Months dispensed and oral contraceptive discontinuation

"I just ran out" appears to be a common explanation for discontinuation of oral contraception in clinical experience but surprisingly this was not mentioned in the excellent article by Inoue *et al*.[1]

There is a simple option for reducing the risk of "just running out": supply more months of contraception per prescription. A recent systematic review[2] found two randomised controlled trials and two cohort studies (168 075 women) of good quality that compared continuation rates if three versus more months of oral contraception were supplied. Three of the four studies reported increased continuation of pill use in women who received a greater number of oral contraceptive pill packs.

A record linkage study of 84 401 women in California showed that controlling for age, race or ethnicity, and previous pill use, women who received a 1-year supply of oral contraception were 30% less likely to have a pregnancy than women who received shorter supplies.[3]

Faculty guidance on combined hormonal contraception (CHC)[4] does not specifically recommend the number of months to be supplied at initial prescribing but states: "A follow-up visit 3 months after the first prescription of a combined hormonal method is advised to allow BP [blood pressure] to be rechecked, and assessment of any problems. Women may be offered up to a 12 months' supply of COC [combined oral contraceptives] or CTP [combined transdermal patch] at the follow-up appointment. A yearly routine follow-up visit, plus advice to return at any time if there are problems, is recommended. Follow-ups should involve checking BP, BMI [body mass index] and enquiring about any health changes".

WHOMEC 2015[5] has removed all family history, BMI and dyslipidaemia restrictions for CHC. While it is clear that CHC can increase BP, the effect is not strong and is unlikely to lift women who start with a low BP above a clinically significant threshold (>140/ or >/90).

If we can increase continuation rates and prevent unplanned pregnancies by reducing the opportunities to run out by simply supplying more packs of oral contraceptives then we need to review our reasons for not providing 1 year of oral contraceptive at initial prescribing and ask women to check their BP themselves at their local pharmacy after 3 months. At follow-up visits, 12-month prescriptions should be the norm.

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