

Comment on 'Care of patients using progestogen-only injectables'

I read the article about the care of patients using progestogen-only injectables¹ by Lee *et al.* with interest. An audit was performed at the Salisbury Department of Sexual Health and reported in the section entitled 'How was this change evaluated?' (p.67). Women on depot medroxyprogesterone acetate (DMPA) were audited. Over the audit period, 36 dual-energy X-ray absorptiometry (DXA) scans were requested. It involved 15 women on long-term DMPA. It is unclear about the remaining 21 DXA scans, whether they were requested but not performed or involved women who had just started DMPA or fulfilled other criteria not mentioned in table 1 (p.68).

Lee *et al.*'s table 1 describes the risk factors for osteoporosis such as thyroid disease. This implies that any thyroid disease is a risk factor for developing osteoporosis, but this is not correct. Hyperthyroidism may lead to osteoporosis but not hypothyroidism except in patients taking excessive doses of levothyroxine causing (subclinical) hyperthyroidism over a long period of time. Maintaining thyroid-stimulating hormone (TSH) within the normal range in patients being treated for hypothyroidism is not a risk factor for osteoporosis.

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REFERENCE

- 1 Lee DJ. Care of patients using progestogen-only injectables. *J Fam Plann Reprod Health Care* 2017;**43**:67–69.