

- Contraception: The Effective and Appropriate Use of Long-acting Reversible Contraception*. London, UK: RCOG Press, October 2005. <http://www.nice.org.uk/pdf/CG030fullguideline.pdf> [Accessed 7 February 2006].
- Jarvela I, Tekay A, Jouppila P. The effect of a levonorgestrel-releasing intrauterine system on uterine artery blood flow, hormone concentrations and ovarian cyst formation in fertile women. *Hum Reprod* 1998; **13**: 3379-3383.
 - Schering Health Care Limited. Mirena: Summary of Product Characteristics. <http://www.emc.medicines.org.uk/> [Accessed 15 May 2006].
 - Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHC Guidance (April 2004). The levonorgestrel-releasing intrauterine system (LNG-IUS) in contraception and reproductive health. *J Fam Plann Reprod Health Care* 2004; **30**: 99-109.
 - Inki P, Hurskainen R, Palo P, Ekholm E, Grenman S, Kivela A, et al. Comparison of ovarian cyst formation in women using the levonorgestrel-releasing intrauterine system vs. hysterectomy. *Ultrasound Obstet Gynecol* 2002; **20**: 381-385.
 - Teichmann AT, Brill K, Albring M, Schnitker J, Wojtynek P, Kustra E. The influence of the dose of ethinylestradiol in oral contraceptives on follicle growth. *Gynecol Endocrinol* 1995; **9**: 299-305.
 - Westhof C, Clark C. Benign cysts in England and Wales and the United States. *Br J Obstet Gynaecol* 1992; **99**: 329-332.
 - Royal College of Obstetricians and Gynaecologists (RCOG). *Ovarian Cysts in Postmenopausal Women* (RCOG Guideline No. 34). London, UK: RCOG Press, October 2003. http://www.rcog.org.uk/resources/Public/pdf/Ovarian_Cysts_No34.pdf [Accessed 15 May 2006].
 - Sturridge F, Guillebaud J. A risk-benefit assessment of the levonorgestrel-releasing intrauterine system. *Drug Saf* 1996; **15**: 430-440.

Reply

Thank you for the opportunity to respond to the letter from Dr Elena Valache on ovarian cysts and the levonorgestrel-releasing intrauterine system (LNG-IUS) (Mirena®).

Based on the evidence, Faculty of Family Planning and Reproductive Health Care Guidance stated that "women may be reassured that although ovarian cysts occur in levonorgestrel-releasing intrauterine system (LNG-IUS) users, there is no significant increased risk compared to copper-bearing intrauterine device users (Grade A)".¹ A systematic review did not identify an increased risk of ovarian cysts in LNG-IUS users at 5 years compared to copper-bearing intrauterine device users (RR 1.5; 95% CI 0.51-4.4).²

Guidelines from NICE on 'Long-acting reversible contraception'³ state that ovarian follicular cysts occur in 20% of women using the LNG-IUS; however, these are almost always asymptomatic. In addition, spontaneous resolution of ovarian cysts in women using the LNG-IUS has been reported.⁴ Only one non-comparative study has reported that women discontinue with the LNG-IUS as a result of the development of ovarian cysts.⁵ The CEU supports the counselling of women on potential risks and benefits of contraceptive methods.

The CEU acknowledges that there is a lack of clear guidance on the management of functional ovarian cysts in women using the LNG-IUS. Moreover, there is little evidence on the management of all women of reproductive age with functional ovarian cysts and further research would be of benefit. The CEU is updating Guidance on the IUD and the LNG-IUS later this year. All new evidence will be identified and reviewed. However, at present there is no evidence to suggest that women with a LNG-IUS should be reviewed and/or scanned to identify ovarian cysts.

The CEU could find no evidence to support the statement that easier access to scanning facilities would improve the care of women presenting with pelvic pain in primary care. The aetiology of pelvic pain in women of reproductive age may be due to many underlying causes, both physical and psychological, and allowing easier access to scan facilities may not be appropriate.

Lisa A Allerton, BSc, MSc

Research Assistant, FFPRHC Clinical Effectiveness Unit, University of Aberdeen, UK. E-mail: ffp.ceu@abdn.ac.uk

Susan Brechin, MRCOG, MFFP

Senior Lecturer, Sexual and Reproductive Health/Director of the FFPRHC Clinical Effectiveness Unit, University of Aberdeen, UK. E-mail: ffp.ceu@abdn.ac.uk

