

# For women who haven't found the right fit yet...

*...but want to find a suitable option*

## Drospirenone

Antiandrogenic/  
antimineralocorticoid  
properties<sup>1,2</sup>

**24 hour** missed pill window<sup>1,2</sup>

**Significantly decreased  
unscheduled bleeding/  
spotting days** (21.5) in cycle 2-9\*<sup>3</sup>

**3.3% (n=27) discontinuation  
due to bleeding**<sup>\*3</sup>



## Desogestrel

**Weak antiandrogenic/  
no antimineralocorticoid  
properties**<sup>4,5</sup>

**12 hour** missed pill window<sup>2,6</sup>

**Unscheduled bleeding/  
spotting days** (34.7)  
in cycle 2-9\*<sup>3</sup>

**6.6% (n=22) discontinuation  
due to bleeding**<sup>\*3</sup>

\* A phase III study in healthy women aged 18-45 years was performed to compare the bleeding profile and safety of a DRSP-only pill in a regime of 24 days of 4 mg of DRSP tablets followed by 4 days of placebo versus desogestrel 0.075 mg per day continuously over nine cycles. A total of 858 women with 6691 drospirenone and 332 women with 2487 desogestrel treatment cycles were analyzed.

**Primary efficacy end point:** Proportion of women with unscheduled bleeding/spotting in each cycle from cycles 2 to 9 and cumulative in cycles 2-4 and cycles 7-9. In each cycle, up to cycle 7, the proportion of women with unscheduled bleeding was statistically significantly lower in the DRSP group than in the DSG group ( $p = 0.0001$ , Chi-square test).

**Secondary efficacy end points:** Number of bleeding/spotting days during cycles 2-4, 7-9 and 2-9 and proportion of subjects with no bleeding/spotting.<sup>3</sup>

Unscheduled bleeding or spotting day was defined as any bleeding/spotting that occurred while taking active hormones (days 1-24), except days which were classified as scheduled bleeding days<sup>3</sup>

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App store. Adverse events should also be reported to Exeltis UK Limited by email to [pharmacovigilance.uk@exeltis.com](mailto:pharmacovigilance.uk@exeltis.com)



**The first drospirenone contraceptive POP in the UK<sup>1,2</sup>**  
Slynd® is a progestogen-only pill (POP) indicated for contraception

**Drospirenone and Desogestrel are both listed as UKMEC1<sup>7\*</sup>**

#### **Adverse events profile**

Slynd® was generally well-tolerated by participants during clinical trials. The most commonly reported AEs in long-term clinical trials of >9 cycles of treatment with Slynd® (2,700 women) were acne (3.8%), metrorrhagia (2.9%), headache (2.7%), and breast pain (2.2%).<sup>1</sup>

#### **Common adverse events**

Libido disorder, mood disturbances, headache, nausea, abdominal pain, acne, breast discomfort, metrorrhagia, vaginal haemorrhage, dysmenorrhea, irregular menstruation, weight increase<sup>1</sup>

#### **Contraindications**

POPs like Slynd® should not be used in the presence of any of the conditions listed below. Should any of the conditions appear for the first time during Slynd® use, the medicinal product should be discontinued immediately:

Active venous thromboembolic disorder, presence or history of severe hepatic disease as long as liver function values have not returned to normal, severe renal insufficiency or acute renal failure, known or suspected sex-steroid sensitive malignancies, undiagnosed vaginal bleeding, hypersensitivity to the active substance or to any of the excipients<sup>1</sup>

#### **References**

1. Slynd® Summary of Product Characteristics.
2. FSRH Clinical Guidelines progestogen-only pills. July 2023.
3. Palacios S, et al. Arch Gynae Obs. 2019;300:1805-1812.
4. Stone SC. Clin Obstet Gynecol. 1995;38(4):821-8.
5. Losert W, Casals-Stenzel J, Buse M. Arzneimittelforschung. 1985;35(2):459-71.
6. Desogestrel Summary of Product Characteristics.
7. FSRH UK Medical Eligibility Criteria For contraceptive use. September 2019.

\*UK Medical Eligibility Criteria.

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