Jaydessaudit standards and benefits

Jaydessa was introduced to UK users in 2014, but there are no recent publications regarding using Jaydess. We would like to share with readers the results of our Jaydessa audit at ISH (integrated sexual health). We performed a retrospective audit of 20 women, who attended the ISH service for Jaydessa insertion in 2016-17, analysing their electronic records in order to improve management of the patients with Jaydessa. Two thirds of users were under the age of 25 years. It is important to provide patients with information regarding potential risk of developing low mood or depression with progestogen only contraception. Follow up (FU) is important as it reflects patient’s satisfaction with Jaydessa. We suggested improving the FU standard with a documented outcome. Our audit highlights a high rate of users under the age of 25 who are satisfied with Jaydessa in 1 years’ time. As a result, we would recommend promoting Jaydessa in nulliparous patients group. Contraceptive choice is essential and based on risk assessment, especially in young nulliparous women. Prospective outcome of the audit is that nulliparous patients could benefit from Jaydessa insertion. Cost savings is an important point. It is also cost effective, as Jaydessa could be beneficial for patients planning to have children in 3 years, and cost effective for ISH services saving approximately £20 per patient compared with Mirena.

Jaydessa was introduced to UK users in 2014, but there are no recent publications regarding using Jaydessa. We would like to share with readers the results of our Jaydessa audit in an integrated sexual health (ISH) service. Jaydessa is a 13.5 mg levonorgestrel intrauterine system (LNG-IUS) and is licensed for 3 years for contraception only. Jaydessa has a narrow inserter tube (3.80 mm). There are some similarities with the Mirena LNG-IUS. The Summary of Product Characteristics (SPC) states that Jaydessa is not a first-choice contraceptive in nulliparous women due to its limited clinical use. One of the benefits of Jaydessa is its ease of insertion, being less painful to insert than a Mirena, but there have been no clinical publications comparing the two devices. Furthermore, Jaydessa is more cost effective, with a National Health Service (NHS) price of £69.22 compared with £88.00 for Mirena (Lavose is £66.00 plus VAT, but has a wider introducer measuring 4.8 mm).

We performed a retrospective audit of women who attended an ISH service in 2016–2017, analysing their electronic records in order to improve the management of the patients using Jaydessa. A total of 20 patients with Jaydessa insertion were identified: 13 (65%) were under the age of 25 (range 17–24) years,including six (30%) patients in the age group 17–20 years, seven (35%) aged 21–24 years and seven (35%) aged over 25 (range 31–42) years. Two-thirds of the users were aged under 25 years. All the women were asked about mental health issues, including depression and suicidal ideations, as contraceptive choice is essential and based on risk assessment, especially in young nulliparous women. With regard to parity, there were 17 (85%) nulliparous women, including one between 45-year-old patient with stenosis of the endocervical canal, where Jaydessa was the only choice of IUS in the ISH setting. There were two (10%) multiparous women and one (5%) woman was breastfeeding.

We would like to highlight the importance of checking silver allergy at counselling.

The follow-up rate was adequate at 75% (n=15) (table 1). One year following Jaydessa insertion, 11 (65%) patients were Jaydessa ‘keepers’, five (25%) did not return to the ISH as they had problems with Jaydessa, and two (10%) patients had IUS reinsertions. In total, 18 (90%) patients retained the Jaydessa IUS. Regarding IUS reinsertions, one (5%) patient with Jaydessa reported IUS expulsion (a Mirena was reinserted at follow-up), and one (5%) patient requested IUS reinsertion after having bleeding problems with Jaydessa.

At follow-up we found that only two (10%) patients requested Jaydessa removal. One patient requested Jaydessa removal after 1 month because she was going away and wanted to control her period with the combined oral contraceptive pill; a second patient requested removal after 3 months because of low mood, spotting and occasional discomfort. It is important to provide women with information regarding the potential risks of developing low mood and/or depression with progesterone-only contraception.

In conclusion, the majority of the patients were happy with Jaydessa: 16 (80%) continued to use Jaydessa and two (10 %) requested IUS reinserction. As detailed in table 1, IUS standards were achieved for the majority of the 11 standard criteria.

Follow-up is important as it reflects patient satisfaction. We suggested...
improving the follow-up standards (table 1) with a documented outcome.

Our audit highlights a high rate of users under the age of 25 years who were satisfied with Jaydess at 1 year. As a result, we would recommend promoting Jaydess to nulliparous patients.

A prospective outcome of the audit is that nulliparous patients could benefit from Jaydess insertion. It is also a cost-effective method, and Jaydess could be beneficial for patients planning to have children in 3 years, saving approximately £20 per patient compared with Mirena.

Lyubov Alexandrovna Matytsina-Quinlan
East Cheshire Centre for Sexual Health (ECCSH), Macclesfield District General Hospital, Macclesfield SK10 3BL, UK

Correspondence to Dr Lyubov Alexandrovna Matytsina-Quinlan, East Cheshire Centre for Sexual Health (ECCSH), Macclesfield District General Hospital, Macclesfield SK10 3BL, UK; lyubov.matytsina@yahoo.com

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ORCID iD Lyubov Alexandrovna Matytsina-Quinlan http://orcid.org/0000-0003-3886-1036

REFERENCES