

# Hot topics in contraception

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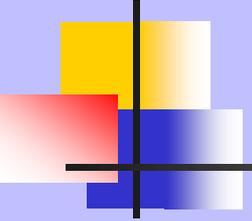
The National Association for Premenstrual  
Syndrome

30<sup>th</sup> September 2017

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*Associate Specialist, Derby Integrated Sexual Health  
Service*

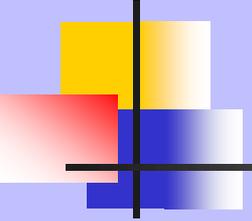


# Declarations

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- ❖ I have acted in an advisory capacity for Pfizer, Consilient and Gideon Richter
- ❖ I have given talks organised by Bayer and Astellas
- ❖ I am a coil trainer for Bayer
- ❖ I am a board member of the Primary Care Women's Health Forum
- ❖ I am a trustee for the National Association for Premenstrual Syndrome

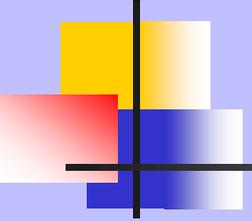
*It is up to the individual participant to use their own clinical judgement when interpreting the information in this talk and how best to apply it to the treatment of patients*



# Summary of talk

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- ❖ Recent guidance from the FSRH
  - UKMEC, May 2016
  - Contraception after pregnancy, January 2017
  - Emergency contraception, March 2017
  - Quick starting contraception, April 2017
  - Contraception for women aged over 40, August 2017
- ❖ News about different contraceptive methods

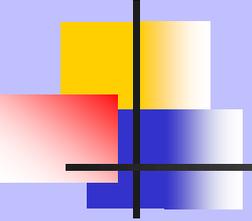


# UKMEC 2016

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- ❖ Fantastic resource providing guidance on the safety of contraceptive methods using numerous medical conditions and patient characteristics
- ❖ Can easily be updated if necessary
- ❖ Does not:
  - Address the use of contraceptives for non contraceptive benefits
  - Consider the efficacy of methods
  - Replace clinical judgment

[www.fsrh.org/pdfs/UKMEC2016.pdf](http://www.fsrh.org/pdfs/UKMEC2016.pdf)



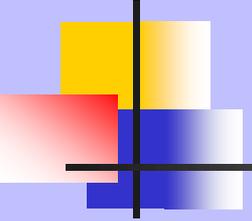
# UKMEC: Categories

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1. A condition for which there is no restriction for the use of method
2. A condition where the advantages of using the method generally outweigh the theoretical or proven risks
3. A condition where the theoretical or proven risks usually outweigh the advantages of using the method
4. A condition which represents an unacceptable health risk if the method is used

# Summary sheets: New ordering of methods

UKMEC SUMMARY TABLE HORMONAL AND INTRAUTERINE CONTRACEPTION								
CONDITION	Cu-IUD	LNG-IUS	IMP	DMPA	POP	CHC		
	I = Initiation, C = Continuation							
<b>History of bariatric surgery</b>								
a) With BMI <30 kg/m <sup>2</sup>	1	1	1	1	1	1		
b) With BMI ≥30–34 kg/m <sup>2</sup>	1	1	1	1	1	2		
c) With BMI ≥35 kg/m <sup>2</sup>	1	1	1	1	1	3		
<b>Organ transplant</b>								
a) Complicated: graft failure (acute or chronic), rejection, cardiac allograft vasculopathy	I	C	I	C	2	2	2	3
	3	2	3	2				
b) Uncomplicated	2		2		2	2	2	
<b>CARDIOVASCULAR DISEASE (CVD)</b>								
<b>Multiple risk factors for CVD</b> (such as smoking, diabetes, hypertension, obesity and dyslipidaemias)	1	2		2	3	2	3	

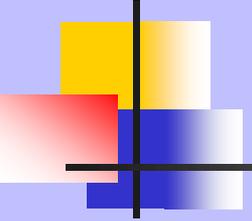


# Conditions that pose significant health risks during pregnancy

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- ❖ Bariatric surgery, within 2 years
- ❖ Cardiomyopathy, AF and long QT syndrome
- ❖ Rheumatoid arthritis
- ❖ Organ transplant
- ❖ Idiopathic intracranial hypertension
- ❖ Breast/endometrial/ovarian cancer, radical trachelectomy
- ❖ Diabetes with nephropathy/ retinopathy/ neuropathy
- ❖ Hypertension, IHD
- ❖ Morbid obesity (BMI >40)
- ❖ HIV
- ❖ Epilepsy
- ❖ Teratogenic drugs
- ❖ Thrombogenic conditions

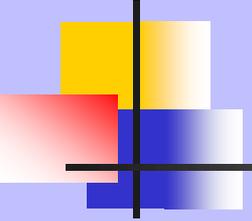
NEW ADDITIONS IN RED



## New recommendations re VTE risk

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- ❖ Raynaud's disease has been excluded. Risk is related to whether there is an underlying coagulation disorder
- ❖ The presence of antiphospholipid antibodies is a UKMEC 2 for progestogen only methods. Still a UKMEC 4 for combined hormonal contraceptives

