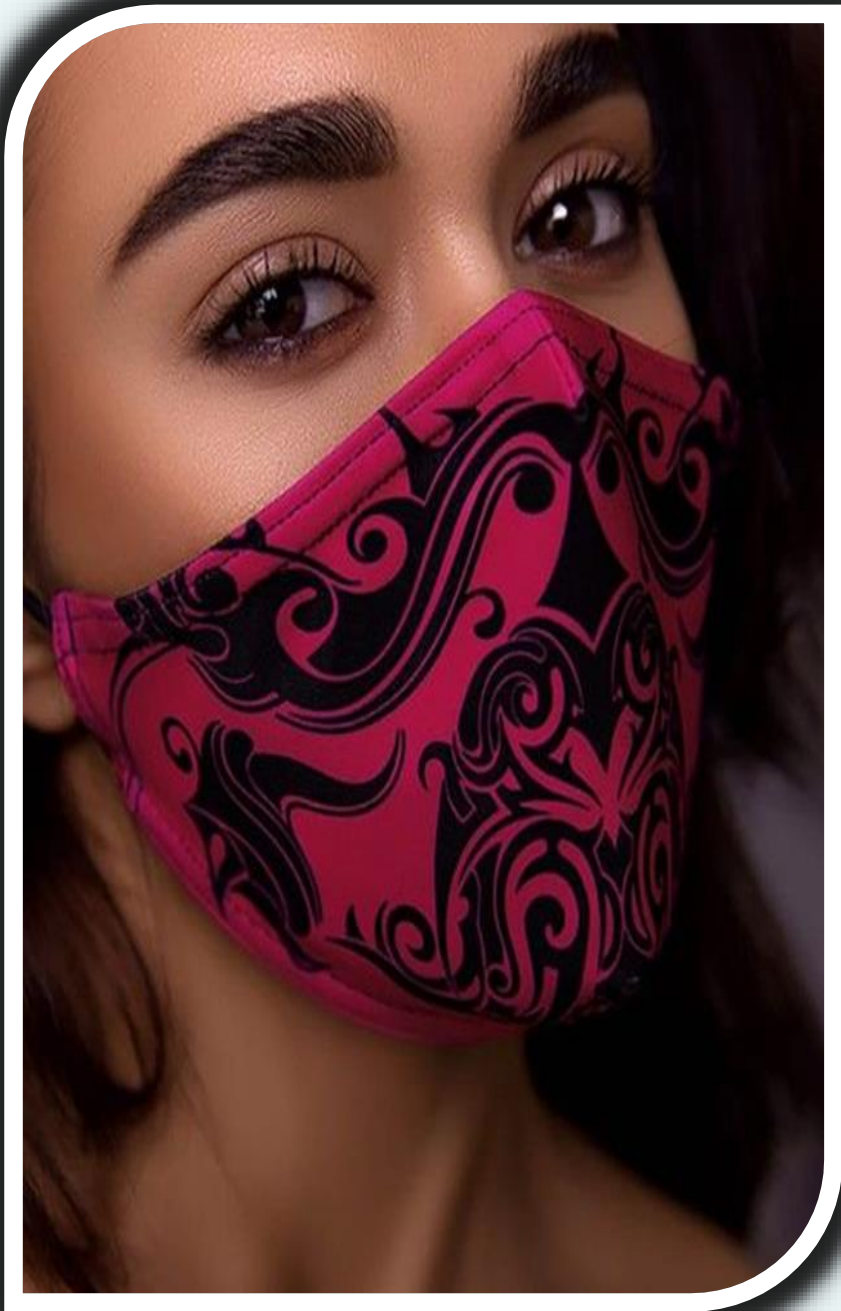
Beneficios del Perfil Anti androgénico de la DRSP

Aceptabilidad en el 99% de las Usuarias

0.4% Abandono por sangrado no tolerado



¿Una píldora de solo progestina puede Amenazar la existencia de los Anticonceptivos Combinados?



