

## **Empirical solutions to a demand for male contraceptives**

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In France today male contraceptive demand is weak but highly motivated – mainly as a result of adverse events of female contraceptives.

In Paris we have responded to this demand since 1988 by offering a hormonal contraceptive treatment combining a “pill” (medroxyprogesterone acetate; 20 mg/day) with testosterone (percutaneous testosterone). In 80% of subjects such a treatment induced a severe oligozoospermia or azoospermia within the first three months and maintained blood testosterone in physiological ranges.

As the compounds used were no longer available, we indicated the treatment used in WHO protocols (testosterone enanthate; intramuscular; 200 mg/week) with partial amendments.

When contraindications are present (rather frequently) or when subjects are reluctant to injections, they are offered alternative methods such as thermal contraception.

Male thermal contraception was developed in Toulouse. Since 2011, demands for male contraceptives have mainly shifted towards the thermal method. The technic consists in a specific underwear as previously reported (1994) in a study of its contraceptive efficacy in a short series of couples. Contraindications are limited to testicular or scrotal pathologies. With a daily use of 15 hours the contraceptive threshold of 1 million sperms per mL of semen was achieved within 2 and a half and 3 and half months in 98% of subjects. No adverse effects have been reported up to now.

Such approaches allow these men to consider a pregnancy later in life, to alternate male and female contraceptives or to establish a period of reflection before vasectomy.

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