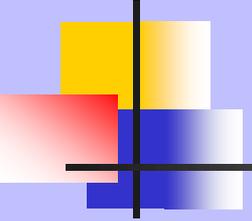


# Contraception after pregnancy

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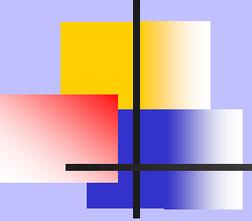
- ❖ Use of CHCs is now **UKMEC 2** in breast feeding women > 6 weeks to 6 months
- ❖ POP and implants can be initiated at anytime after birth
- ❖ DMPA **UKMEC 2** < 6 weeks postpartum
- ❖ Postpartum (breastfeeding and non breast feeding) fitting a copper coil or IUS is **UKMEC 1** 1 0-48 hours and from 4 weeks postpartum

# Contraception after pregnancy



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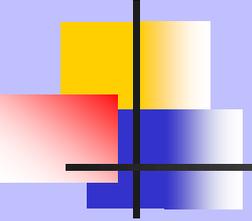
- Hormonal methods can be started immediately after uterine evacuation for gestational trophoblastic disease, GTD
- An IUC should not be inserted following GTD until HCG levels have normalised
- If woman has been treated with Methotrexate she should avoid pregnancy for at least 3 months
- Starting CHC methods post delivery:
  - ❖ Can be started at Day 21 in women free from risk of VTE who are not breast feeding
  - ❖ Wait until 6 weeks in women with risk factors for VTE:  
*Post LSCS, High BMI, smoking, immobility, history of post partum haemorrhage, pre- eclampsia or needing a blood transfusion*



# Hot topics: emergency contraception

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- ❖ The effect of ulipristal acetate 30mg, UPA may be reduced by quick starting a hormonal method. The FSRH recommend that an hormonal method is not started until 5 days after UPA
- ❖ Effectiveness of UPA may be reduced by use of hormone in 7 days leading up to it
- ❖ UPA and levonorgestrel ,LNG can be given more than once in a cycle but use same treatment ie do not use LNG and UPA in same cycle
- ❖ Levonorgestrel only effective up to 96 hours post UPSI
- ❖ September 2016: MHRA advice to double the dose of LNG in women using liver inducing enzyme drugs. UPA not suitable.
- ❖ LNG affected by weight: double the dose if weight > 70kg or BMI > 26
- ❖ No evidence to suggest that oral emergency contraception disrupts an existing pregnancy or increases the risk of foetal abnormality

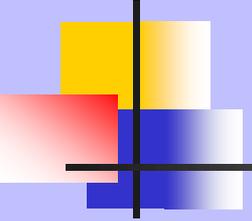


# Quick starting contraception, FSRH

## April 2017

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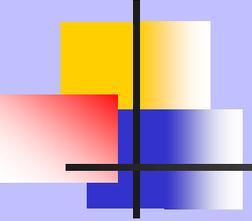
- ❖ Can offer quick start of a method of contraception at any time in the menstrual cycle if it is reasonable certain that a woman is not pregnant or at risk of pregnancy from recent UPSI
- ❖ Pregnancy cannot be excluded until >21 days post last UPSI
- ❖ Can use CHCs (except pills containing cyproterone acetate), POPs or implant can be used in this way. DMPA may be considered if other methods not suitable or acceptable
- ❖ A levonorgestrel IUS should not be fitted unless pregnancy can be reasonably excluded
- ❖ A copper intrauterine device can only be quick started only if indications for use as EC are met
- ❖ A follow up pregnancy test is required



# Contraception in women over 40, FSRH 2017

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- ❖ The decision to discontinue contraception should be based on patient's age, clinical symptoms, maternal age of menopause and last menstrual period
- ❖ Can stop at 55
- ❖ Continue contraception for 1 years after last K > 50,  
2 years < 50



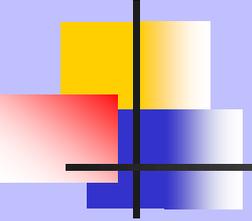
# Contraception in women over 40

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- ❖ Progestogen only pill, implant and Mirena- the options
- ❖ Continue to 55

or

- ❖ Check FSH. If  $> 30$  IU/L method can be stopped after one further year or use non hormonal method for a year, 2 years  $< 50$
- ❖ Injectable progestogen, check FSH at end of injection interval



# Staying on the combined pill

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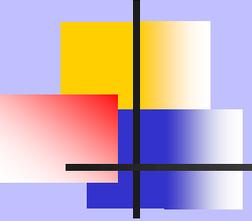
**UKMEC 2 >40 and FSRH advise changing at 50**  
**FSRH recommend using a CHC with norethisterone or levonorgestrel and <30microgs of ethinyloestradiol**

