

## Comment on 'Impact of UK Medical Eligibility Criteria implementation on prescribing of combined hormonal contraceptives'

I read the article by Briggs and colleagues<sup>1</sup> with interest as it is, to my knowledge, the only study to assess the impact of the implementation of the UK Medical Eligibility Criteria on general practice prescribing of combined hormonal contraceptives (CHCs) in the UK. However, I would like to point out a limitation of this study.

As the authors have stated, oral contraception can be accessed on prescription from a general practitioner (GP) and these data are captured in the therapy table in the General Practice Research Database (GPRD) – the data source used by the investigators. However, CHCs can also be obtained from National Health Service contraception clinics and these data are not recorded in a patient's prescription history in GPRD. Women registered with GPRD who have obtained their CHC from contraception clinics will therefore not be identified as CHC users as part of this study, leading to an

underestimation in the number of CHC users aged 15–49 years. An estimated 413 000 women in England and 20 000 women in Wales received oral contraception from a contraceptive clinic in 2011/2012 and 2010/2011, respectively.<sup>2 3</sup> Although these figures are not specifically for CHCs, they illustrate that community contraceptive clinics play a substantial role in the provision of contraception to women of childbearing age.

In addition, those patients prescribed CHCs by their GP and therefore included in the study, are not likely to be sufficiently representative of those patients who are prescribed CHCs from clinics. The National Statistics Opinion Survey conducted during 2008/2009 showed that during the 5 years prior to interview, a higher percentage of patients aged 16–19 years accessed contraception through a community contraception clinic rather than their GP or community practice nurse.<sup>4</sup> Conversely, a larger percentage of older women obtained family planning services from their GP.<sup>4</sup> As the patients accessing community contraceptive services are in general younger, they may also be less likely to have certain Category 3 or 4 risk factors (e.g. current smokers and previous smokers aged 35 years or over). Furthermore, patients with risk factors such as hypertension, migraine, stroke, ischaemic heart disease, dyslipidaemia and migraine may be more likely to obtain contraception from their GP while being monitored for these conditions.

The impact of this limitation is likely to have influenced the estimation of the number of women using a CHC with a Category 3 or 4 risk factor in the whole UK population.

**Sarah E Holden**, MPharm

PhD Student, Department of Primary Care and Public Health, School of Medicine, Cardiff University, Cardiff, and The Pharma Research Centre, Cardiff MediCentre, Cardiff, UK; sarah.holden@pharmatelligence.co.uk

**Competing interests** The author is currently in receipt of a PhD Studentship from Cardiff University and is employed as a pharmacist researcher by a research consultancy that receives funding from pharmaceutical companies. In addition, the author is employed on a part-time basis as a community pharmacist for a large health and beauty group.

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## REFERENCES

- 1 Briggs PE, Praet CA, Humphreys SC, *et al.* Impact of UK Medical Eligibility Criteria implementation on prescribing of combined hormonal contraceptives. *J Fam Plann Reprod Health Care* 2013;39:190–6.
- 2 Health and Social Care Information Centre, Lifestyles Statistics. *NHS Contraceptive Services: England 2011/12 Community Contraceptive Clinics*. Leeds, UK: NHS, 2012. <http://www.ic.nhs.uk/article/2021/Website-Search?productid=9063&q=NHS+Contraceptive+Services%3a+England&sort=Relevance&size=10&page=1&area=both#top> [accessed 12 January 2013].
- 3 Statistics for Wales. *NHS Community Contraceptive Services in Wales, 2011–12*. Cardiff, UK: Welsh Government, 2012. <http://wales.gov.uk/topics/statistics/headlines/health2012/121129/?lang=en> [accessed 12 January 2013].
- 4 Lader D. *Opinions Survey Report No. 41. Contraception and Sexual Health, 2008/09*. Newport, UK: Office for National Statistics, 2009. <http://www.statistics.gov.uk> [accessed 12 January 2013].