

# PJ PRACTICE CHECKLIST

## ORAL CONTRACEPTION

Oral contraception is the most commonly used reversible method of contraception in the UK. Twenty four per cent of contraceptive users, just over 3m women, rely on the pill. It is a highly effective method when used correctly. Pharmacists are ideally placed to give information to women about correct use of the pill. This card outlines key points to remember when giving advice and answers some of the most common questions asked about the pill

### WHAT TYPES OF PILL ARE THERE?

There are two main types: combined pills (containing oestrogen and progestogen) and progestogen only pills. There are three varieties of combined pill: monophasic (the most widely used, in packs of 21 identical tablets); phasic (either biphasic or triphasic, where the hormone content varies over the cycle); and everyday (pack contains 28 pills, seven of which are inactive). It is important to ensure that women know which type of pill they are taking, as advice (for example on missed pills) will vary for combined and progestogen only pill users.

### HOW EFFECTIVE ARE THEY?

Combined pills are nearly 100 per cent effective, progestogen only pills 99 per cent effective when taken correctly. Efficacy rates depend on how well the method is used.

### HOW DO THEY WORK?

The combined pill works primarily by preventing ovulation. It also inhibits the movement of sperm by causing changes in cervical mucus and acts on the endometrium, making it unreceptive to implantation of a fertilised egg. The progestogen only pill alters cervical mucus and produces changes in the endometrium, making it difficult for sperm to enter the womb and for the womb to accept a fertilised egg. It also prevents ovulation in up to 40 per cent of cycles.

### SUITABLE FOR WHOM?

The combined pill is suitable right up to the menopause for healthy women who do not smoke. Smokers are advised to change to a progestogen only pill or to another method of contraception from the age of 35 years. The progestogen only pill is useful for women who cannot take oestrogen and for older women who smoke. Unlike the combined pill, it can be taken while breastfeeding. With both types, it is important that a woman's full medical history is taken before the pill is prescribed. For a full list of contraindications refer to the data sheets for individual brands.

### BENEFITS OF THE PILL:

In addition to providing highly effective contraception, the modern combined pill offers important health benefits. Women are often unaware of these benefits, and may have negative views about the pill, based on problems associated with older formulations or general misinformation. It is important for health professionals advising about the pill to explain these positive points:

- Often reduces period pain and premenstrual symptoms and may make bleeding lighter
- Protects against some pelvic infections
- Protects against cancer of womb and ovary
- Reduces the risk of benign breast disease
- Decreases the risk of iron deficiency anaemia

### WHEN TO REFER:

Most experts are now agreed that the pill's benefits generally outweigh any disadvantages. Serious side effects are uncommon with modern low dose formulations and good prescribing practice will minimise the risk. Women with any of the following symptoms should, however, be referred to a doctor as soon as possible.

- Painful swelling in the leg
- Severe pain in the chest or abdomen
- Breathlessness or coughing with blood
- An unexplained fainting attack
- Unusual headaches; difficulty with speech/sight
- More severe migraine attacks than usual
- Numbness or weakness of a limb

Research into possible links between the combined pill and breast and cervical cancer is inconclusive, but shows that if there is any increased risk it is very small. Further studies are under way to clarify the picture. There are few serious side effects associated with the progestogen only pill. The main problem with these pills, especially in the first few months of use, is irregular bleeding. If this persists, medical referral is advisable to consider a change in formulation.


### WHAT MAKES THE PILL LESS EFFECTIVE?

In all the following situations women may need to be advised

to use an additional contraceptive method, such as the condom, usually for seven days. Pharmacists may wish to refer women to their GP or family planning clinic for more detailed advice.

**Missed pills:** The pill must be taken at a regular time every day. If it is missed, contraceptive protection is reduced (see over). The combined pill is regarded as missed if taken more than 12 hours late. The progestogen only pill is regarded as missed if taken more than three hours late.

**Vomiting:** Vomiting within three hours of taking a pill or severe diarrhoea can interfere with the absorption of the pill. Women seeking OTC medication for these symptoms should be reminded to follow the rules for missed pills.

**Drug interactions:** Pregnancies have occurred as a result of interaction between the pill and some drugs, including antibacterials (particularly rifampicin), anticonvulsant drugs and griseofulvin. Broad spectrum antibiotics only affect the combined pill. Rifampicin, certain anticonvulsants and griseofulvin—which induce hepatic enzymes—can affect both combined and progestogen only pills. Pill users are normally recommended to use additional contraception while taking such medication and for seven days afterwards, following the rules for missed pills. Women taking long-term low-dose 

broad spectrum antibiotics (eg, for acne) only need to take extra precautions for the first two weeks of antibiotic therapy.