LA PILDORA DE SOLO PROGESTINA AL 2020

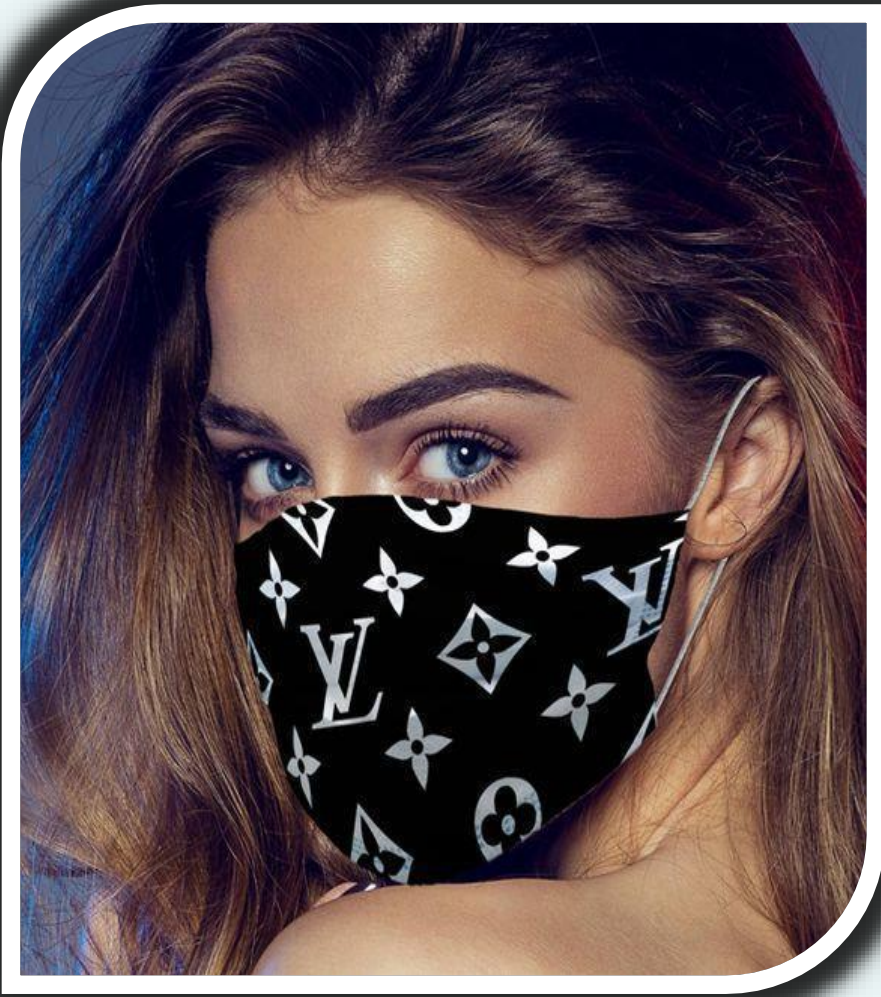
**Minipíldora de Levonorgestrel
Administración continua
Solo en la lactancia**

**Solo Progestina de Desogestrel
Administración continua
Dentro y fuera de la lactancia**

**“Drospirenona Only Pills”
Drospirenona
Administración en Esquema 24/4
(24 activas y 4 de pausa)
Dentro y fuera de la lactancia**

Anticoncepción de solo progestina

- Libre de Estrógeno
- Para Fumadoras
- Con Riesgo Cardiovascular
- Con Temor al Estrógeno
- Pueden Causar Sangrados
- Pueden Causar Amenorreas
- Beneficios no contraceptivos



Vía Oral: Levonorgestrel – Desogestrel – “Drospirenona Only Pills (24/4)

Vía Oral: Levonorgestrel - Ulipristal (A. Emergencia)

Vía IM: Acetato Medroxiprogesterona (Trimestral)

