Birth control in university students

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Student services: supporting students in education, removing thresholds and concerns, preventing drop out, creating opportunities, healthy minds in healthy bodies
Opportunities to address the issue

- “I might be pregnant”
- “I did something I wish I hadn’t”
- “I would like a pill prescription”
- “I’d like to go on a contraceptive”
- “our condom got lost”
- “I’m not happy with my actual birth control”
- “I hate my periods / acne”
- …
context

Our patients
• Active, literate, adventurous, ambitious young women
• No immediate reproduction urge
• Focus on self-development
• Consecutive, simultaneous or loose relations

Our means
• Variety of contraceptives
• Culture, common practice, training and knowledge, availability
Flanders region

Vast majority of hormonal contraceptives
• Easily available
• Accepted as safe and reliable
• Shift from pills to newer methods

Non hormonal methods
• Copper IUD
• Barrier methods: condom, diaphragm, cervical cap
• Natural family planning
Contraception methods

- Condom
- Female condom
- Oral contraception
- Hormonal ring
- UID
- Contraceptive injection
- Surgical sterilization
- Implant
- Coitus
- Calendar rhythm
- Vaginal
- Contraceptive
- Diaphragm / cap
Hormonal contraceptive challenges of the 21st century: many different options

- Combined EE + P
  - Combined oral contraceptive
  - Vaginal ring
  - Transdermal patch

- P only
  - Progestogen only pill
  - Dermal implant
  - Hormonal IUD
  - Injections
Hormonal contraceptive challenges of the 21st century: pro’s en contra’s

- Highly effective when used correctly
- Well tolerated
- Safe profile in low risk women
- Positive side effects

- False rumours and urban legends
- (wrong) ideas, concerns and expectations
- No STI prevention
So, what is the best choice?
Some research on patients preferences
Research on preferences – article 1

Attitudes, awareness, compliance and preferences among hormonal contraception users

David J. Hopper (Schering corporation)
Clin Drug Investig 2010: 30(11): 749-763
Set up

• Cross-sectional survey
• Aim: assess attitudes, awareness, compliance and preferences
• US, UK, France, Germany, Spain, Italy, Brazil, Australia, Russia
• 5120 women
  o Mean age 31y
  o 70% current users
  o No intention for pregnancy next 3y
  o Desired quick return of fertility
• Self-administered online questionnaires
results

- 42% prefers effectiveness over cycle control
- 58% accepts irregular bleeding if less frequent
- 53% was concerned about additional EE
  - 80% considers switch to lower EE
  - 74% prefers POP to avoid EE side effects
- up to 67% admits wrong intake in last 3 months
- 85% prefers low dose monthly application over daily pill
- 81% would consider long term method
- 30 to 86% considers themselves well informed
conclusions

• Individualized counselling
• Tailored to personal preferences to improve
  o Compliance
  o Continuation
  o Prevention of unwanted pregnancy
Research on preferences – article 2

The contraceptive CHOICE project round up: what we did and what we learned

Colleen McNicholas, Tessa Madden, Jeffrey F. Peipert
Clinical obstetrics and gynecology, 57, 4, 635-643, 2014
Set up

• Prospective cohort study
• Aim: less unintended pregnancies through LARC by reducing barriers (cost, knowledge, access)
• St Louis area, MO, US
• 9256 women of high risk population
• free contraceptive of choice for 2 to 3 years
• Telephone survey month 3, 6, 12, 18, 24, 30, 36
results

• Underestimating LARC effectiveness vs overestimating pill-patch-ring effectiveness
• <5% LARC in local population before launch, 46% choose LARC at baseline enrollment
• Dramatically higher continuation rates and satisfaction with LARC after 12 and 24 months
• Dramatic drop in failure rates with LARC vs non LARC methods
• Dramatic drop in regional abortion numbers
• Students: 18-20y group preferred LARC, similar continuation rate and satisfaction as older women
• Less visits = less STI screening
conclusions

• Remove barriers
  o Knowledge
  o Cost
  o Access

• Preference for most effective and user-independent methods in all ages

• Higher continuation rates and satisfaction, leading to less unintended pregnancies

• Adapt STI screening to fewer doctor visits
Some reflections
“1 g of empathy is worth 1g of knowledge”

- Techniques: counselling and practical skills
- We are the advisers, we are the suppliers, but we are not the deciders
- Time
- Confidentiality
- Rare need for clinical breast or pelvic examination

Important knowledge
Effectiveness is high

- Theoretical effectiveness is similar for all methods

- Factual effectiveness is user dependent
  - Compliance: assess motivation, understanding, access, follow-up
  - Interactions with other medication
    - Enzyme inducers (most tuberculostatics and anti-epileptic drugs (not: valproate)): only LN-IUD is safe
    - Anti-retroviral drugs: progestogen only methods are safe
    - Saint John’s wort: controversial
    - Ulipristal: use condom until end of cycle, interaction with P used 7 days before until 5 days after
Reliability could be user dependent.
These are the statistics: user-independent = more reliable
“Well, yes, right, … “
The unlucky individual versus statistics.
Serious health risks are rare

- Most important complication is venous trombo-embolism
  - 5/100,000 women years in non-pregnant non-users
    - x2 to x3 in second generation and x3 to x5 in third generation
    - x10 in pregnancy and x20 after delivery or abortion
  - Dose related effect of EE, influenced by P-combination, not with P-implant or LN-IUD

- Risk factors:
  - Personal or family history
  - Age, BMI, smoking, immobilisation, surgery, cancer

- Other cardiovascular effects
  - AMI: EE related, not with POP
  - CVA: EE related, not with POP

- Cancer
  - Lower risk of ovary-, endometrium- and colorectal cancer
  - Higher risk of cervical en possibly breast cancer
  - Positive effect on overall cancer risk
Mild side effects are more common

- **Estrogen related**
  - Irregular bleeding: higher EE dose or switch to 3rd generation P
  - Nausea/bloated feeling: lower EE dose or switch to 2nd generation P
  - Headache
  - Breast tenderness

- **Progestogen related:**
  - Acne: no difference between P, overall positive effect
  - Weight changes: lower P, similar for most P, worse with injections and implant
  - Moodswings: higher EE dose or switch to 3rd generation P
  - Loss of libido: unclear, avoid cyproterone acetate
Get started

• Assess ICE and preferences

• Assess possible pregnancy or STI (risk)

• inform, facilitate choice and provide

• Get started
  
  • CC and POP
    • First 5 days of cycle: always reliable
    • Quick start:
      • rule out pregnancy
      • barrier method for 7 days(COC), 2 days(POP), 9 days(natural E)

  • IUD
    • Be familiar with procedure
    • any day if pregnancy ruled out
    • LN-IUD: barrier method for 7 days if after D7
Never forget the added value of these.
conclusion
The best choice is her choice.