

News release – consumer media

Natural hormone inspires new contraceptive pill

New combined oral contraceptive pill offers more choice to meet the individual needs of women today

Newbury, Berkshire, 8th June, 2009 – The first and only combined contraceptive pill to effectively deliver oestrogen identical to that found naturally in a woman's body is available from today.

The combined oral contraceptive pill, called Qlaira®▼ (estradiol valerate and dienogest), provides estradiol, which is the same oestrogen produced naturally by a woman's body.

The primary reason for women to go on 'The Pill' is for contraception. New research among 2,000 women in the UK revealed that being able to choose a product which provides a hormone identical to the one produced in the body was something that 75% of women questioned said would be important when choosing a new contraceptive pill.¹

Dr Annie Evans, Women's Health Specialist, Bristol Sexual Health Centre "For a woman to use contraception reliably and long-term, she has to feel comfortable that she has chosen it and that it suits her needs. Many women may find the concept of a pill delivering a "body-identical" hormone very attractive and may also value the benefit of light and short monthly bleeds. For modern women, contraceptive efficacy is not the only goal, an improvement in their quality of life is also important. In my practice, I am constantly concerned about the number of women who do not use effective contraception because of fears of risks, or side-effects they have experienced. Each completely new addition to the range of contraception must be welcomed as it gives extra choice to more women."

Over 2,600 women have taken the new pill in clinical trials prior to it being made available. These trials demonstrated that Qlaira is over 99% effective in preventing unplanned pregnancy when taken as directed, the same as other currently available oral contraceptives.^{2,3}

As well as preventing pregnancy, combined oral contraceptives use oestrogen to offer reliable bleeding control.⁴ Since the launch of 'The Pill' nearly 50 years ago the oestrogen component of oral contraceptives has traditionally been a synthetic hormone called ethinylestradiol.⁵ Previous attempts to replace ethinylestradiol have failed to achieve a satisfactory level of bleeding control.⁶

Results from the clinical research showed that women taking Qlaira had significantly fewer bleeding/spotting days than those taking another combined oral contraceptive.³ The monthly bleed at the end of each cycle was also significantly shorter and lighter in the group of women taking the new contraceptive pill.³

Despite the range of contraceptive options available it is estimated that 50% of pregnancies in the UK are unintended.⁷ In one study it has been shown that choice in contraceptives is vital as 32% of new oral contraceptive users stop taking it within 6 months, most commonly due to side effects.⁸ 87% of women who discontinued and did not wish to get pregnant used a less reliable method or no method at all.⁸

Kate Worsley of Marie Stopes International said: "With the continuing rise in unintended pregnancies and abortion rates it is vital that women are fully involved in the process of discussing and choosing a contraceptive option. When talking about contraception the more choice there is available means a woman will be able to find an option that best suits her individual needs."

Hormone levels in a woman's cycle vary. Qlaira is designed to deliver different levels of oestrogen and progestogen throughout the month, with one pill taken daily for 28 days. The first 26 pills deliver hormones and the last two are placebo.³ This dosing method has been designed to deliver a stable level of oestrogen throughout the cycle⁹ which will provide reliable contraception and good cycle control.

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Note to Editors

- Qlaira[®] (estradiol valerate/dienogest) received UK Marketing Authorisation for the prevention of pregnancy in December 2008.
- From today Qlaira[®] is in stock and available for prescription in the UK.

References

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