

LARC update for GUM generalists

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7.9.19



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Objectives

- To be aware of the pros and cons of different LARC methods
- To be able to counsel women about choice of intrauterine contraception and implants.
- To be able to manage common problems during use of LARC.



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Outline of session

- Top Tips for counselling
- Mythbuster
- New types of intrauterine contraception
- Management of common problems



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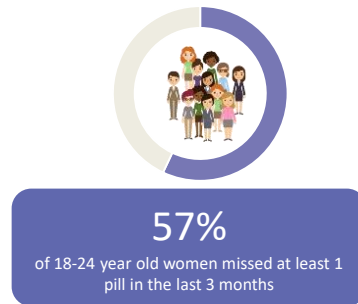
Keisha age 22



- Taking the pill past 5 years but forgets now she's at university
- Recent TOP
- Long term partner
- Planning to travel after she graduates



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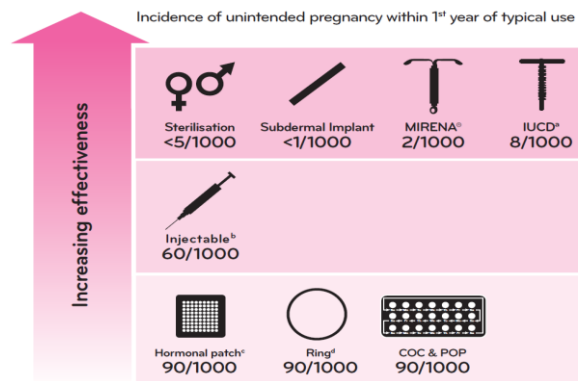
Survey in 5,120 women aged 18-44 years old, in US, Brazil, UK, France, Spain, Germany, Italy, Russia and Australia. Results presented for the age groups 18-24 (799 answers), for all countries excluding US.



Hooper DJ. Clin Drug Investig. 2010

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Contraceptive efficacy



^aAdapted from Trussell J. Contraception, 2011;83(5):397-404. a. ParaGard (branded copper T), equivalent to the T-Safe Cu380A (and its clones) b. Depo-Provera. c. Extra d. NuvaRing. COC: combined oral contraception. POP: progestogen-only pill

1. Trussell J. Contraception 2011;83(5):397-404



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PRIMARY CARE
WOMEN'S HEALTH FORUM

Top Tips for IUC counselling



1. Make sure women are aware of and have access to their ideal method

Offer women all methods of contraception for which they are eligible

Intrauterine contraception (IUC):
UKMEC 1 for nulliparous women
UKMEC 2 for under 18s

Implant :
UKMEC 1 all ages and parity



UK medical eligibility criteria (UKMEC) guidance from FSRH 2016

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2. LARC are among the most reliable and acceptable methods

If all women offered the full choice of methods:

- 75% will choose LARC
- Of these 60% will choose IUC
- When IUC chosen 80% women are satisfied
- Continuation rates are high



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3. Clear concise counselling can help women select their preferred method

- Determine contraceptive needs
- Discuss all methods available including LARC
- Discuss potential benefits and risks of chosen method
- Address concerns
- Organise follow up for LARC method and bridging method if needed
- Counselling can lead to improved satisfaction and continuation



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To identify patients who can benefit from LARC
consider asking 3 short questions:

1. How many times did you forget to take the pill over the last 3 months?
2. How important is it for you NOT to become pregnant?
3. If you want to become pregnant, when do you plan to become pregnant?



