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 and agreed to be used by women who have migraine with or without aura. I believe that all progestogen-only methods may be used by women who have migraine with or without aura. Despite this recommendation is applied to injectable contraceptives and subdermal implants, it is unclear for the levonorgestrel intraserum system (LNG-IUS).

The Guidance notes an increase in headache incidence with IUS use and that “In the current WHO-MEC recommendation, 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 LNG-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 that this is the case for the new update to the WHO-MEC guidance from 2015.

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Emergency contraception and liver enzyme-inducing drugs

The CEU Guidance on drug interactions with hormonal contraception includes discussion on progestogen-only 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 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 µg taken 12 hours later”. A previous CEU Guidance on emergency contraception in women taking liver enzyme-inducing drugs 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. Please clarify this discrepancy.

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Reply
Thank you for the opportunity to respond to the letter from Dr Nader Al-Hassan. I am writing to clarify apparent inconsistencies within our CEU Guidance on drug interactions with hormonal contraception. I share Dr Al-Hassan’s frustrations about conflicting guidance from different sources. As Dr Al-Hassan says, in our most recent CEU Guidance on emergency contraception we recommended a regimen of levonorgestrel 2.25 mg as a single 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 contraceptive regimen for women taking concurrent enzyme-inducers and our guidance at the time was based on 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 88 of the BNF (September 2005). Page 63 of 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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