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Contraceptive Update

WHAT'S NEW IN
CONTRACEPTION?

June 2011

Programme

- The setting, latest conception data
- Contraceptive update with reference to UKMEC
- QOF Points
- LARCS
- New Methods
- Ellaone
- Qlaira
- Nuvaring

Conception data

	1 st quarter 2010	1 st quarter 2011	Change
Under 18s	39.3	37.9	-3.6%
Under 16s	7.8	7.6	-2.6%
Under 20s	59.5	58.6	-1.5%
15 to 44	82.1	84.7	+3.2%

TOP data for 2010

- Under 18s 16.5 per 1000
- Under 16s 3.9 per 1000
- Highest rate in 19 and 20 year olds 33 per 1000
- 15 to 44 years 17.5 per 1000
- 91% were under 13 weeks
- 77% were under 10 weeks

Contraceptive Use ONS

- Pill (COC and POP) 25%
- Condom 25%
- Vasectomy 11%
- Female sterilisation 9%
- IUD 6%
- Withdrawal 4%
- Rhythm 3%

Contraceptive Use ONS

- Injectable 3%
- IUS 2%
- Evra 1%
- Cap 1%
- Femidom < 1%
- Nuvaring ?
- Implanon 1%

Methods with user failure

- Condoms
- Caps
- COC
- POP
- Evra
- Nuvaring

Methods with no user failure

Long Acting Reversible Contraception

- Injectables
- Implants
- IUD
- IUS

Cost of LARCs

- All LARCs are more cost effective than the COC even at one year
- IUD/IUS and Nexplanon are more cost effective than Depo Provera
- IUD/IUS fitting fees in general practice are £79.92
- IUD/IUS follow up fees are £21.31

NICE 2010

- Switching 7% of COC users to LARCs would save the NHS £100million per year

Why do people get pregnant?

- Spur of the moment
- Poor communication skills about protection
- Afraid of hormones
- Myths and misconceptions about contraception
- ‘I tried the pill’
- Ineffective use of contraception

Ideal Contraception

- Highly effective
- Does not interfere with sex
- Low incidence of side effects
- Advantageous side effects
- Easy to understand and use
- No long medical consultation
- Low cost

Ideal contraceptive consultation

- Understand the patient's knowledge
- Assess her needs
- Give accurate information
- Make sure she understands
- Listen to her choices
- Provide her choice or refer her
- Give back up information and helplines

UK Medical Eligibility Criteria

- 1. No restriction for use of contraceptive
- 2. Medical condition where advantage of contraceptive method outweighs the risks
- 3. Medical condition where the risks outweigh the advantages of the method
- 4. The contraceptive method would be an unacceptable health risk

Combined Hormonal Contraceptive

- Safe to use up to the age of 50years
- Consider BMI, Smoking and BP
- BMI
- 30 to 34 = UKMEC 2
- 35 to 39 = UKMEC 3
- >40 = UKMEC 4 (this category has changed)

Smoking

- <35 yrs smoker = UKMEC 2
- >35 yrs <15 cigs/day = UKMEC 3
- >35 yrs >15 cigs/day = UKMEC 4
- >35 yrs stopped <1 year = UKMEC 3
- >35 yrs stopped >1 year = UKMEC 2

Blood Pressure and Migraine

- 140 –159 / 90 –94 = UKMEC 3
- 160/95 = UKMEC 4
- Migraine
- Without aura(any age) = UKMEC 2
- If develops on CHC = UKMEC 3
- Any age with aura = UKMEC 4

Benefits of CHC

- Shorter, lighter, regular, pain free periods
- Skin improvement, less acne
- Reduction in cancers
- Ovarian
- Endometrial
- Colorectal

The COC and antibiotics

- The CEU of the FSRH issued a statement in January 2011 to say that there was not sufficient evidence that antibiotics disrupted the absorption of the COC, so women no longer need to use condoms when on antibiotics

New Missed Pill Rules

- The CEU of the FSRH issued a statement in May 2011
- If COC is started after day 5 of cycle condoms must be used for 7 days
- If one pill is missed, take asap, no need for condoms
- If two pills are missed, take last one asap, condoms for 7 days

POP

- Use up to age 55 years
- Dose is not weight related
- Cerazette has advantage of 12 hour window
- POP not associated with MI, VTE or CVA
- Associated with irregular cycles – 2 in 10 have amenorrhoea, 4 in 10 have regular bleeds, 4 in 10 have irregular bleeds

Evra – The Patch

- Ethinyloestradiol 33.9ugms/norelgestromin
203 ugms per 24 hours
- One patch per week
- Same contraindications as COC
- Lower serum hormone levels
- Not affected by g-I tract disturbances