*These questions form part of a counselling tool which was developed by the global INTRA (Intrauterine Contraception: Translating Research into Action) group: an expert group of healthcare with an interest in intrauterine contraception. Further details can be found on www.womenshealthmatters.uk.com

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4. LARC methods have many advantages

- >99% effective (Nexplanon failure <1:1000)
- Non-user dependent
- Long acting nature
- Low rate of fitting associated complications



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5. Discuss IUC myths so potential concerns can be addressed

Myth	Truth
IUC increases risk of PID	Evidence shows that risk of PID with IUC <1%
Younger/nulliparous women have higher risk of PID	PID risk low for all women-irrespective of age, parity and STI risk
STI screening must be done prior to placement	FSRH guidance-not necessary to delay fitting until STI screening results available



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5. Discuss IUC myths so potential concerns can be addressed

Myth	Truth
High risk of ectopic pregnancy with IUC	IUC is highly effective: failure rate and therefore absolute ectopic pregnancy rate is low
Previous ectopic is a contraindication to IUC	IUC fitting in women with previous ectopic is UKMEC 1
Placement may be more difficult and painful in younger/nulliparous women	90% of HCPs said placement of IUC in nulliparous women was easy 75% of nulliparous women found IUC less painful than expected



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‘I don’t want something inside me’

Have a dummy IUD/IUS/implant to show the real size and shape



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‘It will be too painful’

- Help her to decide this is the method for her
- Let her know that she is in control
- Inform her before about the fitting process and how long it will last
- 400 – 600mgs ibuprofen 90 mins before IUC fitting will reduce post-insertion pain
- Lidocaine spray can be used for Nexplanon fitting
- HAVE A GOOD ‘VOCAL LOCAL’!



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‘It will get lost’

Explain that perforation is possible but the rate is low

Perforation rates higher when:

- Clinicians fit less than 50/yr
- Women are breast feeding
- Deep Implants <0.01% of fittings



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‘I don’t want to gain weight’

Hormones similar to those she is already taking but lower dose because of low daily release:

- Copper device: no hormone
- Kyleena: average daily dose 6 mcgs LNG
- Mirena: average daily dose 20 mcgs LNG
- Nexplanon 60-70mcg at start 25-30mcg end of 3rd yr.



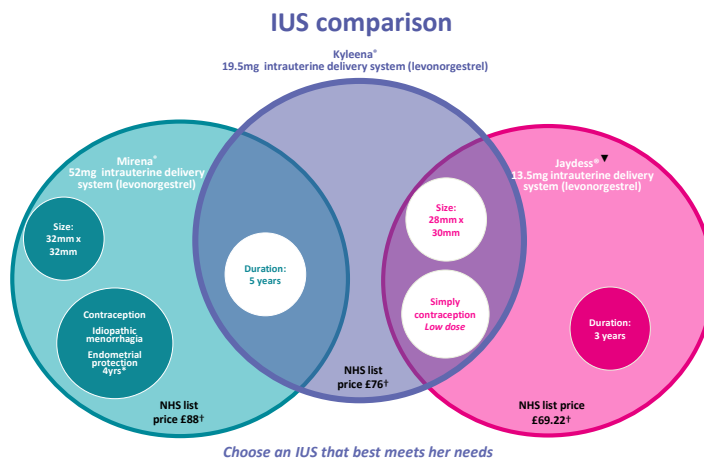
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‘I don’t want something that will make me infertile’

- Sexual history important to decide if higher chlamydia risk
- Check chlamydia result – self-taken swab beforehand if appropriate
- Once LARC device removed there is rapid return to normal fertility for her



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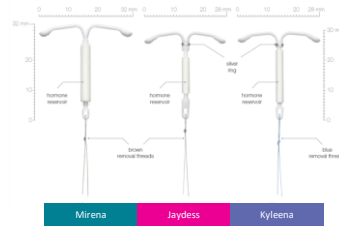
1. Mirena Summary of Product Characteristics (SmPC), Feb 2018
 2. Jaydess Summary of Product Characteristics (SmPC), Sept 2017
 3. Kyleena Summary of Product Characteristics (SmPC), March 2018

*Endometrial protection during oestrogen replacement therapy
 † Price accurate as of January 2018



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Mirena®, Jaydess® and Kyleena®: Physical appearance



