

# PILL CHECKS

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## Contraceptive pills

### COCP

- ▶ Two hormones
- ▶ Estrogen and progestogen
- ▶ Many different formulations
- ▶ Normally taken for 21 days with 7 day break .
- ▶ Inhibits ovulation

### POP

- ▶ One hormone
- ▶ Progestogen only
- ▶ Desogestrel - 12 hour window and the only one that consistently inhibits ovulation
- ▶ Noriday and Norgeston -3 hour window. Relies on changes in cervical mucous, endometrium and tubal motility
- ▶ Taken everyday no break

## Tailored regimes COCP

Tailored regimes reduce HFI bleeding, SE (headache and mood changes ) and failure rate.

FSRH recommend that tailored regimes are discussed with women to offer greater contraceptive choice:

1. COCP with shortened HFI of 4 days
2. Extended use of COCP, less frequent HFI . The could take 3 packets back to back and a 4 day break
- 3 Continuous use of COCP, no HFI

## UKMEC

- ▶ UK Medical Eligibility Criteria
- ▶ Offers guidance as to who can use contraceptive methods safely
- ▶ It provides evidence based recommendations as to who may use a method safely depending on the patients characteristics or health conditions
- ▶ <https://www.fsrh.org/ukmec>
- ▶ [Srrh.org/mecwheel](http://Srrh.org/mecwheel)

Remember this is not about effectiveness, just safety !

## UKMEC

- ▶ UKMEC 1 A condition for which there is no restriction for the use of the method
- ▶ UKMEC 2 A condition where the advantages of using a method generally out weight the theoretical or proven risks
- ▶ UKMEC 3 A condition where the theoretical or proven risks usually outweigh the advantages of the method
- ▶ UKMEC 4 A condition which represents an unacceptable health risk

We should be working in the UKMEC 1 and 2 range.

## Opening Questions

- ▶ Ask about any changes in medical conditions and family history
- ▶ Check for any changes of medication
- ▶ Look out for enzyme inducers and ask specifically about St John's Wort
- ▶ Check about changes in lifestyle
- ▶ Ask if any change in sexual history
- ▶ Ask about a change in bleeding patterns
- ▶ Check compliance

## Age

### COCP

- ▶ UKMEC1 up to 40 years
- ▶ UKMEC2 up to 50 years if no complications/ risk factors

### POP

- ▶ UKMEC 1 Up to 55 years

# Smoking

## COCP

- ▶ <35 years UKMEC 2
- ▶ > =35 years UKMEC 3 if <15 cigarettes daily
- ▶ >= 35 years UKMEC4 if > 15 cigarettes daily
  
- ▶ >35 years and stopped smoking < 1 year UKMEC 3
- ▶ >35 years and stopped smoking > 1 year is UKMEC 2

## POP

- ▶ UKMEC 1 for all



## Weight

### COCP

- ▶ BMI 30-34 kg/m UKMEC 2
- ▶ BMI >35 kg/m UKMEC 3

### POP

- ▶ UKMEC 1
- ▶ BMI is not a contraindication

## Blood Pressure

### COCP

- ▶ Treated and controlled BP is UKMEC 3
- ▶ Untreated hypertension is UKMEC 3 or 4 depending on BP
- ▶ Multiple cardiovascular risk factors are a UKMEC 3 (smoking diabetes hypertension obesity etc)

### POP

- ▶ UKMEC 1
- ▶ Multiple cardiovascular risk factors UKMEC 2

# VTE Venous thromboembolism

## COCP

- ▶ History of VTE UKMEC 4

- ▶ Current VTE UKMEC 4

## POP

- ▶ History of VTE UKMEC 2

- ▶ Current VTE UKMEC 2

## Headaches

### COCP

- ▶ Migraine with aura  
UKMEC 4
- ▶ Migraine without aura  
UKMEC 2
- ▶ If migraine without aura  
starts while on the pill  
continuation is a UKMEC  
3

### POP

- ▶ Migraine with aura is  
UKMEC 2
- ▶ Migraine with out aura is  
UKMEC 2

Headache is common ! Not every headache is a migraine, and many ladies get headaches in PFI

Women who have migraine with aura are at increased risk of CVA than those who have migraine without aura.

## Migraine without aura

- ▶ Recurring headache
- ▶ Headache lasts 4-72 hours
- ▶ Headache has two of the following features:
  - ▶ Unilateral
  - ▶ Pulsating
  - ▶ Moderate to severe
  - ▶ Aggravated by or causing avoidance of physical exercise
- ▶ Headache has at least one of the following
  - Nausea and / or vomiting
  - Photophobia or phonophobia

Making an accurate diagnosis is not so easy

## Migraine with aura

- ▶ Must fulfil the criteria above for migraine without aura
- ▶ One or more of the following reversible aura symptoms
  - ▶ Visual (zigzag or scotoma)
  - ▶ Sensory (pins and needles or numbness)
  - ▶ Speech disturbance ( aphasia )
  - ▶ Motor (motor symptom fully reversible < 72 hours)
  - ▶ Brainstem (dysarthria, vertigo, tinnitus, hyperacusis or diplopia)
- ▶ At least two of the following characteristics
  - ▶ One aura symptom spreads gradually over 5 minutes or two or more in succession
  - ▶ Each individual aura lasts 5-60 minutes
  - ▶ At least one aura symptoms is unilateral
  - ▶ The aura is accompanied by or followed within 60 minutes by a headache