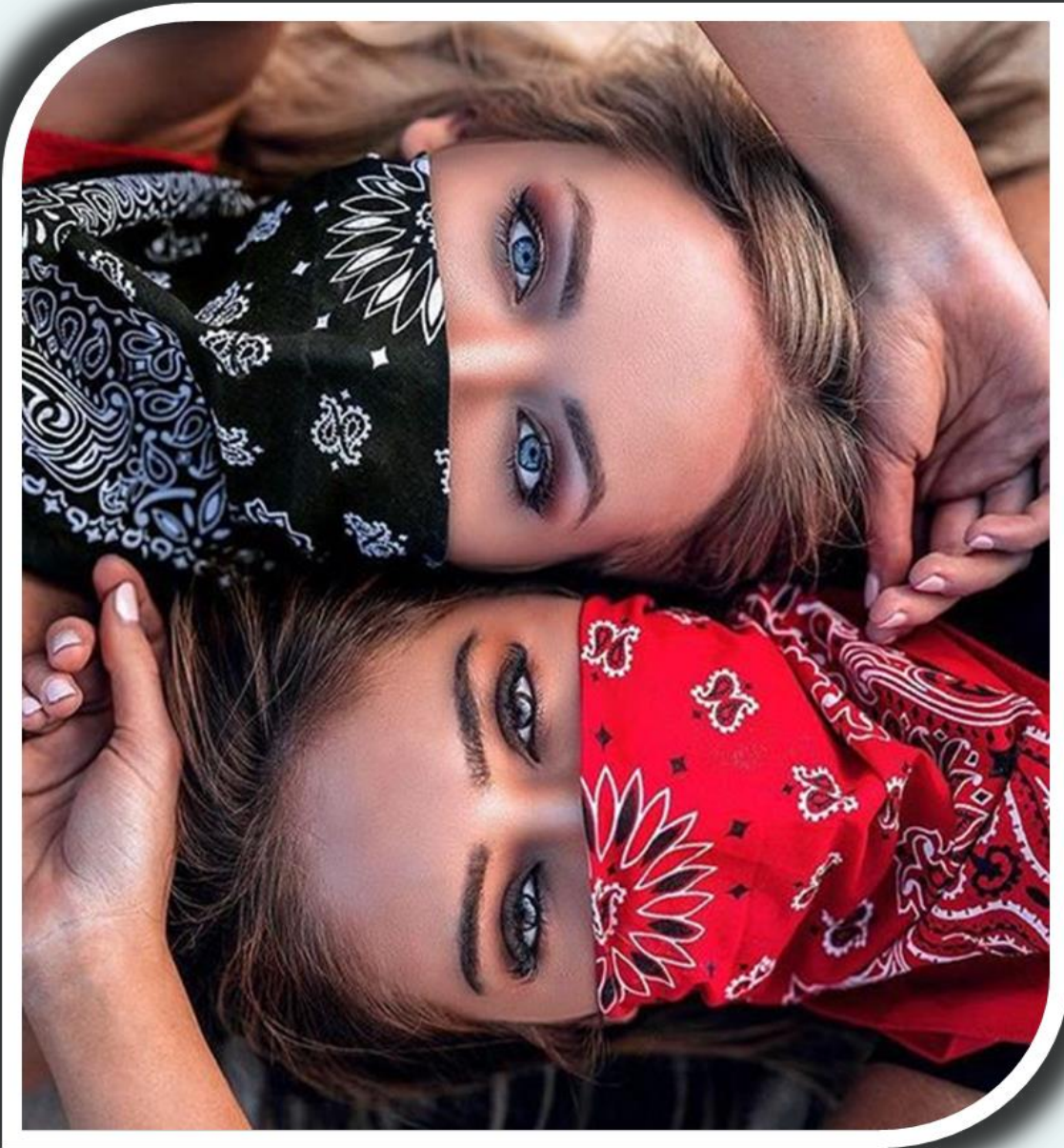
SIU- Implantes SC: LARCs (Long-acting reversible contraceptives)

- La anticoncepción hormonal continua creciendo, impulsada por la necesidad de una mayor seguridad dentro de la misma eficacia contraceptiva que ha ofrecido desde los inicios
- La anticoncepción hormonal tiene importante y privilegiado sitio dentro de la medicina preventiva

CRITERIOS DE ELEGIBILIDAD

1	No existe restricción para utilizar el método
2	Las ventajas Superan los riesgos
3	Los Riesgos superan las ventajas
4	Existe Riesgo Inaceptable para la Salud





La presentación esta disponible
www.grupodeinvestigaciónsaluddelamujer.com.co



M.D. OBG
Alvaro Monterrosa Castro

NUEVO!

**ANTICONCEPCIÓN
ORAL:**
Consideraciones Generales



Disponible

(para teléfonos, Tablet y dispositivos electrónicos)
<https://www.amazon.com/dp/B07FXFRBS1>
<https://www.amazon.es/dp/B07FXFRBS1>

VERSIÓN IMPRESA TAPA BLANDA:

amazon.com

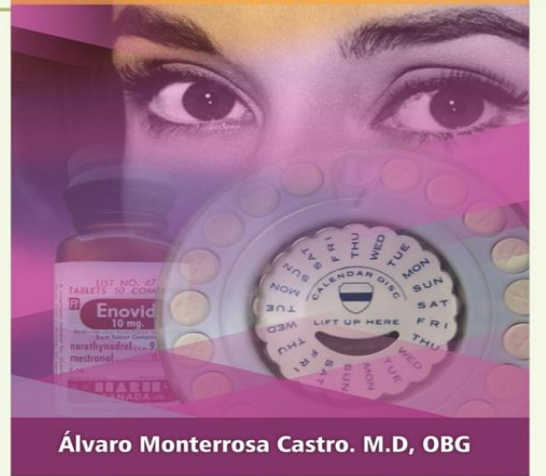
<https://www.amazon.com/dp/1717942040>
<https://www.amazon.es/dp/1717942040>

autoreseditores

<https://www.autoreseditores.com>

DISPONIBLE EN SU BUSCADOR COMO:

Anticoncepción Oral: Consideraciones Generales



Álvaro Monterrosa Castro. M.D, OBG