Discussion Points for the Contraceptive Choices for Young People

The following discussion points have been developed by the FFPRHC Education Committee.

Discussion Points

1 List the five components of Fraser competency.

2 Consider the following scenario. A 14-year-old young woman comes to see you with a request for emergency contraception. The unprotected sex occurred 102 hours ago. She has a regular boyfriend of her own age group with whom she is having a sexual relationship. However, she confides that this episode of unprotected sex was as a result of coercive sexual intercourse with her stepfather.
- What are the issues to consider?
- How do you proceed in the short term?
- How do you plan for the follow-up in this case?
- Who else would you involve?

3 How would you go about providing a sexual health service for young people in your working environment?

Questions for the Contraceptive Choices for Young People

The following questions and answers have been developed by the FFPRHC Education Committee.

Indicate your answer by ticking the appropriate box for each question	*True*	*False*
1 Maximal increase in bone mass occurs between the ages of 11 and 14 years.	☐	☐
2 The Fraser ruling states that clinicians may provide contraceptive advice and treatment to young people under 16 years without parental consent, providing that an assessment has been made that the young person is competent to understand the implications of treatment and make a choice.	☐	☐
3 The Sexual Offences Act 2003 states that penetrative sexual intercourse with a young woman under the age of 13 years, by a man over the age of 16 years, is rape even if described by the young woman as consensual.	☐	☐
4 The consent of a young person is essential before a breach of confidentiality is undertaken.	☐	☐
5 In the light of the increased incidence of sexually transmitted infections in this age group, all young people should be encouraged to use condoms in addition to any other contraceptive method used.	☐	☐
6 Any increase in breast cancer associated with hormonal contraception is small.	☐	☐
7 Young women with an elevated body mass index (BMI) at the outset will gain more weight on the combined oral contraceptive than their counterparts with a BMI<25.	☐	☐
8 Contraceptive uptake does not seem to be any greater in youth-friendly settings than it is in general adult clinics.	☐	☐
9 From the literature it is unclear whether hormonal contraception has a direct adverse effect upon mood.	☐	☐
10 Compared to older women, young people do not require more frequent follow-up for contraceptive choices.	☐	☐

Answers

1 True
2 True
3 True
4 False
5 True
6 True
7 False
8 False
9 True
10 False

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75µg desogestrel

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oestrogen-free pill to primarily inhibit ovulation

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(See SPC before Prescribing)
Presentation: Calendar pack of 28 tablets each containing 75mcg desogestrel. **Uses:** Oral contraception. **Dosage:** One tablet at about the same time each day. Do not leave a gap between packs. **Contraindications:** Known or suspected pregnancy, active venous thromboembolic disorder, presence or history of severe hepatic disease with current abnormal liver function tests, progestagen dependent tumours, undiagnosed vaginal bleeding, hypersensitivity to ingredients. **Precautions and warnings:** There is a slightly increased risk of having breast cancer diagnosed in women currently using oral contraceptives (OCs). The risk in users of progestagen only pills is possibly of the same magnitude as that associated with combined OCs. These observations may be due to an earlier diagnosis of breast cancer in OC users, the biological effects of the OC or a combination of both. Epidemiological studies have associated the use of combined OCs with an increased incidence of venous thromboembolism (VTE, deep venous thrombosis and pulmonary embolism). It is unclear whether desogestrel used alone carries the same risk. Discontinue in the event of a thrombosis. Consider stopping prior to long term immobilisation due to surgery or illness. Benefit/risk assessment should be made in women with liver cancer. Caution patients with a history of thromboembolic disorders. Patients with diabetes should be carefully monitored. Effects on bone density are unknown. Chloasma. **Use in pregnancy and lactation:** Not recommended for use during pregnancy. Cerazette does not affect the production or quality of breast milk. Small amounts of the metabolite etonogestrel are excreted with the milk. Long term follow-up data are not available, however 7 month data do not indicate a risk to the nursing infant. **Interactions:** Enzyme inducing drugs may result in increased clearance and lead to breakthrough bleeding and contraceptive failure. This may be seen with hydantoins, barbiturates, primidone, carbamazepine, rifampicin, oxcarbazepine, rifabutin, felbamate, ritonavir, griseofulvin and product's containing St John's Wort. Reduced absorption of etonogestrel may be seen with medical charcoal. **Adverse reactions:** *Common:* Irregular bleeding, amenorrhoea, headache, weight gain, breast pain, nausea, acne, mood changes, decreased libido. *Less common:* Vaginitis, dysmenorrhoea, ovarian cysts, vomiting, alopecia, fatigue, difficulty wearing contact lenses. *Rare:* Rash, urticaria, erythema nodosum. **Overdose:** No serious deleterious effects have been reported from overdose. Other symptoms may include nausea, vomiting and in young girls, slight vaginal bleeding. Treatment should be symptomatic. **Legal category:** POM **Product Licence Number:** PL 0065/0159 **Price:** Basic NHS cost 3 x 28 tablets £8.85 **Further information is available from:** Organon Laboratories Ltd, Science Park, Milton Road, Cambridge CB4 OFL. Telephone: 01223 432700

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