

# MENSTRUAL SUPPRESSION



AMENORRHEA IS A LATE EFFECT OF TESTOSTERONE THERAPY AND IS OFTEN DELAYED (1 TO 2 YEARS)  
 LESS THAN HALF OF **YOUTH** ACHIEVE AMENORRHEA WITHIN 6 MONTHS OF STARTING TESTOSTERONE  
 UP TO ONE-THIRD OF YOUTH EXPERIENCE BREAKTHROUGH BLEEDING EVEN WITH LONG-TERM TESTOSTERONE

Drugs & Doses	General Use	Amenorrhea Rates (1 Year)	Additional Information
<b>Combined Hormonal Contraceptives (CHC)</b> Alesse (Alysexa) EE 20 mcg Yaz EE 20 mcg* Marvelon (Apra, Freya, Mirvala) EE 30 mcg Yasmin EE 30 mcg*	<ul style="list-style-type: none"> <li>Use daily continuously (discard placebo)</li> <li>Use <b>monophasic</b> preparations with <math>\geq 20</math> mcg ethinyl estradiol (EE) to <math>\downarrow</math> BTB</li> <li>Option for transdermal (Evra EE 35 mcg) q1week continuously or vaginal ring (NuvaRing EE 15 mcg) q3-4weeks continuously (consider if risk of VTE)</li> </ul>	50-88% (when taken continuously)	<ul style="list-style-type: none"> <li><math>\downarrow</math> acne (esp. with drospirenone in Yaz/Yasmin)</li> <li><math>\uparrow</math> chest tenderness</li> <li>Withdrawal bleeding if missed doses</li> <li>CHCs do not <math>\uparrow</math> feminizing effects</li> <li>Use of EE may <math>\uparrow</math> dysphoria</li> </ul>
<b>Progestin Only Pills (POP)</b> Micronor, Mavisse (norethindrone 0.35 mg OCP) Slynd (drospirenone 4 mg)* Norethindrone 2.5-5 mg PO daily (high-dose) *Available as 24+4 (24 active pills + 4 placebo)	<ul style="list-style-type: none"> <li>Use daily continuously (discard placebo)</li> <li>Norethindrone OCP <b>must</b> be taken at the same time every day (within 3 hr)</li> <li>Drospirenone has 24 hr dose forgiveness</li> </ul>	10% w/ norethindrone OCP ( $\uparrow \uparrow$ with drospirenone); 75-97% w/ high-dose POP	<ul style="list-style-type: none"> <li><math>\uparrow</math> acne (norethindrone)</li> <li>Avoids estrogenic adverse effects (chest tenderness, nausea, headache)</li> <li>Withdrawal bleeding if missed doses</li> <li>High-dose POP has not been studied for contraception</li> </ul>
<b>DMPA</b> Depo-Provera (medroxyprogesterone acetate) 150 mg	<ul style="list-style-type: none"> <li>Given IM q12weeks</li> <li>May give up to q10weeks if obese or BTB</li> </ul>	50% ( $\uparrow$ to 68-71% at 2 years)	<ul style="list-style-type: none"> <li>Improves adherence</li> <li>Long-term use associated with reversible <math>\downarrow</math> BMD</li> </ul>
<b>Levonorgestrel Intrauterine Device (IUD)</b> Mirena 52 mg Kyleena 19.5 mg	<ul style="list-style-type: none"> <li>q5years (up to 8 years with Mirena)</li> </ul>	50-89% (highest rates with 52 mg)	<ul style="list-style-type: none"> <li>May <math>\uparrow</math> dysphoria (requires pelvic exam and insertion)</li> <li>Copper IUD <math>\uparrow</math> s bleeding (not used)</li> </ul>
<b>Implant (Progestin Only)</b> Nexplanon (etonorgestrel)	<ul style="list-style-type: none"> <li>Subdermal q3years</li> </ul>	20-30% ( $\uparrow$ with duration of use)	<ul style="list-style-type: none"> <li>Excellent (&gt;99%) contraceptive efficacy</li> <li>May use NSAIDs for BTB</li> </ul>
<b>GnRH Agonist</b> Lupron (leuprolide)	<ul style="list-style-type: none"> <li>11.25 mg IM q10-12weeks or 3.75 mg q28d</li> <li>Off-label: 45 mg q6months (Eligard)</li> </ul>	100%	<ul style="list-style-type: none"> <li>Menopausal symptoms possible</li> <li>Long-term use associated with reversible <math>\downarrow</math> BMD</li> </ul>
<b>Testosterone</b>	<ul style="list-style-type: none"> <li>Consider weekly vs. biweekly injections</li> <li>Target total testosterone levels in mid-upper range</li> <li><math>\uparrow</math> BTB with topical and oral testosterone</li> </ul>	87%	<ul style="list-style-type: none"> <li>Does NOT provide effective contraception</li> <li>Teratogenic</li> </ul>