This differentiation booklet can be found on www.medicines.org.uk

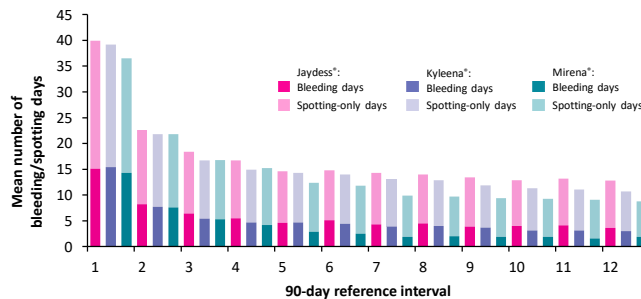
- The T-body of all three IUS contains barium sulphate which makes it visible in X-ray examination.
- Jaydess® and Kyleena® can be differentiated from Mirena® by the silver ring that is visible on ultrasound.
- A distinction between Jaydess® and Kyleena® in situ per ultrasound is not possible. They can be distinguished by the different colour of the removal threads visible at the cervical os.



1. Mirena Summary of Product Characteristics (SmPC), Feb 2018
2. Jaydess Summary of Product Characteristics (SmPC), Sept 2017
3. Kyleena Summary of Product Characteristics (SmPC), Mar 2018

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IUS bleeding patterns



Gemzell-Danielsson et al. 2012

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Choice of IUD



- TT 380 slimline, T safe Cu380a QL
- 10 yr licence

Slim applicator

- Nova t380, neo-safe Cu 380

Smaller device

- Mini TT380 slimline, UT380 short

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The intrauterine ball



- SCu300B MIDI
- Spherical 15mm size
- Licensed for 5 yrs
- CEU review – 8.2.19



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6. IUC Fitting is reported by women to be less painful than they expected

- 70% of women- mild/moderate pain
- 20% of women- no pain at all
- Advise women that fitting procedure is short in duration
- Fitting sensation is short-lived, period-like discomfort
- Show women a model IUC and encourage them to hold it



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7. Discuss effect of IUC on bleeding pattern

	No Hormone	Levonorgestrel Hormonal IUC		
	IUD	13.5mg	19.5mg	52mg
Changes in menstrual bleeding pattern after insertion at the end of Year 1	No change in cycle, bleeding may be heavier	Amenorrhoea: 6% Infrequent bleeding: 20%	Amenorrhoea: 12% Infrequent bleeding: 26%	Amenorrhoea: 16% Infrequent bleeding: 57%



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Nexplanon bleeding pattern

- 2 in 10 women are amenorrhoeic
 - 3 in 10 women have infrequent bleeding
 - 1 in 10 women have frequent bleeding
 - 2 in 10 women have prolonged bleeding
-
- In 75% of women bleeding-spotting days are < natural cycle

- CEU clinical guidance on progestogen-only implant 2014



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8. No routine follow up needed

"Open door" policy with women encouraged to attend any time they have concerns



CEU guidance: intrauterine contraception-FSRH 2015

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9. LARC can be fitted at any time during the cycle

- Fitter needs to be reasonably certain the woman is not pregnant
- If there is a pregnancy risk post-coital contraception should be discussed and fitting delayed if necessary
- Test for STIs at time of IUC fit in asymptomatic women



CEU guidance: intrauterine contraception-FSRH 2015

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10. LARC removal is generally easy and uncomplicated

- Women need to be reassured that:
- Device can be removed at any time
- There is a rapid return to normal fertility after removal



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Keisha age 22



- Taking the pill past 5 years but forgets now she's at university
- Recent TOP
- Long term partner
- Planning to travel after she graduates
- Would like to consider a long acting method
- Friend had implant but heavy bleeding
- Mum had ectopic pregnancy whilst using IUD



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Which LARC would be most suitable for Keisha?