QOF New Indicators 2009/2010

- SH1 Register of women who have been prescribed any method of contraception at least once in last year (4points)
- SH3 %age of women prescribed COC or Evra in the last year and have received information about LARCs in previous 15months (3points)

QOF New Indicators 2009/2010

- %age of women prescribed emergency hormonal contraception at least once in the year by the practice and have received information about LARCs, at time of or within one month of the prescription (3points)

IUD/IUS

- Timing of insertion, 1st 5 days of cycle, unless PCIUD
- 4 weeks after delivery, immediately after TOP
- STI screening
- Prophylactic antibiotics
- Expulsion 1/20 during first year, mostly during first three months
- Can use IUS in place of sterilisation

Nexplanon

- 68mgs Etonogestrel with barium sulphate
- Easy insertion (new inserter) and removal
- Mode of action
- Advantages – no bone loss, no increase in VTE
- Short term use liver enzyme inducers, use condoms for another 4weeks
- Long term use another method

Nexplanon

- LARC
- Side effects, bleeding irregularities, 20% no bleeds, 50% infrequent, frequent or prolonged bleeds, 30% regular bleeds
- Treatment of side effects
- Rapid return of fertility

Return of Fertility

- Concentrations of Etonogestrel are not normally detected six days after removal on average
- The mean is 1 to 10 days
- 94% of women will ovulate within three weeks

DMPA

- Should be given 12 weekly, up to 89 days with no added contraception
- Use up to age 50 years
- Not altered by liver enzyme inducers
- 70% amenorrhoeic after 12 months
- ? Decreased BMD in younger patients

ELLAONE

- 30 mgs Ulipristal Acetate
- Selective Progesterone receptor modulator
- Works up to 120 hours after UPSI
- Inhibits or postpones ovulation
- Alters endometrium
- Affects next period

Effect on next period

- 80.8% menstruate within 7 days of expected date
- 6% menstruate earlier
- 19.2% menstruate later, of these 5% can be greater than 20 days

Cautions

- Do not use with liver enzyme inducers
- Not recommended with antacids or proton pump inhibitors
- Cannot quick start hormonal methods
- Not for use in breast feeding
- Three times the cost of Levonelle
- Has a place day 3 to 5 post UPSI

QLAIRA

- New four phase COC, with two placebo and twenty six active tablets
- Combination of Estradiol Valerate (E2V)
- And Dienogest (DNG)
- Estradiol Valerate is metabolised to 17 Beta Estradiol
- Good efficacy
- Avoids Estragen withdrawal symptoms

Composition of Qlaira

- First two tablets 3mg E2V to prime the endometrium
- Next five tablets 2mg E2V and 2mg DNG
- Next 17 tablets 2mg E2V and 3mg DNG
- Two tablets 1mg E2V
- Two placebo tablets

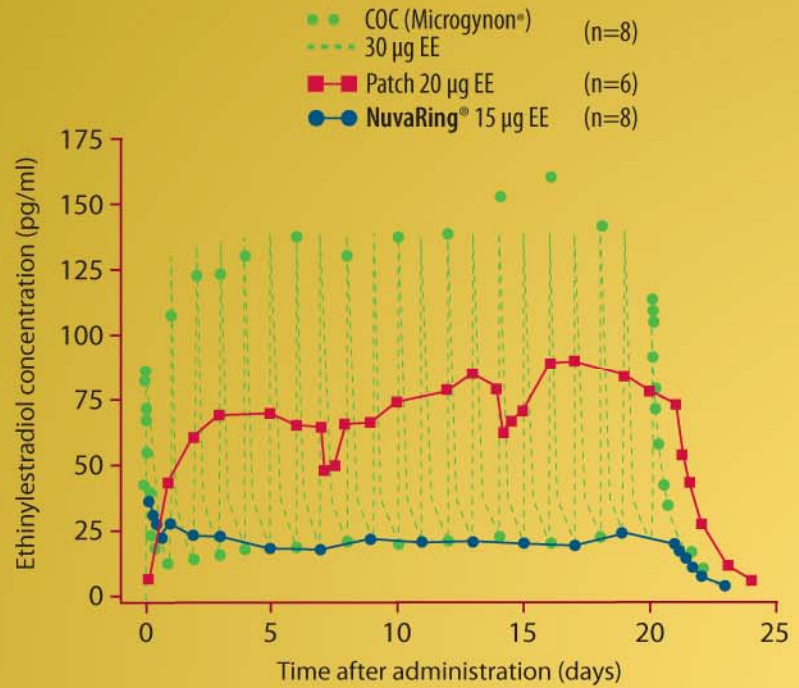
Potential Users

- Those who see it as ‘more natural’
- Over 35s
- Uncomplicated Diabetes Mellitus
- Those who suffer from estragen withdrawal, such as headaches and mood changes
- 20% have no withdrawal bleed so good for those with period problems