BTB = breakthrough bleeding; OCP = oral contraceptive pill; DMPA = depot medroxyprogesterone acetate; BMD = bone mineral density

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References: J Pediatr Adolesc Gynecol 36.2 (2023):116-121; Curr Obstet Gynecol Rep 13.2(2024):144-153; Obstet Gynecol 140.3(2022):528-541

# STOPPING YOUR PERIOD



## AMENORRHEA: THE ABSENCE OF MENSTRUATION

Drugs & Doses	General Use	Amenorrhea Rates at 1 Year	Additional Information
<b>Combined Hormonal Contraceptives (CHC)</b> contains two hormones (estrogen and progesterone) that are typically used as birth control but can be used to stop periods when taken every day  available as an oral pill, patch, or vaginal ring	<ul style="list-style-type: none"> <li>Oral pill taken daily</li> <li>Patch applied weekly</li> <li>Ring inserted vaginally every 3-4 weeks</li> </ul>	50-88% (when taken continuously)	<ul style="list-style-type: none"> <li>↓ acne (especially with Yaz/Yasmin)</li> <li>↑ chest tenderness</li> <li>Withdrawal bleeding if missed doses</li> <li>Estrogen content not enough to cause ↑ feminizing effects</li> <li>Use of estrogen may ↑ dysphoria</li> </ul>
<b>Progesterone Only Pills (POP)</b>	<ul style="list-style-type: none"> <li>Oral pill taken daily (discard placebo)</li> <li>Low dose norethindrone <b>must</b> be taken at the same time every day (within 3 hr)</li> <li>Drospirenone has 24 hr dose forgiveness</li> </ul>	10% (Micronor, Movisse) 50% (Slynd) 75-97% (Norlutate)	<ul style="list-style-type: none"> <li>Does not contain estrogen</li> <li>↑ acne (norethindrone)</li> <li>Withdrawal bleeding if missed doses</li> <li>Norlutate has not been studied for contraception</li> </ul>
<b>Progesterone Injection</b>	<ul style="list-style-type: none"> <li>Intramuscular injection given every 12 weeks</li> <li>May give every 10 weeks if obese or experiencing breakthrough bleeding</li> </ul>	50% (↑ to 68-71% at 2 years)	<ul style="list-style-type: none"> <li>Improves adherence</li> <li>Long-term use associated with ↓ bone mineral density that is reversible</li> <li>Does not contain estrogen</li> </ul>
<b>Intrauterine Device (IUD)</b>	<ul style="list-style-type: none"> <li>Inserted vaginally and lasts 5 years (Mirena can last up to 8 years)</li> </ul>	50-89% (highest rates with Mirena)	<ul style="list-style-type: none"> <li>May ↑ dysphoria (requires pelvic exam and insertion)</li> <li>Does not contain estrogen</li> </ul>
<b>Implant</b>	<ul style="list-style-type: none"> <li>Inserted under the skin of the upper arm and lasts for 3 years</li> </ul>	20-30% (↑ with duration of use)	<ul style="list-style-type: none"> <li>Excellent (&gt;99%) contraceptive efficacy</li> <li>Does not contain estrogen</li> </ul>
<b>Puberty Blockers</b>	<ul style="list-style-type: none"> <li>Intramuscular injection given every 28 days (low dose) or every 10-12 weeks (high dose)</li> </ul>	100%	<ul style="list-style-type: none"> <li>Menopausal symptoms possible</li> <li>Long-term use associated with ↓ bone mineral density that is reversible</li> </ul>
<b>Testosterone</b>	<ul style="list-style-type: none"> <li>Intramuscular or subcutaneous injection given every week or every 2 weeks</li> <li>Requires routine bloodwork to ensure efficacy and safety</li> </ul>	87% (often takes 1-2 years to develop)	<ul style="list-style-type: none"> <li>Does NOT provide effective contraception</li> <li>Up to 1/3 of patients will experience breakthrough bleeding</li> <li>Teratogenic (harmful to fetuses)</li> </ul>