- Depo provera
- Sayana press
- Implant
- IUD
- IUS
- Any of the above



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Sarah age 25

- Attends for first cervical smear
- IUD fitted 2 yrs before
- No pain, regular periods
- On speculum exam no threads seen



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Threads not visible

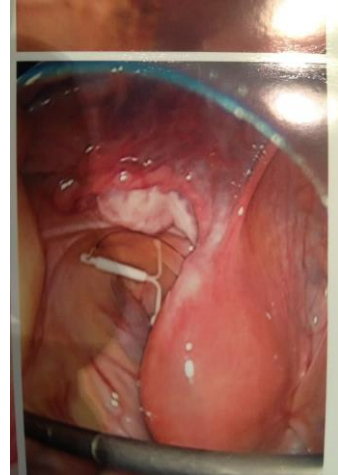
- Exclude pregnancy
- Advise alternative contraception until device located
- Ultrasound
 - x ray pelvis and abdomen if device not seen in uterine cavity



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Uterine Perforation

- EURAS IUC study
 - 61,448 women
 - 70% IUS and 30% CuIUD
 - 81 perforations
 - 1.4/1000 fits for IUS
 - 1.1/1000 fits for CuIUD
- Breastfeeding women RR 5.6
- Less than 36 wks post natal RR 3.3
- *Heinemann et al Contraception 2015;91:274-9*



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Constance age 32

- IUS replaced 4 wks ago after 5.5 yrs
- She was fine for 10/7 then developed pain, spotting, dysuria



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Ectopic pregnancy

- Pregnancy test positive
- Scan images- yolk sac, gestation sac, but no fetal pole-approx 6/40
- Mirena correctly sited, thin endometrium



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Ectopic pregnancy risk

EURAS

- | | | |
|-------------------|---------|------------|
| • 61,448 women | 70% LNG | 30% copper |
| • 118 pregnancies | 26 LNG | 92 copper |
| • 21 Ectopics | 7 LNG | 14 copper |
| • Pearl index | 0.06 | 0.52 |

BASHH *Heinemann et al Contraception 2015;91:280-83*



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Learning points

- IUS is extremely effective- higher chance of ectopic if pregnancy does occur
- Importance of PT at time of replacing overdue IUS & if pain/bleeding
- Correctly sited IUS can be left in situ to provide contraception after Rx for ectopic.
- Consider bridging method if there is a delay between consultation and fitting
- FSRH guidance- Up to 7 yrs immediate fit of IUS if neg pregnancy test with further pregnancy test 3 wks after last UPSI



FSRH guidance-intrauterine contraception 2015

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Niamh age 27

- 5 weeks post IUS fit
- Cramping past week
- Spotting/bleeding since fitting
- Examination- threads appear long



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Menstrual cups

- Manufacturer recommends not using 6/52 post IUC fit
- Place device low in vagina
- Take care to break seal prior to removal
- FSRH no evidence that tampons or menstrual cups associated with increased expulsion risk

- *FSRH guidance-intrauterine contraception 2015*



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Shobna age 37

- Implant fitted 18/12 ago after TOP
- No bleeding first year, but now has bleeding every 2 wks for a couple of days and bleeds after sex
- Wants removal



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Management of problematic bleeding

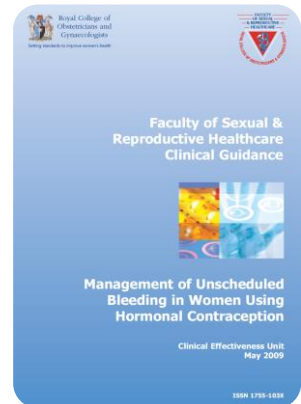
Exclude pathology

Drug treatments

- COC either cyclically or continually for 3 months or longer
- POP- desogestrel only pills
- NSAID for 5-10 days or longer
- Tranexamic acid for 5 days

Return of bleeding likely when treatment is stopped

In 75% of women bleeding-spotting days are < natural cycle



**The new
Primary Care Women's Health Forum
website and full membership have
now launched**

www.pcwhf.co.uk



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