

Choice of copper IUD or IUS in women attending a large SRH service

There is a considerable cost differential between copper intrauterine devices (IUDs) and the levonorgestrel-releasing intrauterine system (LNG IUS) in the UK. Most contraceptive services face financial stringency and it is increasingly important to deliver cost-effective care whilst still offering patient choice. Although all long-acting reversible methods of contraception are cost effective,¹ the cheapest copper IUD costs around £10 and lasts for 10 years, in contrast to an IUS that costs around £80 and lasts 5 years. Both are usually offered to all women but there could be significant cost savings to the National Health Service if more women used copper IUDs rather than an IUS. We looked at the computerised patient record data in our large sexual and reproductive health centre to ascertain if women attending the service had clear indications for having an IUS fitted in preference to a copper IUD.

The computerised records of 246 women attending the central service for insertion of intrauterine contraception over a 6-week period in July–August 2011 were examined. Women attended a variety of both walk-in and booked contraception clinics, including clinics where general practitioners were training in intrauterine insertion techniques. A short DVD and 'self preparation' form are available on our website to help women prepare for the insertion procedure and they do not suggest any restriction of choice between an IUD and IUS.² Out of the 246 women in this study, 152 (62%) women had an IUS inserted. Of these women, 72 (48%) had a clear indication for an IUS documented (e.g. heavy menstrual bleeding, previous intolerance of an IUD, endometriosis, pelvic pain and metal allergy). Of the others, 49 (32%) women had a normal menstrual history and 31 (20%) women had no menstrual history recorded at all in their notes.

Year on year, we increasingly insert more IUSs than copper IUDs with considerable cost implications for our budget. The figures from this small study suggest that less than half of the women attending our service for an IUS had a clearly documented indication for

this contraceptive method. Most clinicians tend to offer both devices freely according to patient preference despite advice to recommend the cheaper copper IUD as first line to women with no particular preference or menstrual problem. Given the immense financial burden placed on contraceptive services, this practice may soon be under review.

However, considering that women's choice of method of contraception and subsequent adherence are strongly influenced by the experience of friends, family and other non-health care-related sources, is it ethical to insist that women with normal menstruation can only have a copper IUD rather than an IUS? For now, perhaps we should focus on raising the overall profile of intrauterine contraception as a highly cost-effective method. We should continue to support the choices women make to encourage uptake of this method of contraception, which still remains under-used and subject to more myths and prejudices than any other form of contraception in the UK.

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REFERENCES

- 1 National Institute for Health and Clinical Excellence (NICE). *Long-acting Reversible Contraception* (Clinical Guideline 30). 2005. <http://www.nice.org.uk/nicemedia/pdf/cg030niceguideline.pdf> [accessed 8 October 2012].
- 2 Lothian Sexual Health website. <http://www.lothiansexualhealth.scot.nhs.uk/Pages/default.aspx> [accessed 8 October 2012].