Nuvaring

- Releases daily
- 120micrograms Etonogestrel
- 15micrograms Ethinyloestradiol
- Easy insertion and removal
- Constant serum concentrations
- Regular bleeding pattern
- High efficacy and rapid return to ovulation

Comparison of serum EE Levels

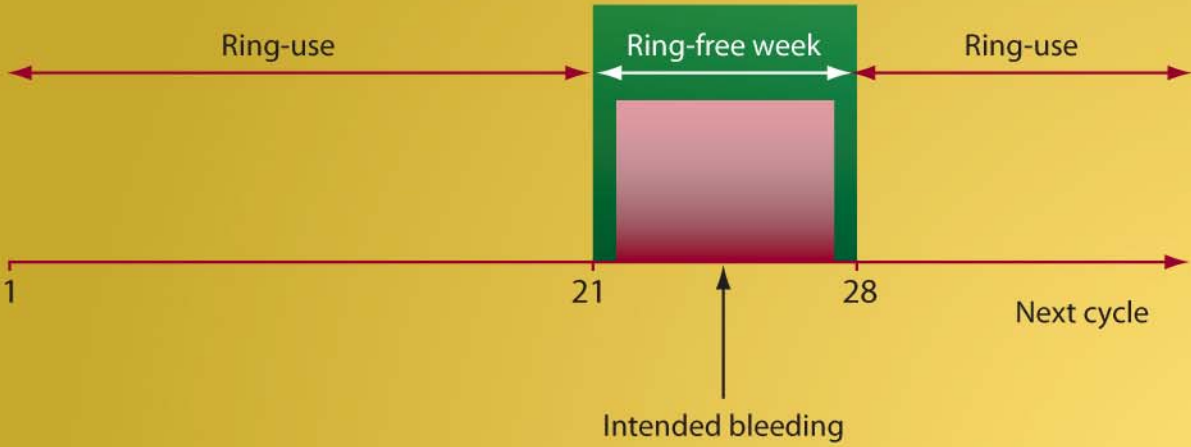


COC used was 30mcg EE/150mcg LNG

Nuvaring

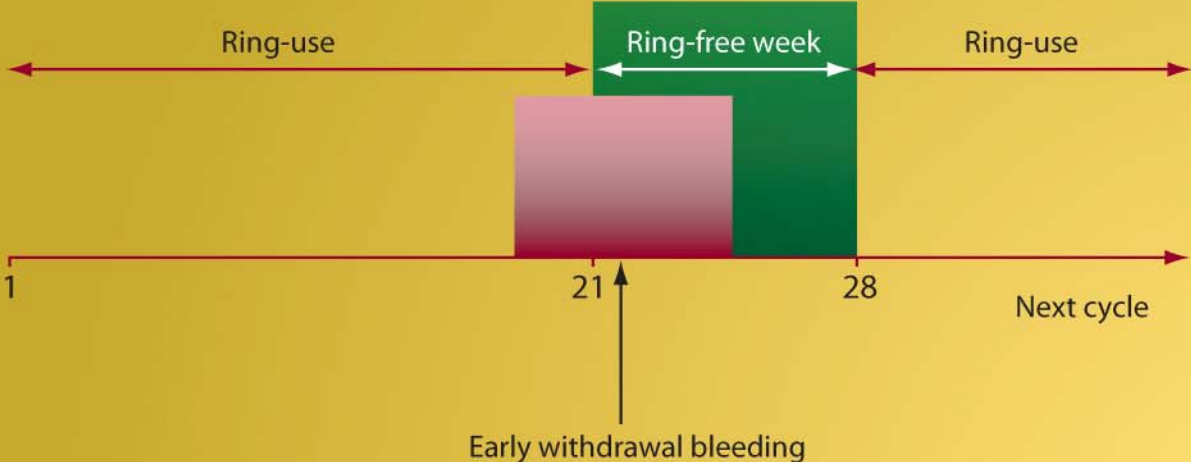
- Advantages
- Low dosage and avoids hepatic first pass and gastrointestinal interference with absorption
- Good cycle control
- Increased sexual desire and sexual satisfaction
- Can be used with spermicides and antifungals

Cycle control assessment



Adapted from: Dieben TOM *et al.* *Obstet Gynecol* 2002;100:585-93.

