



LARCs: responding to side effects

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Sita, 29

- Sita had a single-rod contraceptive implant inserted 18 months ago
- She would like it removed today
- *Why?*
 - Mood disturbance last 3 months
 - Mother suggested removing implant, as it's "*well known to cause mood problems*"

Sita – extra information

- Happy with implant otherwise
- Extra pressures at work last 6 months, does not feel can cope much longer
- Partner has commented on her irritability, & suggested she change jobs
- Low mood, lowered self esteem and disrupted sleep patterns
- *Time course and other possible reasons for mood disturbance suggest it's not due to implant*

Could this be a side effect?

Table: Percentages of subjects with at least one experience classified by body system and reported as related to the study drug pre-marketing in clinical trials performed by MSD ¹.

Body System (WHO System Organ Class)	Implanon[®](²) Related AE's (> 2.5%) N= 1326 %	Norplant[®] (levonorgestrel releasing implants) Related AE's (> 5%) N= 184 %
Psychiatric disorders		
Emotional lability	5.2	7.6
Depression	3.2	4.9
Nervousness	2.9	3.3
Libido decreased	3.2	5.4

Evidence for side effects – provider perspective

- Mood
 - Limited data, impact unclear
- Weight gain
 - Limited data, impact unclear



Side effects – patient perspective

- Reasons for removal of implant
 - bleeding irregularities
 - mood swings
 - headaches
 - weight gain
- May be a combination of factors



Responding to possible side effects

- Qualitative studies outline patients' difficult experiences after reporting side effects to health professionals



Provider resistance

'I think she thought that maybe I was going to go out and then like be sexually active and not have any protection then get pregnant and then come back and blame somebody. So I think she was trying to protect herself while doing it, but I don't know, I thought that wasn't really any of her business at that stage in time'

Sita

- Discussed low chance that mood problems, in this case, were likely due to other causes
- Reassured that implant could be removed if desired
- Sita accepted referral to counselling, and kept her implant
- Mood problems resolved in time

Dealing with other side effects





Guidance for management of troublesome vaginal bleeding with progestogen-only long-acting reversible contraception (LARC)



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Initial consultation

- **Provide accurate information about expected bleeding patterns, emphasising that troublesome bleeding is likely to improve with time:**

Implant: 1/5 amenorrhoea, 3/5 infrequent, irregular bleeding, 1/5 frequent or prolonged bleeding; approximately 1/2 with frequent or prolonged bleeding will improve after three months.

Hormonal IUD: frequent spotting/bleeding common in first 3-5 months; either amenorrhoea, light irregular or light regular bleeding common after six months.

DMPA Injection: 1/2 amenorrhoea, 1/6 infrequent irregular bleeding, 1/3 frequent/prolonged bleeding; amenorrhoea increases over time.

- **Be proactive in offering management advice for troublesome bleeding**

Actively encourage review of troublesome bleeding.

Contraindications include:

¹ migraine with aura, personal and family history of venous thromboembolism, risk factor for cardiovascular disease and smoking >35 years of age, active breast cancer. For other conditions see: www.fsrh.org/pdfs/UKMECSummarySheets2009.pdf

² upper gastrointestinal inflammation or ulceration, renal conditions

³ active thromboembolic disease and subarachnoid haemorrhage

⁴ active thromboembolic disease and subarachnoid haemorrhage

⁵ at high risk of venous thromboembolism, ischemic heart disease or stroke

⁶ active breast cancer

Management of troublesome bleeding

1. **Exclude other causes**

Pregnancy, sexually transmitted infections (STIs) including chlamydia, liver-enzyme inducing medications (implant only) and vaginal, cervical or uterine pathology

2. **If no suspicion of another cause for bleeding**

Reassure this is 'normal' and not harmful

3. **Advise medication management**

Ensure no contraindications and explain risks and side effects

4. **Advise that the implant or hormonal IUD can be removed any time or the depot medroxyprogesterone acetate (DMPA) injection discontinued.**

First line options:

- A combined hormonal contraceptive¹ taken continuously or cyclically for three months
- Five day course of NSAID² such as mefenamic acid 500mg bd-tds
- Five day course of tranexamic³ acid 500mg bd, particularly if bleeding is heavy

Second line options

With low level, anecdotal or conflicting evidence:

- Tranexamic⁴ acid 500mg bd for five days for lighter bleeding
- Norethisterone⁵ 5mg tds for 21 days
- Levonogestrel⁶, progestogen only pill, 30 mcg bd for 20 days
- Early removal and replacement of implant or hormonal IUD, or shortening interval between injections from 12 to 10 weeks

Bleeding – contraceptive implants

- Anticipatory counselling, reassurance
- Combined hormonal contraceptive continuously or cyclically for three months
- NSAID eg mefenamic acid 500mg bd-tds 5 days
- Tranexamic acid 500mg bd 5 days
- (Ulipristal 15mg daily 7 days)

- Alternatives (lower level evidence):
 - Norethisterone 5mg tds for 21 days
 - Levonogestrel POP, 30 mcg bd for 20 days
 - Early removal and replacement

Bleeding - IUDs

- Progestogen IUD
 - Anticipatory counselling, reassurance
 - Similar to contraceptive implants
- Copper IUD
 - Anticipatory counselling
 - Reassurance (may reduce with time)
 - NSAID, tranexamic acid

Practical suggestions

- Prepare patients for expected changes
- What's the impact of the problem?
- Could it be a side effect?
- Could it be caused by anything else?
 - Investigate further as needed
- Discuss uncertainties with patient
- Provide patient with options
- Respect their decisions

Questions?



References

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