Editor’s Note: Missed pill correspondence

Interested readers may wish to note that there has been a letter3 from the Clinical Effectiveness Unit (CEU) published in the Lancet, in response to the April Editorial2 by Diana Mansour and Ian Fraser. The main points of this letter can be summarised as follows: The authors believe that most women know the name and type of their pill and would be able to apply the recommendations. They believe having different rules for 20 and 30 μg ethinylestradiol pills minimises intervention and inconvenience for the maximum number of women. They state a pill has been missed only when 24 hours have elapsed after the scheduled time. They did not review any current CEU guidance on contraception. Matters were presented by WHO Fraser suggesting caution about extending the pill-free interval beyond 7 days; two were published after the Lancet’s Health the World Health Organisation recommendations were developed. Finally, the Faculty of Family Planning and Reproductive Health Care’s philosophy is to be guided by evidence, not fear of litigation.

A comment in response to the letter has been placed on the Lancet’s website.2 For our readers’ convenience, we have permission to reproduce it in full below.

Reference

Comment on Lancet website: Missed pill guidelines

Dear Sir

In the same week that the Faculty of Family Planning’s Clinical Effectiveness Unit (CEU) stated that “we assume that most women know the name and type of their pill”, a paper in the Journal of the Faculty of Family Planning and Reproductive Health Care showed that 41% of a group of educated women were not even sure whether they were taking a high- or low-dose pill. In the same issue of that Journal, Thurrock Primary Care Trust explained that they felt they could not use the new guidelines in their area because their clients “would have difficulty following the new advice.”

There have been letters to that Journal pointing out the deficiencies of the CEU’s guidelines on missed pills, over the last 6 months, yet the widespread concerns are simply being ignored by the Faculty. Is it a valid excuse to say that papers that suggest their guidelines are ansaualise the counsellors’ recommendations? Why did the CEU not take those findings into account when considering important new guidelines?

Competing Interests: None.

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References
2. van der Westhuizen M, Hall D. Are affluent, well-educated, career-oriented and highly educated women having difficulty in receiving advice from the Family Planning Association leaflet on injectables before or at the start of DMPA? A missed opportunity. J Fam Plann Reprod Health Care 2005; 31: 336–337.

Interested readers should refer to the Lancet’s website for any further responses or comments.

DMPA and BMD

Following the Committee on Safety of Medicines (CSM) advisory letter of 2 December 2004 on the effects of depot medroxyprogesterone acetate (DMPA) in November 2004, there has been continued discussion regarding its effects on bone mineral density (BMD). This may have long term for bone health and fracture risk.

To examine women’s views and knowledge regarding this issue, a paper published in a previous issue of that Journal, Thurrock Primary Care Trust explained that they felt they could not use the new guidelines in their area because their clients “would have difficulty following the new advice.”3

There have been letters to that Journal pointing out the deficiencies of the CEU’s guidelines on missed pills, over the last 6 months, yet the widespread concerns are simply being ignored by the Faculty. Is it a valid excuse to say that papers that suggest their guidelines are unsuitable for their clients’ use? Why did the CEU not take those findings into account when considering important new guidelines?

Competing Interests: None.

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References