

THE COMBINED PILL

(“THE PILL”)

Contraceptive pills are a secure form of birth control. They release hormones preventing pregnancy by hindering egg release.

WHAT DO CONTRACEPTIVE PILLS CONTAIN?

Birth control pills come as tablets consisting of two hormones: oestrogen and progesterone. There are many different forms of contraceptive pills. The latest contain as little hormone as possible without compromising their efficiency. The hormones of a same type of pill can change with time, thereby differentiating several ‘generations’ of pills.

DIFFERENT TYPES OF PILLS

The contraceptive pill is also called ‘combined pill’ because, as the name hints, it contains variations of both oestrogen and progesterone hormones. The pills are characterised by their type of progestogen. **There are 2nd, 3rd, and 4th progestogen generations.** 2nd generation progestogen is the most common since it tends to have least dangerous side effects. However, depending on the patient’s individual condition, the doctor might suggest 3rd or 4th generation instead.

Another categorisation of pills is the distinction between monophasic and phasic pills.

Monophasic pills

The 21+7 pill

The most common birth control pill brands come as an aluminium pack of 21 identical active pills. One pill is taken every day for 21 consecutive days, and then none for the following 7 days. After the 7-day break, restarts the 21-day cycle with 1 pill each day. There is a variation of 21+7 with 21 identical *active*

pills and 7 *inactive* pills. The 7 inactive ones must be taken during the “pill-free” break.

The 24+4 pill

Some pill brands have 24 identical active pills and 4 inactive ones. One active pill must be taken daily for 24 consecutive days, and then one inactive pill each day for the following 4 days.

Phasic pills

Phasic pills have the common imperative to follow the order written on the aluminium pack. The pills contain the same two hormones though in different amounts.

4 phases pills

Pills with 4 different levels of hormones concentration. The active pills are taken in 4 phases of respectively 2, 5, 17, and 2 days. 2 inactive pills (1/day) must be taken thereafter.

3 phases pills

Pills with 3 different amounts of hormones. The active pills are taken in 3 phases of respectively 6, 5, and 10 days. There is thereafter a 7-day pill-free break.

2 phases pills

Pills with 2 different levels of hormones concentration. The active pills are taken in 2 phases of respectively 7 and 15 days. A 6-day pill-free break is taken thereafter.

ADVANTAGES OF THE PILL

First and foremost, the pill is a good and safe form of birth control, but also has other advantages:

- ❖ The pill can be used to stabilise irregular bleeding;

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- ❖ Reduces bleeding amount, pains, and duration;
- ❖ Reduces inconveniences such as acne-prone skin and male hirsutism (male-like hair growth) - especially most recent pills;
- ❖ Reduces the risk of ovarian cysts;
- ❖ Reduces the risk of endometriosis;
- ❖ Can relieve PMS and cycle-induced migraine - especially if the pill is taken over a long period of time.

BLOOD CLOTS

The most plausible side effect of the pill is a higher risk of blood clots. It mainly affects blood clots in the legs and lungs (VTE), but also heart (AMI) and brain (CVT). Though the risk rises slightly it still remains very low. The risk is of about 1 in 10,000 women for those who do not take the pill and rises to about 3-5 women in 10,000 for those who do. The 3- to 5-fold increase in the number of women with blood clots among women who take the pill compared to those who don't, depends on the type of pill. For comparison, the risk of a blood clot at the tail-end or soon after pregnancy is 35-80 times higher than the pill-induced risk.

The risk of blood clots differs from one pill category to another. The Ministry of Health generally recommends 2nd generation pills, such as Malonetta or Microgyn.

CANCER

There is a lot of debate around the possible risks of pills inducing cancer. There are several large scope studies, which together disprove the risk. The combined pill reduces considerably the risk of cancer of the ovaries, womb, and colon, whilst rising the risk of cervical cancer. There is no proof of effect on breast cancer.

SHOULD SOME PEOPLE AVOID THE PILL?

The risk of blood clots increases with age. If you are more than 35 years old and present other risk factors such as smoking, obesity or hereditary predisposition, you ought to change to another form of birth control - such as a hormonal IUD or minipills.

If a woman over 35 wishes to stick to the pill, it is probably best to switch to 3rd or 4th generation, since the risk of cerebral blood clots increase with age and those generations of pills are less likely to cause blood clots than 2nd generation ones.

Women with the following risk factors should avoid pills:

- ❖ Prior blood clots in leg, lungs, heart, or brain
- ❖ Certain genetic predisposition for blood clots
- ❖ Diabetes
- ❖ Hypertension
- ❖ Hypercholesterolemia

SYMPTOMS OF BLOOD CLOTS

- ❖ Sharp pains or swelling in one of the legs. Together with it might be soreness, warmth, or change in skin colour to f.ex. pale, red or blue.
- ❖ Sudden unexplainable breathlessness or quick breathing; sharp chest pains, which might increase when breathing deeply; sudden cough without clear explanation (possibly coughing up blood).
- ❖ Chest pains, often sharp but also sometimes simply uncomfortable, tightness, feeling of heaviness, discomfort all over the upper body reaching towards the back, throat, arms, as well as a feeling of satiety such as indigestion or suffocation, sweating, nausea, vomiting or dizziness.

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- ❖ Weakness or paralysis of the face, arm, or leg, especially on one side of the body. Difficulties with speech or understanding, sudden confusion, sudden lack of- or blurred sight, sharp headache.

HOW TO TAKE THE PILL?

One pack contains 21 tablets and there are several ways of taking them:

1. If you would like to menstruate each month, take a pill daily for 21 consecutive days and thereafter take a 7-day break with menstruation-like bleeding. Remember that this is a 'fake menstruation', also called a lapse bleeding, caused by the pause in pills. With a 7-days break, the egg release is up to 6%. If you forget the first pill, the break will then have to be 8 days and the egg release increases.
2. You can also choose to take only 4 days break, thereby increasing efficiency because the risk of egg release is lower. Patients who suffer from PMS will also notice diminishing effects. A shorter break is synonym with less bleeding and fewer pains.
3. If you would prefer no menstruation at all each month, you can choose to take the pill uninterrupted - also called a prolonged pill-cycle. That means that you take the pill all the time, without breaks, until you begin

to bleed. The bleeding happens some random day, generally every 3rd-6th month. When you bleed, take a 3-day break and start taking the pill again on the 4th day. The main advantages of this method are that it is the most efficient against egg release, avoids any PMS, and there's no bleeding. However, it makes it impossible to detect 'missing menstruation' as a sign of pregnancy.

Nothing proves that it is unhealthy for the body to skip bleedings.

WHAT HAPPENS IF YOU FORGET A PILL?

The pill is taken at a specific time, once a day. If you forget a pill, let's say in the evening, then you can take it the morning after. Unless if it's during the first 3 days of a packet, if there goes more than 36 hours between taking two pills, you ought to switch contraception.

EXAMPLES OF PILLS

1. **Generation:** discontinued
2. **Generation:** Cilest, Malonetta, Microgyn.
3. **Generation:** Mercilon, Marvelon, Gynera.
4. **Generation:** Yasmin, Yaz, Yasminelle, Diane mite.
5. **Generation:** Qlaira

WHO CAN I CALL WITH QUESTIONS?

You are welcome to call Kvindeklínikken every weekday from 8.00 - 15.00 on 36 46 71 40.

Revised April 2020. To be revised on an ongoing basis and certainly no later than 1 April 2022, before in case of any significant changes.