contraceptive uptake. This strategy of male involvement may provide a new policy direction in other reproductive health issues for women.

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Immunohistochemical characterization in using of Rigevidon, Marvelon and Exluton

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The aim of our investigation was to assess the influence of various oral contraceptives (OC) on the state of ecto- and endocervix of nullipara women with cervical ectopy.

Material and Methods: 84 nullipara women have been investigated. Considering 12 months reception of OC they were divided by 3 groups: group 1 – monophase OC Rigevidon (Gedeon Richter) (n = 41); group 2 – monophase OC Marvelon (Organon) (n = 25), and group 3 – mini-pili Exluton (Organon) (n = 18). The control group was consisted of 30 nullipara women without contraceptive therapy (group 4, n = 30). All patients have been investigated immunohistochemiccally and morphologically.

Results: The comparison of immunohistochemical and morphological investigation shown that: 1) Estrogen and progesterone receptors were intensely expressed (76% and 42%, respectively) in the cylindrical epithelium of endocervix of late phase of proliferation; 2) In the case of Rigevidon treatment estrogen-positive endocervical epitheliocytes were increased by 14% and progesterone-positive – by 9% in comparison with controls; 3) In the case of Marvelon treatment estrogen-positive endocervical epitheliocytes were increased by 16% and progesterone-positive – by 18% in comparison with controls; 4) In the case of Excluton treatment expression of estrogen-positive endocervical epitheliocytes was same as in controls and progesterone-positive – was increased in comparison with controls, but the degree was significantly lower than in cases of Rigevidon and Marvelon; 5) Rigevidon and Marvelon sharply activated the proliferative action of epitheliocytes, but Excluton did not; 6) In the case of excluton there was a mucusin the preparations stained by hematoxylin and eosin. It is point out the substantial productive property of mucus of above mentioned OC.

Conclusion: Excluton is the preparation of choice in nullipara women with the cervical ectopy.

P742

Hormonal contraception in risk groups of adolecents

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Objective: The authors present experience with hormonal contraception from a risk group of adolescents with general diseases followed up in the 1st Department of Obstetrics & Gynaecology School of Medicine Comenius University, Bratislava, Slovakia.

Material and Methods: 114 adolescents at the age from 15 to 19 years were followed up in 4 years period. 18 of girls (15.8%) were diabetic adolescents, 9 (7.9%) were with juvenile hypertensia and 26 (22.8%) with hypo- or hyperthyreosis. 25 (21.9%) were with hyperandrogenic syndrome and 5 girls (4.4%) with significant obesity. There were 7 girls (6.1%) with epilepsy and 6 (5.3%) with depressive disorders. 5 patients (4.4%) had confirmed heterozygoteous form of MTHFR mutation. 6 girls (5.3%) with bleeding disorder took hormonal contraception both because of menstrual disorder treatment and contraception effect. 7 patients (6.1%) were with gastrointestinal disorders.

The choice of contraception type was made individually. 106 girls (93%) used combined hormonal contraception, 14 of them took transdermal contraceptive patch, 11 vaginal ring and 81 took combined oral contraception. In 8 girls (7%) the choice was for gestagen only pill.

Results: No serious complication of contraceptive use as well as any serious complication of general disease in girls was observed. In diabetics the compensation in the first 2 months worsened than it was satisfactory in all of them. In 3 hypertonic users it was necessary to regulate therapy in the first month of use. In 17 girls it was necessary to switch.

Conclusion: Due to this experience it is possible to use hormonal contraception safely also in risk groups of adolescents. In each general disease it is necessary to cooperate with specialist during contraceptive use.

P743

A 13-cycle, international, observational safety study with Belara® (0.03 mg ethinyl estradiol/2 mg chlormadinone acetate) in routine clinical practice

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Objectives: Long-term safety of Belara® (0.03 mg ethinyl estradiol/2 mg chlormadinone acetate) was corroborated by evaluating incidence and severity of adverse drug reactions (ADRs) and cycle control during 13 treatment cycles. The influence of Belara on dysmenorrhea was also investigated.

Methods: This observational trial was conducted in Spain, France, and Italy from April 2006 to August 2008. Belara was prescribed to subjects of reproductive age without contra-indications mentioned in the current SmPC.

Results: There were 3771 analyzed subjects and at least one ADR was reported in 833 (22.1%) subjects, with majority of ADRs (75.6%) being judged as mild or moderate. The incidence (11.1%) was highest in the first medication cycle and decreased with subsequent cycles (0.5% in cycle 13). Breakthrough bleeding at baseline was reported by 268 (7.1%) subjects, while this number was lower in cycles 10 to 13 (55 subjects, 1.7%). The number of subjects with severe withdrawal bleeding decreased from 246 (6.5%) at baseline to 17 (0.5%), during the observational period. Before trial start, 2333 (61.8%) subjects suffered from dysmenorrhea, and in cycles 10 to 13, this was only recorded in 486 (15.0%) subjects. Intensity of dysmenorrhea was moderate or severe in 1559 (66.9%) subjects at trial entry, compared with 124 (25.6%) after 13 cycles.

Conclusions: These results re-affirmed the favorable ADR profile of Belara, as well as its good cycle control and beneficial effect on dysmenorrhea.

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The influence of experience on compliance with the dosing scheme of low-dose combined oral contraceptives among 11,397 women in Poland

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Background: The key success factor in low-dose combined oral contraceptives (COC) is compliance with the dosing scheme. Noncompliance may cause bleeding and/or reduce efficacy, resulting in pregnancies.

Aim: The aim of the study was to evaluate an influence of user experience with COC (first time users vs. follow up users) on noncompliant behaviour during the 3-month observation.

Methods: In noninterventional study 12,000 questionnaires were distributed to 799 gynaecological practices in Poland. Data of 11,397