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(US) measures of the ovary, and quality-of-life measures. Days of vaginal bleeding were similar in both groups. Over the 168 days of the study, the mean number of reported days of bleeding was 35 in the 28-day cyclic regimen group and 32 in the 168-day continuous regimen group. Reported days of moderate and heavy bleeding were greater in the cyclic regimen group (11 days) than in the continuous regimen group (5 days) ($P < .005$). Breakthrough bleeding was reported by more women in the continuous treatment group (13%) than in the cyclic group (7%) ($P = .03$).

Other findings are also noteworthy:

- Overall, subjects on continuous therapy reported less severe menstrual pain
- A decrease in the urinary estrone glucuronide level with continuous treatment was, overall, 51% greater than it was with cyclic treatment
- Pelvic US demonstrated that continuous treatment was associated with fewer ovarian follicles and a smaller ovarian volume

- Pregnanediol glucuronide measurements indicated that “escape” ovulation occurred more often in the 21-7 cyclic group.

Taken together, these findings indicate that continuous therapy produced more pronounced ovarian suppression than 21-7 cyclic therapy.

Leave the work of Rock and Pincus behind?

One of the acknowledged great inventions of the 20th century isn't making the leap into the 21st century. The time has come to ask: “Why do we continue to prescribe 21-7 OCs?” For women who desire a monthly withdrawal bleed, it's likely preferable to have our prescribing practices evolve to make greater use of 24-4 formulations. For all others, consider an extended-cycle regimen. ☺

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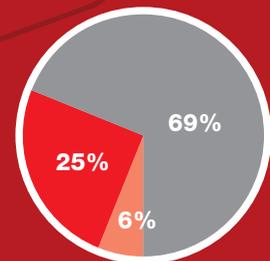
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There's been an error—now what?

Postoperatively, a woman is administered extra doses of her diabetes medication. She develops hypoglycemia, has a seizure, falls out of bed, and fractures a hip.

All members of the care team confirm the causal set of events—inappropriate administration of medication, hypoglycemia, seizure, fall, fracture. The hospital focuses its efforts at improvement on 1) greater standardization of the treatment of patients who have diabetes and 2) fall-prevention strategies.

Your task is to speak with the patient. What would you say?



69% “There was an error in the way your diabetes medication was ordered and administered, and you received an extra dose. That caused you to develop low blood sugar, which caused you to have a seizure. Because of the seizure, you fell out of bed and fractured your hip. I'm sorry all this happened.”

25% “You had a seizure. We'll do more tests to determine why, but it might have happened because your blood sugar was low—remember, you were postop and not eating. The seizure caused you to fall out of bed and fracture your hip.”

6% “I'm sorry you had a seizure. We need to get you to surgery so that we can fix the fractured hip. We'll keep close watch on your other medical problems.”

ZERO “Your diabetic condition caused you to have a seizure. The seizure caused you to fall out of bed and fracture your hip.”