

New consensus on medical menstrual suppression developed

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In a new clinical consensus document, the American College of



Obstetrics and Gynecologists offers guidance regarding the role of hormonal medications for menstrual suppression.

Oluyemisi Adeyemi-Fowode, M.D., and Kathryn C. Stambough, M.D., in collaboration with the American College of Obstetricians and Gynecologists Committee on Clinical Consensus-Gynecology reviewed approaches to medical management for reproductive-aged patients requesting menstrual suppression. Considerations are included for specific populations, including adolescents, patients with physical or cognitive disabilities or both, and those with limited health care access.

According to the clinical consensus, gynecologists should be familiar with hormonal therapy for menstrual suppression, with approaches including combined oral contraceptive pills, combined hormonal patches, vaginal rings, progestin-only pills, depot medroxyprogesterone acetate, a levonorgestrel-releasing intrauterine device, and the etonogestrel implant. Counseling approaches should be personalized according to patient preferences and goals, average effectiveness of treatment, and contraindications or risk factors for adverse effects. Counseling in relation to the choice of hormonal medication should be approached with respect for patient autonomy and should be free of coercion. Clinicians should counsel patients and caregivers about realistic expectations since complete amenorrhea may be difficult to achieve.

"Menstrual suppression can be a valuable medical intervention for people who menstruate but whose health and quality of life would be improved by reducing periods," Adeyemi-Fowode said in a statement. "When counseling patients about menstrual suppression, <u>clinicians</u> should take care to advise about common misconceptions about hormonal therapy and to foster reasonable expectations, including noting that complete amenorrhea may not be achievable."



More information: Clinical Consensus

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