



First International Congress on Male Contraception Paris, May 4, 2016



Overview of hormonal methods for male contraception

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Male contraception is required....

- to share reproductive responsibility between women and men,**
- to share the risks of contraception,**
- to relieve women of burdens of contraception,**
- to broaden the spectrum of existing methods,**
- to reduce the number of unwanted pregnancies.**

The general principle of hormonal male contraception

- **suppression of FSH and LH**
- **depletion of intratesticular T and atrophy of spermatogenesis**
- **replacement of peripheral T**

**has been demonstrated in
> 70 surrogate trials counting sperm
(testing 10 different steroid combinations)
and 7 real contraceptive efficacy trials
between 1972 and 2016**

Frequent assumptions about hormonal male contraception:

Contraceptive effectiveness is lacking.

The non-responder problem has not been resolved.

Infertile men were excluded from trials.

Time to effectiveness and to recovery too long.

Acute side effects were not well documented.

Long-term side effects and benefits are unknown.

Modes of application are impractical.

Men would not use HMC.

Women would not trust their partners.

However, the reality of HMC trials shows:

Clinical trials show low Pearl Index.

Research is in progress.

Infertile men respond like fertile men.

Inherent to HMC based on suppression of spermatogenesis.

More placebo-controlled studies required for side effects.

Long-term and post-marketing studies need to be performed.

Transdermal gels are promising.

Studies show high acceptability.

HMC is targeted for stable relationships