## Cardiovascular disease

### COCP

- ▶ Vascular disease UKMEC 4
- ▶ Hypertension generally UKMEC 3
- ▶ Multiple cardiovascular risk factors UKMEC 3
- ▶ History of high BP in pregnancy is UKMEC 2

### POP

- ▶ UKMEC 2
- ▶ UKMEC 3 if MI or CVA occurs whilst taking POP

## Breast cancer

### COCP

- ▶ Current breast cancer is a UKMEC 4
- ▶ Past breast cancer is a UKMEC 3

### POP

- ▶ Current breast cancer is a UKMEC 4
- ▶ Past history breast cancer UKMEC 3

A decision to initiate any hormonal contraception should be made with the oncologist  
A family history of breast cancer does not preclude use of COCP except if they carry the BRAC gene.



# Gallstones

## COCP

- ▶ Current symptomatic gallstones UKMEC 3

## POP

- ▶ Current symptomatic gallstones UKMEC 2

## COCP Missed Pills

- ▶ Missed pills are very common
- ▶ Missed pill guidance only applies to monophasic 20-35ug COCP that are designed for 21/7 use.
- ▶ For all other COCP you need to consult pill specific guidance.
- ▶ COCP pill is only missed if not taken in the 24 hours after it should have been taken
  
- ▶ FSRH CEU Guidance 'Recommended actions after incorrect use of COCP'

FSRH have a lovely one-page summary document for your desktop or to print. FSRH CEU Guidance Recommended actions after incorrect use of COCP

## 1 missed pill

- ▶ First pill of HFI must have been taken, and consistent use in 7 days before HFI if missed pill occurs in week 1.
- ▶ EC not required
- ▶ Take the missed
- ▶ Take all the remaining pills correctly
- ▶ No additional contraceptive precautions required

## 2 -7 missed pills

- ▶ In week 1 consider EC
- ▶ In week 3 omit the HFI
- ▶ Take the most recent missed pill as soon as possible
- ▶ Continue taking the remaining pills
- ▶ Abstain or use condoms for the next 7 days
- ▶ Consider FU pregnancy test

## More than 7 pills

- ▶ Consider emergency contraception
- ▶ Manage as quick start contraception
- ▶ Consider pregnancy test
- ▶ Start new pill packet
- ▶ Abstain or use condoms carefully for 7 days
- ▶ Consider FU pregnancy test.

## POP missed pill rules

- ▶ Desogestorel POPs if more than 12 hours late follow missed pill rules
- ▶ Traditional POP's if more than 3 hours late follow missed pill rules
- ▶ Take the missed pill as soon as remembered
- ▶ Take the next pill at the usual time
- ▶ Avoid sex or use additional precautions for 48 hours
- ▶ Consider emergency contraception is unprotected sex after the missed pill and in the 48 hours of restarting.

## What else ?

- ▶ The pill remains popular
- ▶ In 2017/2018 42% using pills as their form of contraception (sexual health services)
- ▶ \*\*\*It has a failure of 9/100 in the first year of use \*\*\*
- ▶ Please remind them re LARC
- ▶ Have a discussion re STI's (can do self taken swabs )
- ▶ Make sure they are compliant with smears
  
- ▶ [digital.nhs.uk](https://digital.nhs.uk)

## Anything else

- ▶ Dianette :ethinylestrodial and cyproterone acetate. Indicated for acne (when topical treatment and Abx have failed ) and hirsutism often with PCOS
- ▶ Travel : Give advice re reducing immobility during travel
- ▶ High Altitude : More than one week above 4500m advise to consider switching to safer method than COCP
- ▶ Antibiotics No extra cover is needed as long as they are not enzyme inducing



## Remote consultations for pill checks

- ▶ During the pandemic the FSRH have released a statement asking us to be flexible in our approach to consultations.
- ▶ They can be done fully or partially remotely
- ▶ Self-completed checklists are acceptable
- ▶ Self reported weight
- ▶ Self reported BP once per year (if BP done in last 12 months then can prescribe)
- ▶ 1 year of pills can be prescribed electronically

## COCP and Covid 19

- ▶ We know thrombotic risk for those hospitalized with Covid 19 is high
- ▶ The risk for those who have mild symptoms or asymptomatic has not yet been established
- ▶ COCP is associated with an increased risk of thrombosis and if there are any additional risk factor COCP should be avoided.
- ▶ However unplanned pregnancy has greater risk of thrombosis !
- ▶ Lots of unanswered questions
- ▶ Some women with mild or asymptomatic women may wish to change to POP
- ▶ Women can return to COCP when well and regained full mobility

## POP Over The Counter

- ▶ Lovima and Hana (both Desogestrel 75mg)
- ▶ Now classified as Pharmacy (P) medicine by MRHA
- ▶ Consultation with pharmacist required (so not on general sales list)
- ▶ Will reduce some barriers
- ▶ Will reduce unwanted pregnancies
- ▶ Cost is around £10 per month



ANY QUESTIONS?

## References

- ▶ UKMEC 2016
- ▶ [Fsrh.org/standards-and-guidance/documents/combined hormonal contraception](https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception)
- ▶ FSRH clinical effectiveness statement Use of COCP during Covid 19 pandemic Dec 18<sup>th</sup> 2020
  
- ▶ Useful Websites
- ▶ <https://www.sexwise.org.uk/contraception/combined-pill-coc>