“Continuous Compared With Cyclic Oral Contraceptives for the Treatment of Primary Dysmenorrhea: A Randomized Controlled Trial”
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1. Review the study design published at ClinicalTrials.gov. Determine whether there were any significant changes in the study since the initial registration.

2. Review the inclusion criteria for participation in the study. Develop a definition for “moderate to severe dysmenorrhea.” Is there any disagreement with the definitions developed by other members of the journal club? Does it matter whether the participants were patients referred for evaluation of dysmenorrhea or patients presenting for their annual screening with complaints of dysmenorrhea? Would making severity of dysmenorrhea a criterion for inclusion influence the subjective rating of the severity for women eager to participate in the study?

3. Consider the formulation of oral contraceptive pills (OCPs) used in this study. If you had designed the study would you have chosen this formulation? Explain why or why not. Which formulation would you have chosen instead? Compare choices among the journal club members and explore reasons for those choices.

4. This study was designed to be “double-masked.” Discuss whether it is possible to have a double-masked study when comparing 21-day cyclic with continuous OCPs.

5. How was treatment adherence assessed? What other methods to assess treatment adherence could have been used by the authors? If you had designed the study, what method would you have chosen?

6. Review the basic features and design of the Moos Menstrual Distress Questionnaire. Explore the symptom scales. Discuss the usefulness of comparing symptom severity by menstrual phase when studying women taking cyclic or continuous OCPs.

7. The authors used linear mixed-effects models to assess between-group and within-group differences. Why did they use mixed-effects models instead of fixed-effects or random-effects models for this study?

8. Review the CONSORT diagram (Figure 1). Discuss the effect of the percent of women who dropped out on the study’s strength and conclusions.

9. Considering the authors’ findings on pain reduction, quality of life as reflected in the Moos Menstrual Distress Questionnaire, bleeding days, and weight gain, and considering the increased cost of the continuous OCPs, what regimen would you recommend to a woman with primary dysmenorrhea and why?

10. Read the Cochrane Review, “Combined oral contraceptive pill (OCP) as treatment for primary dysmenorrhea.” In light of the Dmitrovic study, should the Cochrane authors change their conclusions?