References

- Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHC Guidance (April 2004). The levonorgestrel-releasing intrauterine system (LNG-IUS) in contraception and reproductive health. *J Fam Plann Reprod Health Care* 2004; **30**: 99-109.
- French RS, Cowan FM, Mansour DJA, Morris S, Procter T, Hughes D, et al. Implantable contraceptives (subdermal implants and hormonally impregnated intrauterine systems) versus other forms of reversible contraceptives: two systematic reviews to assess relative effectiveness, acceptability, tolerability and cost-effectiveness. *Health Technol Assess* 2000; **4**: i-vi, 1-107.
- National Institute for Health and Clinical Excellence (NICE). *Long-acting Reversible Contraception: The Effective and Appropriate Use of Long-acting Reversible Contraception*. <http://www.nice.org.uk/pdf/CG030fullguideline.pdf>. 2005 [Accessed 15 May 2006].
- Inki P, Hurskainen R, Palo P, Ekholm E, Grenman S, Kivela A, et al. Comparison of ovarian cyst formation in women using the levonorgestrel-releasing intrauterine system vs. hysterectomy. *Ultrasound Obstet Gynecol* 2002; **20**: 381-385.
- Baldaszi E, Wimmer-Puchinger B, Lösche K. Acceptability of the long-term contraceptive levonorgestrel-releasing intrauterine system (Mirena): a 3-year follow-up study. *Contraception* 2003; **67**: 87-91.

Emergency contraception and the LNG-IUS

The Faculty Guidance document from the CEU on 'Emergency contraception' (April 2006 issue) is comprehensive, and does provide sound practical guidelines on the subject.¹

It is surprising that no mention is made that the levonorgestrel-releasing intrauterine system (LNG-IUS) is not suitable and not licensed for emergency contraception.² It would have been appropriate to emphasise that there is no research evidence available on the effectiveness of the LNG-IUS for use for emergency contraception.

R K Bhathena, MD, FRCOG

Consultant, Petit Parsee General and Masina Hospitals, B Petit Road, Cumballa Hill, Bombay 36, India. E-mail: rkbhathena@hotmail.com

References

- Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHC Guidance (April 2006). Emergency contraception. *J Fam Plann Reprod Health Care* 2006; **32**: 121-128.
- PRODIGY Guidance - Contraception. London, UK: Department of Health, 2001. www.prodigy.nhs.uk

Reply

Thank you for the opportunity to respond to the letter from Dr Bhathena regarding the CEU Guidance on 'Emergency contraception' (April 2006).¹ I note that Dr Bhathena works in India; it is very encouraging to see that CEU Guidance is being used and proving helpful to colleagues internationally. Dr Bhathena points out that our emergency contraception Guidance does not explicitly state that the levonorgestrel-releasing intrauterine system (LNG-IUS) is unlicensed and unsuitable for emergency contraception. Previous CEU Guidance addressed 'The levonorgestrel-releasing intrauterine system in contraception and reproductive health' (April 2004).² This Guidance included an explicit recommendation: "The LNG-IUS is not effective as emergency contraception (Grade C)".

I agree with Dr Bhathena that it would have been helpful to readers if this recommendation had also been included in the 'Emergency contraception' Guidance. This point will be incorporated in any future revision of the Guidance.

Gillian C Penney, FRCOG, MFFP

FFPRHC Clinical Effectiveness Unit, University of Aberdeen, Aberdeen, UK. E-mail: g.c.penney@abdn.ac.uk

References

- Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHC Guidance (April 2006). Emergency contraception. *J Fam Plann Reprod Health Care* 2006; **32**: 121-128.
- Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHC Guidance (April 2004). The levonorgestrel-releasing intrauterine system (LNG-IUS) in contraception and reproductive health. *J Fam Plann Reprod Health Care* 2004; **30**: 99-109.

CEU Guidance on emergency contraception

Clearly the 'CEU Guidance' series has established itself as the final arbiter in 'small print' contraceptive advice in the UK today. I found the recent summary on emergency contraception¹ both timely and comprehensive. However, there are three points I would like to take issue with, two of which have considerable bearing on my current practice.

In 'EBM' Box 7 you state that "IUDs with banded copper on the arms and containing at least 380 mm² of copper have the lowest failure rates and should be the first choice, particularly if the woman intends to continue the IUD as contraception". I imagine this advice was taken from the recent National Institute for Clinical Excellence (NICE) report on long-acting reversible contraception. Only the TCu380A (or its 'look-a-likes') and the Flexi-T 380 (currently not listed in the *British National Formulary*) would satisfy these criteria from the IUDs available in the UK today.

Previous advice from the CEU² had been to use any device with >300 mm² of copper and I do not know of any evidence-based medicine that has shown any copper IUD to be superior to another for emergency contraception. Many of us find it hard enough to promote the use of IUDs to young teenagers and nullips in these circumstances and do not welcome the suggestion that to use a Nova-T 380 would be suboptimal treatment.

