Established benefits of combined hormonal contraception include ovarian, endometrial and colorectal cancer prevention and effective treatment for endometriosis-related pain, acne/hirsutism, hypermenorrhea, dysmenorrhea and premenstrual symptoms.

New strategies in hormonal contraception include use of estradiol, of particular progestins, of extended/continuous regimens and of non-oral ways of administration.

In comparison to traditional ethinyl-estradiol, estradiol (estradiol valerate, micronized estradiol) guarantees a minor hepatic impact, with a neutral balance on lipids and glucose metabolism and coagulation. This effect should be connected with a reduced risk of thrombotic events, though not yet confirmed by large epidemiological data.

The new progestins (DNG, DRSP, CMA, NOMAC) associate an anti-androgenic potency with specific therapeutic effects (for example high endometrial tropism for DNG, anti-mineralocorticoid for DRSP etc). Continuous regimens of combined contraceptives protect against menstrual flow related problems like headache, menstrual pain and menorrhagia. These regimens seems more effective in endometrioma-relapse prevention.

Different ways of administration (intra-uterine, intra-vaginal, transdermal, subdermal, injectable) facilitate compliance of users, with a minor risk of forgetfulness and related contraceptive failure.

LNG-IUS can be used for meno-metrorrhagia also fibroid-related treatment and pain-relief in isolated deep infiltrating endometriosis/adenomyosis.