NICE Guidance on LARC

I welcome the useful advice in the National Institute for Health and Clinical Excellence (NICE) long-acting reversible contraception (LARC) guidance, which is designed to see that it states that all progestogen-only methods may be used by women who have migraine with or without aura.1 However, although the subsequent recommendation is applied to injectable contraceptives and subdermal implants, it is unclear for the levonorgestrel intrauterine system (LNG-IUS).

The Guidance notes an increase in headache incidence with IUS use and that “In the current WHO-MEC recommendations, the LNG-IUS is assigned to (WHO) category ‘2’ for initiation and category ‘3’ for continuation in women who have migraine with focal symptoms at any age”.

Although the subsequent recommendation by NICE is that “progestogen-only methods, including IUS, may be used by women who have migraine with or without aura”, it is unclear to me if NICE is suggesting that the WHO-MEC guidance does or does not apply.1

I understand that the current concern of increased headache reported in LNG-IUS users. However, there are no data to support that its use is associated with increased in aura. Although it is recognised that women who have migraine, particularly with aura, and take combined oral contraceptive pills are at increased risk of ischaemic stroke, it is not the case for progestogen-only contraception.3 5 Hence, progestogen-only contraception can be used by women with any type of migraine, irrespective of whether aura is present before, or develops after, commencing the method.6 Clearly, it may be worth considering stopping the method to assess whether or not symptoms improve, but this should be on clinical grounds, not on safety. Hence I recommend that both NICE and WHO should consider removing migraine from WHO Category 2 for both initiation and continuation of all progestogen-only methods.

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7 Cardiovascular disease and use of oral and injectable progestogen-only contraceptives and combined injectable contraceptives. Results of an international, multicenter, case-control study. World Health Organization Collaborative Study of Cardiovascular Disease and Steroid Hormone Contraception. Contraception 1998; 57: 315–324.


Emergency contraception and liver enzyme-inducing drugs

The CEU Guidance on drug interactions with hormonal contraception1 includes discussion on progestogen-only emergency contraception for women using liver enzyme-inducing drugs. In Table 2 of page 145 I read: “Take a total dose of 2.25 mg levonorgestrel as a single dose as soon as possible and within 72 hours of unprotected sex.”

The authors stated on page 146: “The most recent BNF, however, supports taking 2.25 mg LNG as a single dose at first presentation. The CEU was unable to identify any new data to support a single dose of 2.25 mg LNG.”

The British National Formulary (BNF), Volumes 49 and 50 of March 2005 and September 2005 reported, under interactions on pages 407 and 412 respectively:

“For emergency contraception in patients on liver enzyme-inducing drugs, 1.5 mg levonorgestrel is taken immediately and 750 mg taken 12 hours later.”2 3

A previous CEU Guidance on emergency contraception in women taking liver enzyme-inducing drugs4 made the same recommendations as BNF Volumes 49 and 50. BNF states in the preface on page iii that the current edition must always be used when making clinical decisions.1

Please clarify this discrepancy.

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References