The second point is one of omission. Reference 5 in your article refers to 'PRODIGY Guidance - Contraception - emergency' [Accessed 16 January 2006]. The PRODIGY list of indications for emergency contraception includes discussion about the contraceptive patch, which surely for completeness should be included in your 'Table 1'.

My final reservation concerns 'off-licence use'. In several of your 'Good Practice Point boxes' you make the comment that the advice is 'outside the product licence'. In the 2003 Guidance² use 'more than once in a cycle' was listed in this category but in the current advice this is no longer mentioned. Had the product licence been changed in this respect?

Terry McCarthy, MD, FRCOG

Consultant, Directorate of Sexual and Reproductive Health, Gwent Healthcare NHS Trust, Llanfrehfa Grange Hospital, Cwmbran, Torfaen NP44 8YN, UK. E-mail: mccarthy@gwent.wales.nhs.uk

References

- Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHC Guidance (April 2006). Emergency contraception. *J Fam Plann Reprod Health Care* 2006; **32**: 121-128.
- Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHC Guidance (April 2003). Emergency contraception. *J Fam Plann Reprod Health Care* 2003; **29**(2): 9-16.

Reply

Thank you for the opportunity to respond to the letter from Dr Terry McCarthy regarding the CEU Guidance on emergency contraception.¹ Dr McCarthy has studied the recommendations in detail and given careful consideration as to their implications for his own practice. It is very rewarding to the CEU team to know that clinicians are using the Guidance in this way.

LETTERS/MEETINGS AND COURSES

Dr McCarthy makes three specific points about the emergency contraception Guidance. Firstly, he questions our recommendation that the first-line choice of emergency IUD should be a device 'with banded copper on the arms and containing at least 380 mm² of copper'. Dr McCarthy correctly states that there is no evidence that any particular IUD is more effective than any other for emergency contraception. Our recommendation was made on the basis that an IUD with at least 380 mm² of copper has been shown to be most effective for regular contraception. We have tried to convey in the wording of our recommendation, and in the supporting text, that the reason for the recommendation is because many women who have an emergency IUD inserted retain the device as their regular method of contraception. The CEU considers that women are best served by being fitted with an emergency IUD that is optimal for regular contraception; this avoids the potential discomfort and inconvenience of having to replace

an emergency IUD with a different device for long-term use.

Secondly, Dr McCarthy points out that the table of 'commonly occurring situations' when emergency contraception is indicated makes no mention of the transdermal combined contraceptive patch. As he says, NHS PRODIGY Guidance on emergency contraception does include recommendations relating to 'patch off'. I agree that for completeness, we should have included recommendations for the combined patch. In the event, the expert group developing the CEU Guidance on emergency contraception did not consider 'patch omission' to be a commonly occurring situation. Nevertheless, this point will be taken into consideration at the next revision of the Guidance.

Thirdly, Dr McCarthy draws attention to our Good Practice Point, namely: 'Women can be advised that LNG EC can be used more than once in a cycle if clinically indicated', and asks whether this use is currently within or outwith the terms of

the 'product licence'. The text supporting this Good Practice Point quotes the current Summary of Product Characteristics for Levonelle 1500, which states that giving repeated doses within the same menstrual cycle is not advised 'because of disturbances to the cycle'. Thus, repeated use of levonorgestrel remains 'outwith product licence' and for consistency with other Good Practice Points in the Guidance this should, perhaps, have been included within the wording of the Good Practice Point itself, rather than simply in the supporting text.

Gillian C Penney, FRCOG, FFFP
FFPRHC Clinical Effectiveness Unit, University of Aberdeen, Aberdeen, UK. E-mail: g.c.penney@abdn.ac.uk

Reference

- 1 Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHC Guidance (April 2006). Emergency contraception. *J Fam Plann Reprod Health Care* 2006; 32: 121-128.

LETTERS TO THE EDITOR

Letters to the Editor are welcome and generally should not exceed 600 words or cite more than five references. For comments on material published in the most recent issue of the Journal, correspondence should be received within 4 weeks of dispatch of that Journal to be in time for inclusion in the next issue. When submitting letters correspondents should include their job title, a maximum of two qualifications and their address(es). A statement on competing interests should also be submitted for all letters. Letters may be submitted to the Editor or the Journal Editorial Office (details on page 145).

Meetings and Courses

Annual Courses

Title: Potential Instructing Doctors Course organised by the University of Manchester. **Details:** See display advertisement on inside back cover.

Annual Courses

Title: Courses on Current Issues in Sexual and Reproductive Health organised by The Margaret Pyke Memorial Trust. **Details:** See display advertisement on page 207.

Annual Courses

Title: University of Liverpool Courses in Sexual and Reproductive Health. **Details:** See display advertisement on page 207.

