



# Contraception Update for General Practice 2023

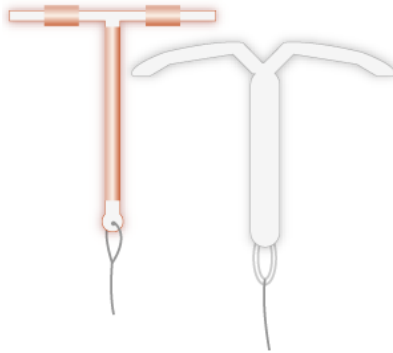
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ST2 Community Sexual and  
Reproductive Health

# Overview

- Emergency Contraception
- IUD Guideline Update
- New IUS - Benilexa
- New COCP
- FSRH statement on progesterone cancer risk



# Emergency Contraception

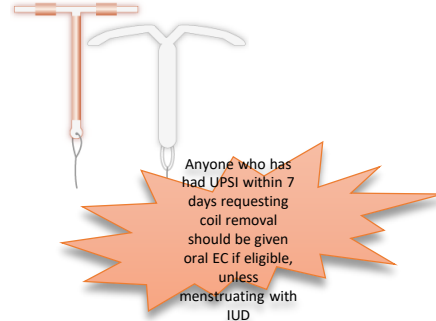


- Copper coil is most effective
- Oral options otherwise- Levonelle (Levonorgestrel) + Ella One (Ullipristal Acetate)

# EMERGENCY CONTRACEPTION

Adapted from FSRH: Emergency Contraception Guideline (July 2023)

## FIRST LINE IS Copper Intra-uterine Device (Cu-IUD)

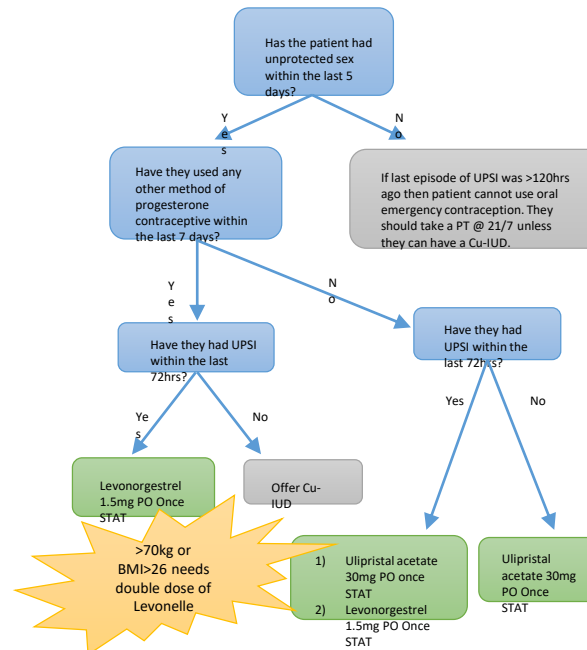


- Cu-IUD can be inserted up to 5 days after the first episode of unprotected sexual intercourse (UPSI) anywhere in a menstrual cycle **OR** up to 5 days after the earliest likely date of ovulation i.e. up to day 19 of a 28 day cycle (whichever is later)
- It does not matter if there have been multiple sexual episodes in the cycle if they have all occurred prior to the 5 days after expected ovulation.

## ORAL EMERGENCY CONTRACEPTION (EC)



**ALL PATIENTS GIVEN ORAL EC SHOULD BE INFORMED THAT IT WILL NOT BE EFFECTIVE IF THEY HAVE ALREADY OVULATED- ALL PATIENTS SHOULD REPEAT A PT @ 21/7**

- **Ullipristal acetate (UPA-EC)** is more effective than levonorgestrel (LNG-EC).
- UPA-EC is **NOT** suitable for anyone with severe asthma controlled by oral glucocorticoids.
- Women should **NOT** take any progesterone-containing contraceptives for 5 days following UPA-EC.
- If a person is taking **ENZYME-INDUCING DRUGS** they should be offered IUC first-line.
- Double dose LNG can be given but there is limited evidence available about effectiveness.
- Both oral forms of EC can be taken more than once in a cycle, however it should be one form of EC only, not both



# Emergency Contraception

## Oral emergency contraception with levonorgestrel plus piroxicam: a randomised double-blind placebo-controlled trial

[Raymond Hang Wun Li, MD](#)   • [Sue Seen Tsing Lo, MD](#) • [Prof Kristina Gemzell-Danielsson, MD](#) • [Carol Ho Yi Fong, MStat](#) • [Prof Pak Chung Ho, MD](#) • [Prof Ernest Hung Yu Ng, MD](#)

