

References


1. Family of Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHCR Clinical Effectiveness Unit, University of Aberdeen, UK. E-mail: g.penney@abdn.ac.uk

References
1 Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRHCR Clinical Effectiveness Unit, University of Aberdeen, UK. E-mail: g.penney@abdn.ac.uk

CEU Guidance on emergency contraception
Clearly the ‘CEU’ series has established itself as the final arbiter in ‘small print’ contraceptive advice in the UK today. I found the recent summary on emergency contraception both timely and comprehensive. However, there are three points I would like to take issue with, two of which have considerable bearing in my own practice. It is very rewarding to the CEU to know that clinicians are using the Guidance in this way.

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In ‘EBM’ Box 7 you state that “IUDs with banded copper on the arms and containing at least 380 mm of copper have the lowest failure rates and shld be the first choice, particularly if the woman intends to continue the IUD as contraception”. I imagine this advice was taken from the recent National Institute for Clinical Excellence (NICE) report on long-acting reversible contraception. Many of us find it hard enough to promote the use of IUDs to young teenagers and nulliparas in these circumstances and do not welcome the suggestion that to use a Nova-T 380 would be suboptimal treatment.

The point that is one of omission, Reference 5 in your article refers to PRODIGY Guidance – Contraception – emergency contraception. Many of us find it hard enough to promote the use of IUDs to young teenagers and nulliparas in these circumstances and do not welcome the suggestion that to use a Nova-T 380 would be suboptimal treatment.

Reply
Thank you for the opportunity to respond to the letter from Dr Elena Valarche on ovarian cysts and the levonorgestrel-releasing intrauterine system (LNG-IUS) (Mirena®).

Based on the evidence, Faculty of Family Planning and Reproductive Health Care Guidance Unit published in the CEU Guidance on ‘Long-acting reversible contraception’ states that ovarian follicular cysts occur in 20% of women using the LNG-IUS; however, these are almost always asymptomatic. In addition, spontaneous resolution of ovarian cysts in women using the LNG-IUS has been reported. Only one non-contraceptive study has reported that women discontinue with the LNG-IUS as a result of the development of ovarian cysts.

The CEU supports the counselling of women on potential risks and benefits of contraceptive methods.

Emergency contraception and the LNG-IUS
The Faculty Guidance document from the CEU on ‘Emergency contraception’ (April 2006 issue) is comprehensive, and does provide sound practical guidelines on the subject.1 It is surprising that no mention is made that the levonorgestrel-releasing intrauterine system (LNG-IUS) is not suitable and not licensed for emergency contraception.2 It would have been appropriate to emphasise that there is no research evidence available on the effectiveness of the LNG-IUS for use for emergency contraception.

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Reply
Thank you for the opportunity to respond to the letter from Dr Terry McCarthy regarding the CEU Guidance on emergency contraception. Dr McCarthy has studied the recommendations in detail and given careful consideration as to their implications for his own practice. It is very rewarding to the CEU team to know that clinicians are using the Guidance in this way.