7 September, 5 October, 2 November, 7 December 2006

Title: DFFP Modular Theory Course. **Venue:** Kingsley Centre, Fraddon, Cornwall, UK. **Details:** This course covers the four modules of the DFFP theory course (contraception) and would need the addition of a STIF course to complete the syllabus. **Accreditation:** FFPRHC applied for. **Information:** Mike Gray, 'Crescetus', Egloserme Farm, St Erme, Truro, Cornwall TR4 9BW, UK. Tel: +44 (0) 1872 242192. Fax: +44 (0) 1872 242197. E-mail: mikegray@lineone.net.

16 September 2006

Title: Autumn Meeting of the North West Society of Sexual Medicine and Family Planning. **Venue:** Woodlands Conference Centre, Chorley, UK. **Details:** Morning session: contraception choices for women with a history of breast cancer – a study of women attending breast clinics; commissioning a patient-led NHS – where are we now?; update on IUDs. Afternoon session: Domestic Violence – Theatre Drama Group: "The

clinician's perspective – hints and tips for tackling this issue in your practice". **Accreditation:** Faculty for Instructing Doctors. **Information:** Miss Mavis L Barnard, 7 Regent Road, Chorley PR7 2DH, UK. Tel: +44 (0) 1257 267657. E-mail: mavis@lilianbarnard.freesevice.co.uk.

6 October 2006

Title: 17th Annual Symposium on Women's Health. **Venue:** Royal Society of Medicine, London, UK. **Details:** Series of interesting and informative update lectures by some eminent consultants and professors on topics including: HPV vaccines; women and HIV; why women need testosterone; breast disease and HRT; hair loss/hairiness in women; alternative medicines; premature menopause. **Accreditation:** FFPRHC approved. **Information:** Barbara Halstead, Women's Health Concern, Whitehall House, 41 Whitehall, London SW1A 2BY, UK. Tel: +44 (0) 1628 524009 or +44 (0) 20 7451 1377. Fax: +44 (0) 20 7925 1505. E-mail: bhalstead@womens-health-concern.org. Website registration: www.womens-health-concern.org.

12-13 October 2006

Title: British Menopause Society/FFPRHC Menopause Special Skills Course. **Venue:** Headland Hotel, Newquay, Cornwall, UK. **Details:** This course is practical and interactive in format. It is based on the workshop style of the DFFP but addresses issues of post-reproductive health. Its aim is to equip the clinician to work within a menopause clinic or primary care environment. **Accreditation:** FFPRHC approved. **Information:** Mike Gray, 'Crescetus', Egloserme Farm, St Erme, Truro, Cornwall TR4 9BW, UK. Tel: +44 (0) 1872 242192. Fax: +44 (0) 1872 242197. E-mail: mikegray@lineone.net.

14 October 2005

Title: Northern Interbranch Group Autumn Update. **Venue:** Cedar Court Hotel, Huddersfield (J24 M62), Ainley Top, Huddersfield, UK. **Details:** A 1-day update meeting for members and

guests on reproductive and sexual health. Topics to include: termination of pregnancy and vasectomy, and facilitated discussion of case studies. **Accreditation:** PGEA and FFPRHC applied for. **Information:** Dr Myra Holbrook, 20 Grange Close, Skelton, York YO30 1YR, UK. Tel: +44 (0) 1904 470674. E-mail: myra.holbrook@york.nhs.uk.

18 November 2006

Title: Continuing Education in Reproductive and Sexual Health Annual Updating Day. **Venue:** London, UK. **Details:** A one-day annual updating day suitable for all health professionals working in the field of sexual and reproductive health. See also display advert on page 208. **Accreditation:** FFPRHC applied for. **Information:** Grace Gray, Training Administrator, Sexual & Reproductive Health Training Partnership, Southwark PCT, St Giles Road, London SE5 7RN, UK. Tel: +44 (0) 20 7771 3322. Fax: +44 (0) 20 7771 3338. E-mail: srhtp@southwarkpct.nhs.uk.

20-22 November 2006

Title: Residential Course for Potential Instructing Doctors organised by The Sexual & Reproductive Health Training Partnership. **Details:** See display advertisement on page 208.

23-24 November 2006

Title: FFPRHC Current Choices Conference. **Details:** See display advertisement on page 208.

There is a charge of £50.00 + VAT for each meeting/course publicised in this section of the Journal. This will guarantee inclusion in the issue requested. For guaranteed inclusion in the October 2006 issue all course details should be with Sarah Monger by 18 August 2006. For a booking form please contact Sarah Monger at PMH Publications, PO Box 100, Chichester, West Sussex PO18 8HD, UK. Tel: +44 (0) 1243 576444. Fax: +44 (0) 1243 567456. E-mail: sarah.monger@pmh.uk.com.