

Discussion Points for Drug Interactions and Hormonal Contraception

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

Discussion Points

- 1 A 32-year-old HIV-positive patient who is currently on antiretroviral treatment (nevirapine and combivir) presents requesting contraceptive advice. What else might you like to know from her history? How would you counsel her about her contraceptive options?
- 2 A 19-year-old epileptic patient on carbamazepine presents requesting emergency contraception and advice regarding future contraception following an episode of unprotected sexual intercourse 36 hours ago on Day 14 of a 28-day cycle. Describe what options you would discuss. What other issues would you raise?
- 3 A 25-year-old woman on Microgynon 30® presents to you requesting advice. She is currently on Day 3 of her pill-free interval and reports taking penicillin V for tonsillitis from Days 12–18 (inclusive) of her pill packet. She did not have intercourse while she was on antibiotics but has had intercourse (without a condom) 48 hours ago. What advice would you give her now? What advice should she have been given when she was prescribed the antibiotics?

Questions for Drug Interactions and Hormonal Contraception

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 Antibiotics, which alter colonic bacteria, affect both combined oral contraception (COC) and oral progestogen-only methods.	<input type="checkbox"/>	<input type="checkbox"/>
2 Women using COC who are prescribed a short course of rifampicin for meningococcal meningitis prophylaxis should be advised to use additional contraception during the course and for 4 weeks afterwards.	<input type="checkbox"/>	<input type="checkbox"/>
3 The Summary of Product Characteristics for depot medroxyprogesterone acetate advises that it is unaffected by liver enzyme-inducing drugs.	<input type="checkbox"/>	<input type="checkbox"/>
4 Women using liver enzyme-inducing drugs may choose to use COC provided that they: (a) have been counselled about all other contraceptive methods, (b) use a regimen with at least 50 µg ethinylestradiol daily and (c) are advised to use additional contraceptive protection, such as condoms, until 4 weeks after the liver enzyme-inducing drug has been stopped.	<input type="checkbox"/>	<input type="checkbox"/>
5 Women using liver enzyme-inducing drugs who require emergency contraception and decline an intrauterine device (IUD) should be advised to increase the dose of progestogen-only emergency contraception by 50%, i.e. to three tablets (2.25 mg levonorgestrel).	<input type="checkbox"/>	<input type="checkbox"/>
6 Women using liver enzyme-inducing drugs who require a long-term reversible method of contraception should be advised that the levonorgestrel-releasing intrauterine system and IUDs are unaffected, but that the efficacy of the progestogen-only implant may be reduced.	<input type="checkbox"/>	<input type="checkbox"/>
7 The Committee on Safety of Medicines advises caution for women using COC, progestogen-only pills and progestogen-only implants who wish to use St John's Wort as it may be an enzyme inducer.	<input type="checkbox"/>	<input type="checkbox"/>
8 Women using COC should be advised to use additional contraceptive protection when taking a short course (<3 weeks) of antibiotics for the duration of treatment and for 14 days afterwards.	<input type="checkbox"/>	<input type="checkbox"/>
9 A woman who is an established user of antibiotics does not need to use additional contraceptive protection if she changes to a different antibiotic.	<input type="checkbox"/>	<input type="checkbox"/>
10 If a woman vomits 3 hours after ingesting an oral hormonal contraceptive a further dose is required.	<input type="checkbox"/>	<input type="checkbox"/>

Answers

10 False
5 True

9 False
4 True

8 False
3 True

7 True
2 True

6 True
1 False