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**At present, FSRH CEU guidance regarding emergency contraception remains unchanged.** It is anticipated, however, that a Guideline Development Group for update of the FSRH Emergency Contraception Guideline will consider the findings of this study and any other emerging evidence and develop guidance that reflects the potential benefit of LNG-EC/piroxicam compared to LNG-EC alone, but also takes into consideration:-

# Emergency Contraception & Implant

- Inhibition of ovulation- serum ENG concentration 90pg/ml
  - After 3 years – average 156pg/ml
  - Likely >90pg/ml after 4yrs + 5yrs
- For first 3yrs failure rate 0.05%
- Still do not routinely recommend >3yrs use
- If UPSI in 4<sup>th</sup> yr of use- likely no need for EC
- Can perform PT and continue with new method




# IUD Guideline Update 2023

## *Clinical recommendations*

- ✓ Any 52 mg LNG-IUD inserted at age <45 years can be used for contraception for 6 years.
- ✓ Any 52 mg LNG-IUD inserted at age ≥45 years can be used for contraception until age 55 years.
- ✓ Any Cu-IUD with copper surface area ≥300 mm<sup>2</sup> inserted at age ≥40 years can be used for contraception until menopause. It can be removed 1 year after the final menstrual period if this occurs after age 50 years.
- ✓ Any 52 mg LNG-IUD can be used for 5 years as endometrial protection as part of hormone replacement therapy (HRT).

Taken from FSRH Intrauterine Contraception Guideline 2023

# IUS Overview

	52mg	19.5mg	13.5mg
+ Benilexa + Levosert	 Mirena	 Kyleena	 Jaydess
	Contraception: 6 yrs HRT: 5 yrs	Contraception: 5 yrs	Contraception: 3 yrs



# IUS 52mg



	Benilexa	Levosert	Mirena
Strength	52mg	52mg	52mg
FSRH recommended use for contraception	6 years	6 years	6 years
Licenced use for contraception	6 years	6 years	5 years
FSRH recommended duration for use as HRT	5 years	5 years	5 years
Licenced for heavy menstrual bleeding	Yes	Yes	Yes

Adapted from BMJ SRH *Intrauterine devices: a summary of new guidance* by A. Jeffries, K. Boog



## New COCP- Drovelis

- Estretol
- Drosperinone
- 24 active pills, 4 inactive pills (28)
- Safety profile, bleeding patterns and side effects all in-keeping with other CHC
- International Active Surveillance Study ongoing- VTE risk
- DRSP- high K+ risk

Pill brand	Oestrogen	Progestogen
Drovelis	14.2mg Estretol	3mg Drospirenone
Yasmin	30mcg Ethinylestradiol	3mg Drospirenone
Lucette	30mcg Ethinylestradiol	3mg Drospirenone
Eloine	30mcg Ethinylestradiol	3mg Drospirenone

# Hormonal Contraception & NSAIDs

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## **Venous thromboembolism with use of hormonal contraception and non-steroidal anti-inflammatory drugs: nationwide cohort study**

Amani Meaidi,<sup>1,2</sup> Annamaria Mascolo,<sup>3,4</sup> Maurizio Sessa,<sup>5</sup> Anne Pernille Toft-Petersen,<sup>6</sup> Regitze Skals,<sup>7</sup> Thomas Alexander Gerds,<sup>8</sup> Charlotte Wessel Skovlund,<sup>9</sup> Lina Steinrud Morch,<sup>9</sup> Francesco Rossi,<sup>3,4</sup> Annalisa Capuano,<sup>3,4</sup> Oejvind Lidegaard,<sup>1,2</sup> Christian Torp-Pedersen<sup>8,10,11</sup>

It is suggested that when discussing CHC-associated VTE risk, clinicians consider advising users of combined hormonal contraception about potential small additional risk if non-aspirin NSAIDs are used alongside CHC.

# Progesterone-only Contraception & Breast Ca Risk

RESEARCH ARTICLE

## Combined and progestagen-only hormonal contraceptives and breast cancer risk: A UK nested case-control study and meta-analysis

Danielle Fitzpatrick, Kirstin Pirie , Gillian Reeves, Jane Green, Valerie Beral †

Published: March 21, 2023 • <https://doi.org/10.1371/journal.pmed.1004188>

- Increased risk of developing breast Ca with progesterone-only contraceptives (20-30% increased risk)
- Similar increase in risk across all different methods of progesterone contraceptives
- Also similar in both this study and also previous evidence to the risk associated with CHC



