OBJECTIVE

• To assess satisfaction with therapy in African-American and Hispanic women treated with a weekly transdermal contraceptive patch or once-daily oral contraceptives.

METHODS

Study Sampling Design and Data Collection

Data were obtained from the Consumer Health Sciences 2004 National Health and Wellness Survey (NHWS). NHWS is a comprehensive cross-sectional study of consumer attitudes, behaviors, and treatment choices as they relate to healthcare. Data were collected through self-administered Internet-based questionnaires in June 2004 from a nationally representative, community-based sample of U.S. adults 18 years of age.

Inclusion Criteria for Analysis

• African-American and Hispanic women 18 and ≥60 years of age
• Sexually active, but did not have a hysterectomy or tubal ligation
• Used an oral contraceptives or transdermal contraceptive
• Report currently using transdermal contraceptive patch (Ortho Evra®) or oral hormonal contraceptive.

Outcomes Measures

Health-Related Quality of Life

The health-related quality of life in the past month was assessed using the Medical Outcomes Study (MOS) 8-item Short-Form Health Survey (SF-8). The SF-8 is a generic 8-item health-related quality of life measure designed to assess:

• physical functioning
• role limitations due to physical health problems
• bodily pain
• general health
• vitality
• social functioning
• role limitations due to emotional problems, and mental health.

The resulting physical and mental component summary scores are normative for the U.S. population, with a mean of 50 and standard deviation of 10.10

Treatment Satisfaction

Patient satisfaction with treatment (PST) was measured using a 5-point scale (1 = not at all satisfied; 5 = extremely satisfied). Satisfaction rates were computed as the percentage of patients reporting a 4 or 5 on the PST scale.

Satisfaction with a Transdermal Contraceptive Patch versus Oral Contraceptives in African-American and Hispanic Patients

George J. Wan, PhD, MPH1; Susan C. Bolge, MA2

ABSTRACT

Objective: To assess satisfaction with therapy in African-American and Hispanic women treated with a weekly transdermal contraceptive patch or once-daily oral contraceptives.

Methods: Cross-sectional data were obtained from the Consumer Health Sciences 2004 National Health and Wellness Survey, a nationally representative sample of a noninstitutionalized, U.S. civilian population. African-American and Hispanic female patients were currently utilizing either a weekly transdermal contraceptive patch (n=121) or once-daily oral contraceptives (n=379). Patient satisfaction with treatment (PST) was measured using a 5-point scale (1 = not at all satisfied; 5 = extremely satisfied). Satisfaction rates were computed as the percentage of patients reporting a 4 or 5 on the PST scale.

Results: The mean age of patients was 27 years. Patients were more likely to be satisfied with the transdermal contraceptive patch than oral contraceptives (Adjusted Odds Ratio = 1.93; 95% CI: 1.03, 3.63; p=0.041) after controlling for age and duration of medication use.

Conclusions: In this study, African-American and Hispanic women treated with a transdermal contraceptive patch were significantly more likely to be satisfied with their therapy than those women treated with oral contraceptives.

INTRODUCTION

• Contraceptive users and healthcare professionals want contraceptive methods with greater efficacy, tolerability, and ease of use.1

• The transdermal contraceptive patch contains the hormones norgestimate (NGMN) and ethinyl estradiol (EE). The patch is applied to the abdomen, buttock, upper outer arm, or upper torso (excluding breasts) for 7 consecutive days.1,2

• The transdermal contraceptive patch has similar efficacy and tolerability as oral contraceptives.1,3

• Daily serum concentrations of NGMN and EE associated with the patch are in the same range as those associated with oral contraceptives. However, the patch does not have the peaks and troughs associated with daily oral contraceptives.2,3

• Side effects experienced with the patch and oral contraceptives are similar. However, the patch does have the added risk of reaction at the application site.2,3

• Since the patch is applied weekly, instead of daily, it is associated with greater convenience and ease of use than oral contraceptives, allowing for greater adherence to treatment regimens by users and more frequent cycles of perfect dosing. These perfect dosing cycles are significantly correlated with greater efficacy.2,4

• Treatment satisfaction has gained acceptance as a patient-reported outcome in clinical investigations. Contraceptive user questionnaires may include several domains of satisfaction including symptom relief/efficacy, side-effects, ease and convenience, and impact on quality of life.1

• To date only one published study has specifically focused on satisfaction differences between transdermal and oral contraceptives. In an open-label, multicenter study in Canada, 392 women were switched from oral contraceptives to a transdermal contraceptive and observed over 9 cycles. Participants were significantly more likely to prefer, and be satisfied with, the transdermal contraceptive than their former method. Of those who preferred the patch, most preferred it because of convenience or simplicity.5

RESULTS

Patient Characteristics (Table 1)

• 700 patients met the inclusion criteria of this analysis.

• 121 were using the transdermal contraceptive patch

• 579 were using oral contraceptives

• 78% were African-American and 55% were Hispanic.

• The average age was 27 years.

• Patch and oral contraceptive users did not significantly differ by age or race/ethnicity.

Table 1: Patient Characteristics

<table>
<thead>
<tr>
<th>Patient Number (% of SD)</th>
<th>(n=700)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age in Years (SD)</td>
<td>27.2 (6.4)</td>
</tr>
<tr>
<td>Race or Ethnicity</td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>314 (45%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>386 (55%)</td>
</tr>
</tbody>
</table>

Health-Related Quality of Life (Table 2)

• Health-related quality of life reports were comparable between treatment groups both for the mental and physical component summary scores of the SF-8.

Table 2: Health-Related Quality of Life

<table>
<thead>
<tr>
<th>Scale score</th>
<th>Statistic</th>
<th>Total</th>
<th>Patch</th>
<th>Oral</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF-8-Physical</td>
<td>Mean</td>
<td>51.7</td>
<td>51.7</td>
<td>51.7</td>
</tr>
<tr>
<td>Component SD</td>
<td></td>
<td>7.0</td>
<td>7.4</td>
<td>6.9</td>
</tr>
<tr>
<td>Score</td>
<td>Range</td>
<td>22.1-65.3</td>
<td>23.5-63.3</td>
<td>22.1-65.3</td>
</tr>
<tr>
<td>P</td>
<td>0.9213</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-8-Mental</td>
<td>Mean</td>
<td>47.7</td>
<td>46.5</td>
<td>48.0</td>
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<tr>
<td>Component SD</td>
<td></td>
<td>9.8</td>
<td>9.7</td>
<td>9.6</td>
</tr>
<tr>
<td>Score</td>
<td>Range</td>
<td>11.4-69.0</td>
<td>14.7-69.0</td>
<td>11.4-64.2</td>
</tr>
<tr>
<td>P</td>
<td>0.1220</td>
<td></td>
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</tbody>
</table>

DISCUSSION AND CONCLUSIONS

• Among minority contraceptive users, those using the transdermal contraceptive patch were 1.93 times more likely to be satisfied with this method than those treated with oral contraceptives.2

• Minority women using the patch and oral contraceptives reported comparable health-related quality of life at a single point in time as measured by the SF-8.2

• The patch and oral contraceptives have similar efficacy and tolerability, though the patch is associated with greater convenience and ease of use than oral contraceptives.2 Because of the positive correlations found between ease of use, treatment satisfaction, and adherence to treatment regimen, physicians should consider their patient’s satisfaction when deciding to prescribe contraceptive therapy.2,3

REFERENCES


