

## FSRH CEU statement: Drospirenone 4mg progestogen-only Pill (Slynd®) 10 Jan 2024

A new drospirenone progestogen-only pill (DRSP POP) Slynd® is now available in the UK.<sup>1</sup>

CEU recommendations and guidance about DRSP POP can be found in the [FSRH Progestogen Only Pills Guideline](#) (2022)<sup>2</sup>. The following is a brief summary of key information.

### Pill-taking regimen

The DRSP POP is taken in a continuous cycle of 24 consecutive daily 4mg drospirenone pills followed by four inactive pills (a 4-day hormone-free interval).<sup>1</sup> An active pill can be taken up to 24 hours after the scheduled pill-taking time without loss of contraceptive effectiveness (that is, a pill can be taken up to 24 hours after its scheduled time without being a “missed pill”).

FSRH guidance on missed pill management and requirement for emergency contraception when DRSP POP is used incorrectly can be found in the ‘Progestogen Only Pills’ Guideline [FSRH Progestogen Only Pills Guideline](#).<sup>2</sup>

### Contraceptive effectiveness

Like the desogestrel POP, the DRSP POP acts primarily to suppress ovulation, with additional contraceptive effects on cervical mucus and endometrium.<sup>3</sup> Studies<sup>3-5</sup> indicate that the DRSP POP is as effective for contraception as the desogestrel POP: if used perfectly POPs may be more than 99% effective. As with other user-dependent contraceptives, if pills are not taken correctly, contraceptive effectiveness will be reduced - the risk of pregnancy during the first year of typical POP use has been estimated at about 9%. It is possible that the longer window for pill-taking could make the perfect use required for contraceptive effectiveness easier to achieve with the DRSP POP than with other POPs.

Concomitant use of enzyme-inducing drugs is expected to affect contraceptive effectiveness of the DRSP POP.<sup>6</sup>

### Starting the DRSP POP

The manufacturer recommends that DRSP POP should be started on day 1 of the natural menstrual cycle. If quick started at any other time, additional reliable use of condoms is required for 7 days.<sup>1</sup> FSRH recommendations on starting and switching to or from the DRSP POP can be found in [Switching or Starting Methods of Contraception \(2023\) guidance](#)<sup>7</sup> and [FSRH Progestogen Only Pills Guideline](#).<sup>2</sup>

### Medical eligibility for use of DRSP POP

Drospirenone is a spironolactone derivative – an aldosterone antagonist, with additional mild antiandrogenic activity. Current [UKMEC \(2016\)](#)<sup>8</sup> recommendations for progestogen-only pills apply to the DSRP POP.

**There are some additional medical eligibility considerations for the DRSP POP because drospirenone is potassium-sparing** (it increases sodium and water excretion and reduces potassium reabsorption in the distal convoluted tubule and collecting duct). Hyperkalaemia has been observed in a few individuals during use of the DRSP POP (and studies have not included individuals aged over 46 years). The manufacturer advises<sup>1</sup> that use of DRSP POP is contraindicated for use by individuals with severe renal insufficiency or acute renal failure; FSRH CEU<sup>2</sup> also recommends caution/considering urea and electrolyte (U&E) monitoring where there is known mild/moderate renal impairment, Addison's disease, for individuals at significant risk of chronic kidney disease (particularly those aged over 50) and for those using potassium supplements or other drugs that predispose to hyperkalaemia.<sup>9</sup>

### Side effects

Unpredictable bleeding is one of the most problematic side effects of progestogen-only contraceptive methods. The DRSP POP 4-day hormone-free interval is intended to achieve a more regular bleeding pattern. **Scheduled** withdrawal bleeding/spotting associated with the hormone-free interval *does* occur in some users, but unpredictable **unscheduled** bleeding/spotting at other times is also common: users may have both scheduled and unscheduled bleeding. There is less **unscheduled** bleeding than with the desogestrel POP, but the total number of bleeding/spotting days may be similar.<sup>3-5</sup> An individual may, however, have problematic bleeding with one POP type and not with another: the DRSP POP offers an additional option.

Other side effects like headache and mood change do not appear from the limited evidence available to differ between the DRSP POP and other POPs but - as with bleeding pattern – an individual could find that the different POPs have a different side effect profile for them, and the availability of a DRSP POP broadens choice.

### Potential non-contraceptive benefits

The DRSP POP may have a beneficial effect on mildly-elevated blood pressure.<sup>10</sup> Theoretically drospirenone's antiandrogenic activity could be beneficial for acne, and drospirenone-containing combined contraceptive pills are used in management of premenstrual syndrome, but use of the DRSP POP for management of acne and premenstrual syndrome has not been specifically studied.

### Conclusion

- ▶ Taken correctly, the drospirenone POP broadens choice of effective contraception and its 24-hour window for pill taking could facilitate correct use. The DRSP POP could offer a different bleeding pattern and side effect profile for individuals that have had problematic bleeding or side effects with other progestogen-only contraceptives.
- ▶ UKMEC 2016 recommendations for POP apply to the DRSP POP, but please note that there are additional considerations for DRSP POP use including caution in users at risk of hyperkalaemia.
- ▶ FSRH recommendations on starting and switching to or from the DRSP POP and missed pill rules/requirement for emergency contraception differ between DRSP POP and other POPs. For FSRH guidance, please see [FSRH Switching or Starting Methods of Contraception \(2023\) guidance](#)<sup>7</sup> and [FSRH Progestogen Only Pills Guideline](#).<sup>2</sup>

## References

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*The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual & Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The FSRH CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a members' enquiry service, evidence-based guidance, new SRH product reviews and clinical*

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