**Weight gain:** Weight gain may reduce the effectiveness of the progestogen only pill as research suggests it can be less effective for women over 70 kilogram (11 stone).

## WHAT TO DO ABOUT

**MISSED PILLS:** Combined pill: If the pill is more than 12 hours late, the woman should take the missed pill straight away and the next pill at the normal time (this may mean taking more than one pill in a day). If more than one pill is missed, the last missed pill should be taken straight away and the rest of the packet continued as normal. Additional contraception (condom) is needed for the next seven days; if the seven days run beyond the end of the pack, the woman should finish the pack and then start the next pack immediately without the usual seven day break. The withdrawal bleed will occur at the end of the second packet. With everyday pills, she should throw away the inactive pills and start the next pack immediately on the active pills.

**Progestogen only pill:** If the pill is more than three hours late the woman should take the missed pill straight away and continue as usual with the rest of the pack. She will need to use extra contraceptive protection for the next seven days.

**All women:** All women who have missed pills should be encouraged to seek advice on emergency contraception.

## EMERGENCY CONTRACEPTION:

There are two methods of emergency (or postcoital) contraception—two tablets of a 50mcg ethinylloestradiol/250mcg levonorgestrel combined pill taken within

## HOW PHARMACISTS CAN HELP

- **Keep this checklist handy and read the FPA Contraceptive Handbook to refresh your knowledge. Keep a list of local family planning clinics and genitourinary medicine clinics, and their opening times and telephone numbers**
- **Talk with local GPs and practice nurses to find out what advice and information they usually give on the pill**
- **Keep patient medication records (PMRs) for women who take the pill to check for drug interactions. Encourage women to return regularly to your pharmacy to ensure they get the maximum benefit from your PMR system**
- **Keep a stock of relevant leaflets (available from the FPA or your local health promotion unit). Offer all pill users an information leaflet and encourage them to ask you if they need more advice**

72 hours of unprotected sex and repeated 12 hours later, or insertion of an IUD within five days of unprotected sex. A woman should be advised to see a GP or to go to a family planning clinic straight away if she may have risked pregnancy (eg, in cases of suspected contraceptive failure or because she did not use contraception). Many genitourinary medicine clinics, and some accident and emergency departments, provide emergency contraception. Pharmacists can supply emergency contraception at the request of a patient, as with the emergency supply of any prescription only medicine. In such cases, the normal requirements for emergency supply (listed in 'Medicines, Ethics and Practice') must be met. However, the Royal Pharmaceutical Society's current view is that women requesting emergency contraception should be referred for medical advice and that no supply should be made without a prescription.

The emergency pill causes nausea in some women. If a woman vomits within three hours of taking either dose she will need to take another dose, which could be provided on emergency supply by a pharmacist or she should be referred back to the doctor.

## WHAT GAP NEEDED BEFORE TRYING FOR A BABY?

There is no risk to the woman's health or her baby's if she becomes pregnant straight after stopping the pill. However, women are advised to have one normal period first in order to make it easier to date the start of the pregnancy.

**USE AFTER CHILDBIRTH:** A woman can start taking the pill three weeks after childbirth. However, only the progestogen only pill is suitable while breastfeeding.

## DO WOMEN NEED-A PILL BREAK?

It is a common myth that you should "give your body a break" from the pill. This is not necessary, as the hormones do not build up in the body. Combined pill users have a break every 21 days in any case, when they have their pill free week.

## IS IT SAFE DURING SURGERY?

To avoid the possible risk of thrombosis, users of combined pills may be advised by their doctor to stop the pill four weeks before having an operation — particularly if they are having surgery to the legs.

## FURTHER INFORMATION

'The FPA contraceptive handbook' is a reference guide for family planning and other health professionals. A revised edition is planned for Spring 1996.

Progestogen only pill users can carry on as usual.

**WHAT THE FPA CAN DO:** The Family Planning Association provides a nation-wide help-line for professionals and the general public on all aspects of family planning, reproductive and sexual health. The help-line can give details of local family planning services. In addition, a wide variety of professional and consumer publications is available. The help-line is open from 10am to 5pm Monday to Friday (telephone 0171-636 7866).

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