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suggests an increase in the use of contraceptives. Modern contraceptive methods are becoming more popular while use of traditional methods are declining. Condoms are the preferred method of contraception during the year of this study (2016). The data also shows an increase in fallopian tube ligation procedures.

Conclusions: There is a positive trend in the use of contraception among fertile women in Romania. Modern contraception is preferred to traditional methods. Contraception (especially modern methods) are used less by disadvantaged women.

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Changes of the main indicators of iron metabolism in women using oral contraceptives

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The most observable effect of oral contraception (OC) is the reduction of menstrual blood loss, which influences into the iron metabolism that occurs in 65–75% of women who use them. The aim of the study was determination of the effect from using of OC into the main parameters of iron metabolism and his supplies by measuring serum iron, serum ferritin, transferrin, and iron binding capacity of serum in women of reproductive age using OC.

Materials and methods: A comparative research of serum ferritin and other indicators of the iron metabolism was carried out in 40 women who took OC for two or more years and 20 women who has never taken OC.

Results: All women in the OC user group took various combined oral contraceptives. In this group, the duration of menstrual bleeding was significantly less, and the continuance of the menstrual cycle was shorter also. All parameters are significantly higher for a group of OC users ($p < .0015$), except for the percentage of transferrin saturation that did not differ significantly. The average serum ferritin in OC users is 14.1 ng/ml greater or more than 50% higher than the mean of control group. The average serum ferritin level for OC users was 36.5 ± 21.49 ng/ml, and the mean of control group level was 22.4 ± 16.01 ng/ml, which is significantly different at $p < 0.01$. Serum transferrin, serum iron level, MCH and MCHC were significantly higher in the OC user group. Significantly lower levels of erythrocytes and hematocrit were found in women using OC, while other parameters, hemoglobin level, MCV and percentage transferrin saturation did not differ significantly. There were no significant differences in the characteristics of women and eating habits, except for differences in the characteristics of the menstrual cycle and higher iron content in food in OC users. Studies have shown that under the influence of sex steroids during taking OC occurs induction and release of ferritin from the liver into the blood. A higher serum ferritin level in women using OC may be associated with various possible effects of OC: (1) decreased menstrual blood loss; (2) hormonal stimulation of apoferritin biosynthesis in the liver; and/or (3) an increase in the amount of iron absorption.

Conclusion: In the organism of a woman who uses OC, higher iron reserves are noted, than in women of the control group who did not take OC.

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Prescribing oral contraceptives during adolescence: Is there any metabolic burden?

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Objective: Combined oral contraceptives (COCs) are frequently used not only for contraception but also as hormonal and menstruation modulators, especially during adolescence. We tried to assess the metabolic consequences of COCs usage in adolescent patients.

Design and methods: Retrospective study of patient files of adolescent girls who visited our office during last five years and were prescribed COCs for a variety of reasons: menstrual disorders or other elements of polycystic ovaries syndrome (PCOS), dysmenorrhea and endometriosis. Eighty one cases with COCs prescription were found. We used a variety of regimens: cyproterone acetate 2 mg + ethinylestradiol 0.035 mg, drospirenone 3 mg + ethinylestradiol 0.030 mg, drospirenone 3 mg + ethinylestradiol 0.02 mg, desogestrel 150 mg + ethinylestradiol 0.02 mg. We collected anthropometric and laboratory data just before the onset of the regimen, on their first and second follow-up appointments (6 and 12 months later).

Results: Mean age was 16.8 years old and majority of patients (76.8%) were treated for PCOS (or some elements of it), 11% had secondary amenorrhea, 6.1% dysfunctional uterine bleeding, 2.4% dysmenorrhea and 1.2% endometriosis. BMI (body mass index) was increased between the appointments, however, when used BMI-for-age charts, the increase was not statistically significant. Total cholesterol, LDL and HDL were increased ($p < .001$ for all) whereas the increase in triglycerides, fasting blood glucose and HOMA-IR were not significantly increased. As we stratified our sample, the aforementioned lipid changes remained except for the obese group where there was no difference in HDL levels. In addition, in overweight patients, triglycerides were significantly increased. Possible confounding factor of the different components and dose of COCs used, was tested and rejected.

Conclusions: Although our study demonstrated statistically significant deterioration of total cholesterol and LDL levels, beneficial HDL rise was also ascertained. Weight gain, a common complaint among COCs users, was not significant in our group. Our findings are in accordance with current bibliography. The limitation of our sample is the prevalence of already metabolically-burdened PCOS patients. However, familiarisation with possible consequences in 'worst-case-scenario' users gives physicians knowledge and experience to treat or rather consult common, healthy COCs user.