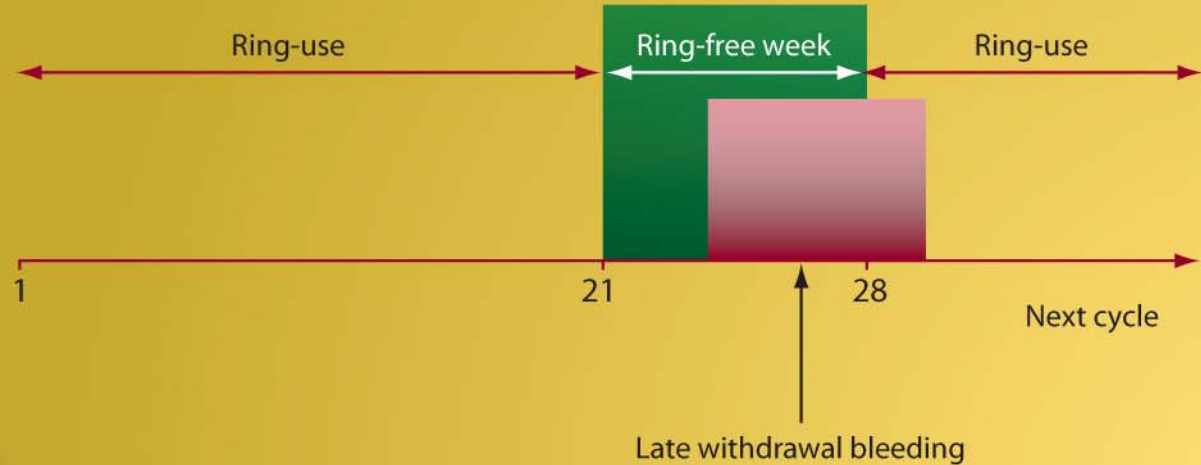
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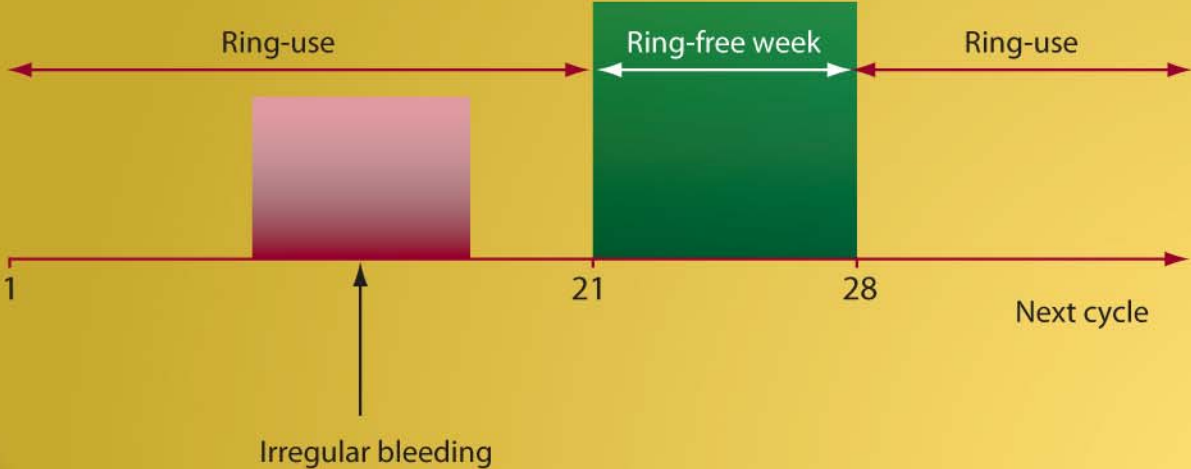


