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. I am pleased to see that it states that all progestogen-only methods may be used by women who have migraine with or without aura. However, 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 the 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.

I understand the 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, this is not the case for progestogen-only contraception. Hence, progestogen-only contraception can be used with women with any type of migraine, irrespective of whether aura is present before, or develops after, commencing the method. 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 amending the WHO Category 3 to WHO Category 2 for both initiation and continuation of all progestogen-only methods.

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4 Cardiovascular disease and use of oral and injectable progestogen-only contraceptives and combined injectable contraceptives. Results of an international, multicentre, case-control study. World Health Organization Collaborative Study of Cardiovascular Disease and Steroid Hormone Contraception. Contraception 1998; 58: 315–324.

Emergency contraception and liver enzyme-inducing drugs

The CEU Guidance on drug interactions with hormonal contraception1 includes discussion on progestogen-only methods. It recommends the use of LNG-IUS for emergency contraception in 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 ENGLISH

Letters to the Editor

Practice-based commissioning

Richard Ma raises some very interesting points in his commentary about practice-based commissioning (PBC) and its impact on sexual health services in this issue of the Journal.1 In my view, he is right to encourage sexual health providers to think now about the opportunities that the new arrangements may provide for developing a more integrated service that encompasses contraception, abortion and STI provision in a community setting. A major barrier to doing so is the 1967 Abortion Act, which states that abortions can only take place in NHS hospitals.2 The future health of sexual health services in this issue of the Journal.1 In my view, he is right to encourage sexual health providers to think now about the opportunities that the new arrangements may provide for developing a more integrated service that encompasses contraception, abortion and STI provision in a community setting. A major barrier to doing so is the 1967 Abortion Act, which states that abortions can only take place in NHS hospitals. 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, that “For emergency contraception in patients on liver enzyme-inducing drugs, 1.5 mg levonorgestrel is taken immediately and 750 µg 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 ii that the current edition must always be used when making clinical decisions.5

Please clarify this discrepancy.

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Reply

Thank you for the opportunity to respond to the letter from Dr Nader Al-Hassan outlining apparent inconsistencies within our CEU Guidance on drug interactions with hormonal contraception.1 I share Dr Al-Hassan’s frustrations about conflicting guidance from different sources. As Dr Al-Hassan says, in our 2003 CEU Guidance on emergency contraception2 we recommended a regimen of levonorgestrel 2.25 mg as a divided dose for women taking concurrent enzyme-inducing drugs; in our 2005 Guidance on drug interactions with hormonal contraception we recommended 2.25 mg as a single dose. There is no research evidence about the most appropriate emergency contraception regimen for women taking concurrent enzyme-inducing drugs and our recommendation in the drug interactions Guidance was, in fact, based on the advice in the volume of the BNF that was current at the time of writing. In our Guidance we refer to Volume 85 of the BNF (September 2005) paragraphs 10.61 and 34.3 that volume contains the advice on interactions with hormonal emergency contraception: “the dose of levonorgestrel should be increased to 2.25 mg taken as a single dose”. We note that in an earlier volume (Volume 43) and in a later volume (Volume 49) the BNF does recommend a divided dose in this circumstance. We do not know the reason why the BNF has altered its advice from a divided dose to a single dose, and back again, in successive volumes. However, on the basis of available data, we doubt that the difference in regimen makes any difference to efficacy.

The CEU is currently updating our Guidance on emergency contraception for publication in the April 2006 issue of this Journal. We will again be reviewing available evidence in developing an updated recommendation on concurrent emergency contraception and enzyme-inducers.

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References
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