

## PREFACE

The 13<sup>th</sup> edition of *Managing Contraceptive Pill Patients (MCP)* contains important information about a new single rod, contraceptive implant, *Implanon*, a new contraceptive injection for sub-dermal administration *depo-subQ provera 104*, the first oral contraceptive (OC) designed to be chewed or dissolved in the mouth *Femcon Fe*, two new combination OC's in which active pills are taken for 24 instead of 21 days, *Loestrin 24* and *Yaz*, a new extended cycle OC in which 10 mcg estrogen, instead of inactive pills, are taken for 7 days following 84 days of active pills, *Seasonique*, and 20 new generic brands of existing index OCs introduced since the 1<sup>st</sup> printing of the 12<sup>th</sup> Edition in 2004. A Section on Emergency Contraception/Post Coital Contraception (EC) has been included in MCP since the 3<sup>rd</sup> Edition in 1983, but for the first time EC pills are listed with the other OCs in Table 5 (OC Hormonal Content) and Table 6 (OC Hormonal Activity). Section 13: Injected Contraceptives has been revised to reflect the FDA black box warning regarding loss of bone mineral density (BMD), associated with use of *depo-provera*, and the recommendation that *depo-provera* use be limited to two years. Section 15: Contraceptive Patch has been revised to reflect the FDA Physician Package Insert change and warning, issued November 2006, regarding serum estrogen levels in contraceptive patch users.

Beginning with studies published from 1969 to 1975<sup>1-4</sup>, and continuing with the first edition of MCP in 1977, many concepts concerning oral contraceptive use have been introduced by the author that have become part of the U.S. FDA's required package insert. These include:

- the use of the lowest doses of estrogen and progestin consistent with effectiveness;
- that the net effect of an OC depends on the type and/or amount of progestin, and on a balance between the estrogen and progestin components;
- a listing of the benefits of OC use; and
- information about the relationship of estrogen to cardiovascular disease.

New information is added between editions each time there is a new printing. Readers are invited to send suggestions for changes and new information they believe should be included in *Managing Contraceptive Pill Patients* to the author, care of the publisher, by e-mail at <http://www.emis-pub.com>, or by fax to (214) 349-2266. If the information is used, the sender will receive a free copy of the next printing of *MCP*.

R.P.D.  
New Orleans  
March 2007

1. Dickey RP, Dorr CH II: Oral Contraceptives: Selection of the Proper Pill. *Obstet Gynecol* 1969;33:273;
2. Dickey RP: The Pill: Physiology, Pharmacology, and Clinical Use, in: *Seminar in Family Planning*, 1st ed. Isenman AW, Knox EG, Tyrer L (eds.) American College of Obstetrics and Gynecology, 1972; 2<sup>nd</sup> ed., 1974; 3. Chihal HJW, Dickey RP, Pepler R: Estrogen Potency of Oral Contraceptive Pills, *Am J Obstet Gynecol* 1975;121:75-83;
4. Wells JP, Dickey RP, Porter CW: Report of the Survey Team Concerning the Decrease in Pill Acceptors in the Phillipines Family Planning Program, March 22, 1973. American Public Health Association, 1015 18th Street NW, Washington, D.C., 20036.