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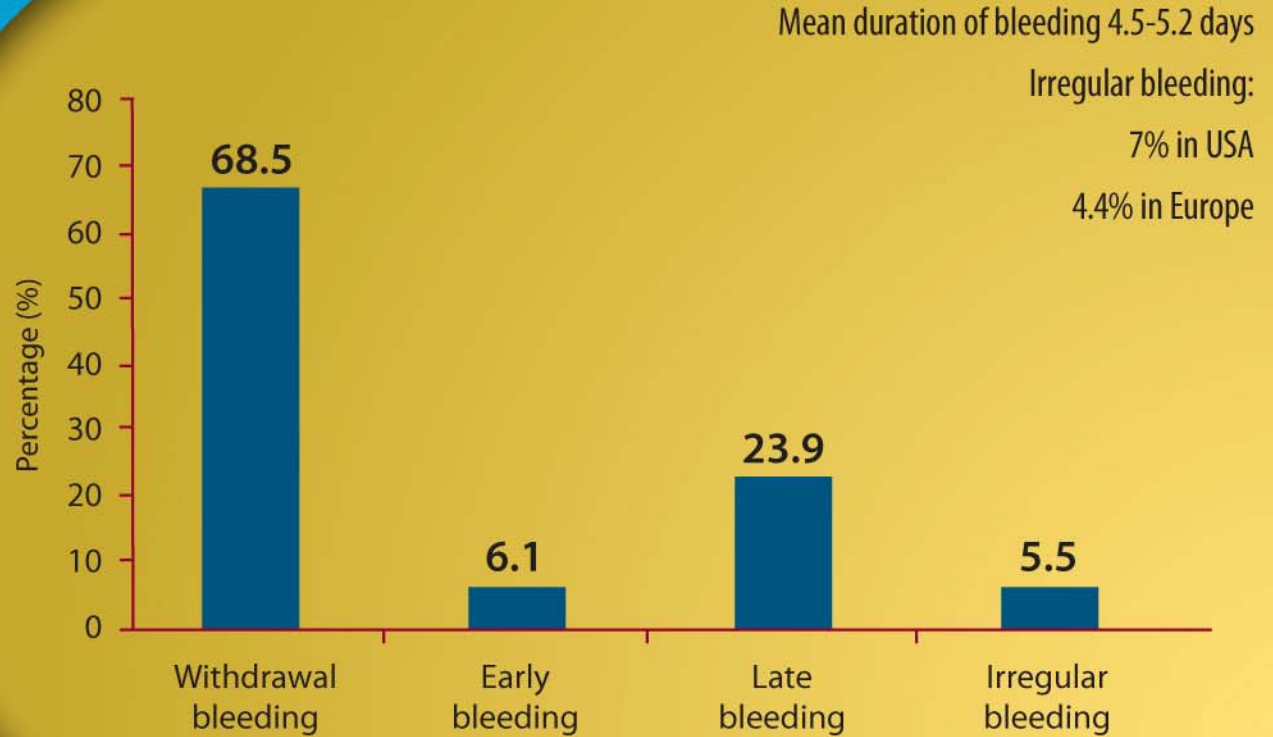
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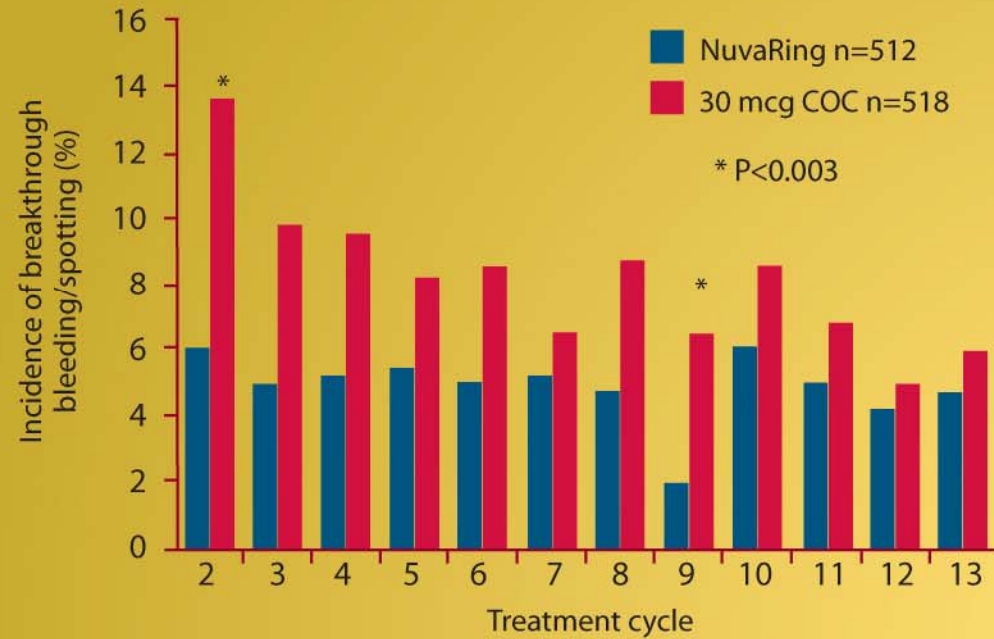


Bleeding profile



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Breakthrough bleeding



Nuvaring

- Disadvantages
- Leukorrhoea
- Rarely headaches and breast discomfort

Nuvaring

- Give three monthly as needs to be kept in pharmacy fridge
- £9 per month

Summary/Learning Points

- Consider individual's needs
- Refer to UKMEC
- LARCs should always be mentioned
- Implant is the best advance in contraception for two decades
- Remember the IUS
- NUVARING