# Progesterone-only Contraception & Breast Ca Risk

- After 5 years progesterone-only contraception use the 15 year excess incidence of breast Ca was:
  - 8 cases per 100,000 in 16-20 year olds
  - 265 cases per 100,00 in 35-39 year olds
- Still very small risk of a healthy young person developing Breast Ca
- Risk vs benefit



Normal BMI: 9/100 will  
develop breast cancer at age  
50 or above.  
Obese BMI: 11-12/100

### Preventable cases



Breast cancer cases  
are preventable, UK,  
2015

### Caused by obesity



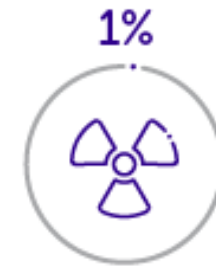
Breast cancer cases  
caused by overweight  
and obesity, UK, 2015

### Caused by alcohol



Breast cancer cases  
caused by alcohol  
drinking, UK, 2015

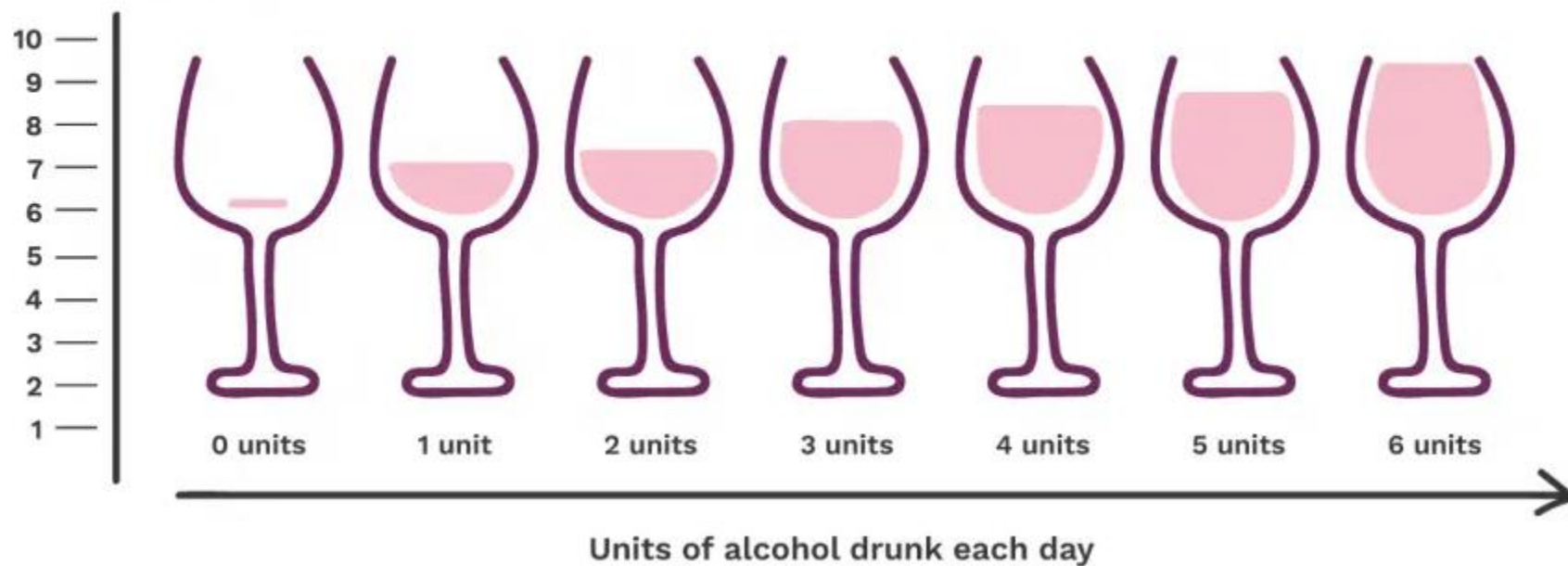
### Caused by radiation



Breast cancer cases  
caused by ionising  
radiation, UK, 2015

Tee-total: 6/50 women will  
develop breast Ca in their life  
2 units/day: 7/50 women

Estimated number of women out of 50 who will develop breast cancer in their lifetime



# Take-Home Messages

- Copper IUD first-line EC
- 52mg IUS now 6 yrs for contraception, 5 yrs for HRT
- Breast Ca risk remains low for low risk patients
- Consider VTE risk factors with CHC



# References

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- [Contracepção... DIU e SIU - Aos domingos no meu consultório \(aosdomingosnomeuconsultorio.com\)](#)
- [Hormone IUDs: Mirena, Kyleena and Jaydess - Gyn Koe70 \(gyn-koe70.de\)](#)
- [Buy Levonelle Online UK Pharmacy | Prescription Doctor](#)