The rationale for these changes is partly explained in an article by Trussell et al. Obesity is generally perceived to be an important risk factor in CHC users because of the high relative risk of venous thromboembolism (VTE). This well argues that, in terms of absolute or attributable risk, other cardiovascular risk factors are more strongly associated with VTE and mortality than obesity. For example, the absolute risk of VTE in CHC users aged 45–49 years (UKMEC 2) is 175 per 100,000, which is greater than a VTE risk of 105 per 100,000 associated with CHC use and body mass index (BMI) ≥ 35 (UKMEC 3). The risks in terms of deaths in CHC users are even lower, with an absolute risk of 3.3 deaths per 100,000 in smokers aged < 55 years (UKMEC 2) and a risk of 1.8 deaths per 100,000 in women with BMI ≥ 35 (UKMEC 3).

With regard to the UKMEC 2009 section on multiple risk factors for cardiovascular disease, the text is unchanged from UKMEC 2005. The additional comments do appear to imply that the UKMEC definition of ‘older age’ is aged 40 years or above. Risk factors such as age are a continuum and there is not necessarily an exact cut-off. As Dr Lee acknowledges, UKMEC is only a guidance document, and it would be entirely appropriate for clinicians to apply their own clinical judgement.

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References
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Query about Faculty updated UKMEC
I would be grateful if the Faculty of Sexual and Reproductive Healthcare could explain why in the updated UK Medical Eligibility Criteria for Contraceptive Use (UKMEC 2009)£ the Category 4 for body mass index (BMI) 40, has been removed? As a raised BMI is so closely associated with increased risk of venous thromboembolism, this does not seem logical. Without the Category 4 status, I am concerned that increasing numbers of patients with a BMI 35 and indeed a BMI 40, will start, or continue to take, the combined pill, without any robust guidance to support this as a dangerous practice.

I am, however, pleased to see the Category 3/4 for multiple risk factors for cardiovascular disease is now clearly stated. I would, however, prefer the definition for ‘older age’ to be stated. I would appreciate this as being aged 35 years or over, but the additional comments at the end of the section imply the definition is aged 40 or above.

I readily appreciate that UKMEC is a guidance document and not a list of rules as such, but if these are too loosely presented then they will not serve their purpose in ensuring safe prescribing practice.

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Reference
1 Faculty of Sexual and Reproductive Healthcare. UK Medical Eligibility Criteria for Contraceptive Use (UKMEC 2009). [Accessed 10 March 2010].

Reply
In her letter, Dr Lee raises a pertinent question regarding the new UK Medical Eligibility Criteria for Contraceptive Use (UKMEC 2009)£ categories for body weight and combined hormonal contraception (CHC) use. The current Clinical Effectiveness Unit was not involved in updating UKMEC but we believe the body weight categories were made less restrictive to make them more consistent with the categories for other cardiovascular risk factors and CHC.

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