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Contraception for women taking antiepileptic drugs

I read with interest the review by O'Brien and Guillebaud on contraception for women taking antiepileptic drugs.¹ The authors are to be commended for their comprehensive review of the pharmacological literature. I note, however, that there is no reference to the most relevant publication from the Faculty of Sexual and Reproductive Healthcare (FSRH) on antiepileptic drugs,² and there is little mention of Faculty guidance on drug interactions,³ nor any indication of where the authors' recommendations differ from those of the FSRH. Of the FSRH publications that are included, two have been archived^{4 5} and were superseded by more recent statements^{2 6} before the article submission date. This is likely to add confusion to what is already a complicated subject.

I also question whether such personal views on clinical management would have been more appropriately expressed in a commentary than a review article. The Faculty's Clinical Effectiveness Unit (CEU) recognises the need for pragmatic and common sense advice in this area of medicine where robust evidence is often lacking and the consequences of contraceptive failure are serious. Indeed, some of O'Brien and Guillebaud's suggestions are likely to be incorporated into the latest update of Faculty guidance on *Drug Interactions with Hormonal Contraception* due to be published in January 2011.⁷ I would like to emphasise, however, that the following practices are not currently recommended by the CEU:

- ▶ Use of two desogestrel (Cerazette®) tablets daily in women taking enzyme-inducing drugs
- ▶ Use of two ulipristal acetate (ellaOne®) tablets in women taking enzyme-inducing drugs
- ▶ Addition of a daily oral desogestrel tablet in users of the progestogen-only implant (Implanon®/Nexplanon®) who are taking enzyme-inducing drugs
- ▶ Use of two desogestrel (Cerazette) tablets daily in women taking lamotrigine.

REFERENCES

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