❖ **The benefits**

- Effective
- Gives some relief of menopausal symptoms; hot flushes, vaginal dryness
- Alleviates menstrual cramps, menstrual blood loss and regulates cycles
- Positive effect on bone mass but ? protective effect on fracture.
- Reduces risk of endometrial and ovarian cancer

❖ **The risks**

- Increasing arterial disease and VTE risk
- Increasing risk of breast cancer
- Masks the menopause



# The benefits/risks/drawbacks of injectable progestogens

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## **UKMEC 2>45 and FSRH advise changing at 50**

### ❖ The benefits:

- Effective
- Recommended treatment for heavy menstrual bleeding
- Reduced risk of endometrial cancer

### ❖ The risks and the drawbacks:

- Masks the menopause
- Negative affect on bone mass. There is an initial loss of bone mass but this is not repeated/worsened by onset of the menopause
- Weight gain
- Possible small increased risk of vascular events

# New generation combined oral contraceptives

- ❖ Qlaira: estradiol with dienogest in a 26/2 regime

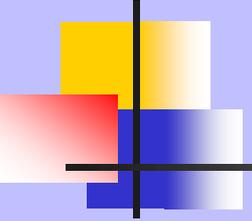


- ❖ Zoely: estradiol with nomegestrel in a 24/4 regime



- ❖ Eloine: 20 microg ethinylestradiol with drospirenone





# Hot topics: Nexplanon

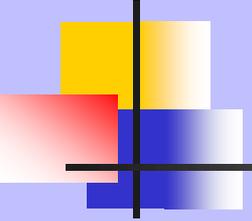
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- ❖ There have been reports of implants found in the vasculature (including pulmonary artery) and lung
- ❖ Deep insertion, insertion in an inappropriate site and being overweight are potential risk factors
- ❖ When implants cannot be located in the arm by palpation and imaging a chest X ray should be performed
- ❖ The risk of pregnancy during the fourth and fifth years of use is low . FSRH still recommend changing at three years

**Illustration of FSRH Recommended Implant site in left arm**



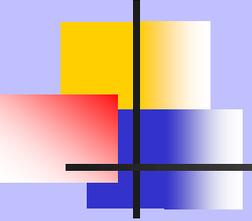
Mark the proposed insertion site with the patient sitting up, facing the operator, to avoid placement over the sulcus or over the triceps



# Hot topics: Sayana Press

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- ❖ License has recently been extended to patient self administration by Uniject delivery system
- ❖ Gives women greater choice
- ❖ Need to given written information about administration, potential side effects and symptoms that should prompt medical review. There should be systems in place for the provision and disposal of sharps
- ❖ Pfizer offer a text service to remind a women when their next injection is due
- ❖ [www.medis.com](http://www.medis.com), [sayanaanswers.co.uk](http://sayanaanswers.co.uk)
- ❖ Pfizer have a healthcare professional specific website

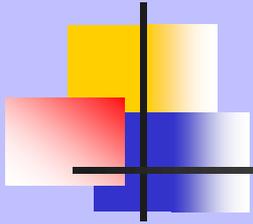


# Jaydess

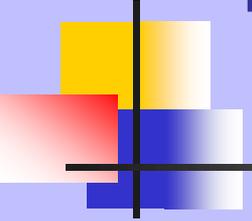
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- Jaydess 28mm in length , Mirena 32mm
- Jaydess introducer diameter less than Mirena
- Jaydess 6 microgs of levonorgestrel/day, Mirena 20 microgs
- Side effect profile similar to Mirena
- Licensed for 3 years
- Sliver ring on stem and barium – visible on X ray
- Mainly works by effect on endometrium

# Types of coils



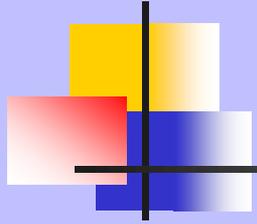
Type of IUC Licensed duration of use	Uterine length cm	Diameter of introducer mm
Nova T 380 , 5 years	6.5-9	3.6
T-Safe 380AQL 10 years	6.5-9	4.75
MiniTT 380 Slimline 5 years	>5cm	4.75
Mirena 5 years	Not specified Length 32mm	4.4
Jaydess 3 years	Not specified Length 28mm	3.8



# FSRH guidelines, unlicensed use of 52mg IUS, Mirena

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- ❖ Provides endometrial protection up to 5 years of use
- ❖ If fitted after the age of 45 it can be used for contraception until the age of 55
- ❖ If a woman has a 52mg IUS fitted for just heavy menstrual bleeding it can be left in situ for more than 5 years, as long as it controlling her symptoms
- ❖ Women < 45 who present for replacement between 5 and 7 years may have immediate replacement (if no UPSI in last 7 days) if a pregnancy test is negative and another pregnancy test is done no sooner than 3 weeks after the last UPSI



*Thank you*

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