



Original article

Broad Counseling for Adolescents About Combined Hormonal Contraceptive Methods: The Choice Study

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Article history: Received December 10, 2012; Accepted June 22, 2013

Keywords: Contraceptive counseling in adolescent women; Combined hormonal contraception; Vaginal ring; Contraceptive patch; Combined oral contraceptive

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A B S T R A C T

Purpose: The Contraceptive Health Research of Informed Choice Experience study involved 11 European countries with the goal of evaluating the influence of counseling on the user's choice among three different types of combined hormonal contraceptive (CHC) administration: pill, transdermal patch, and vaginal ring. Here, we report the results of the youngest age group (age 15–20 years) for Switzerland.

Methods: A total of 1,032 adolescent women who contemplated a CHC form of contraception were counseled about the three CHCs. Questionnaires were filled out to determine the women's preferred choice before and after counseling, and the reason for their final decision.

Results: After counseling, more than one third of the women decided to use a different contraceptive method than initially intended. The fraction of vaginal ring users increased from 7.5% to 21.8%, and that of patch users from 3.3% to 5.8%. At pre-counseling, 225 women had no preconceived idea about which method to choose. Only 29 women were still undecided post-counseling. The main reasons adolescent women chose the vaginal ring or the patch were the monthly or weekly use and the ease of use.

Conclusions: Adolescent women's decision about which CHC to use is greatly influenced by counseling that provides balanced information on all CHCs.

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**IMPLICATIONS AND
 CONTRIBUTION**

We show for the first time results of the Contraceptive Health Research of Informed Choice Experience study on the subgroup of 15- to 20-year-old women in Switzerland. Broad counseling on the three combined hormonal contraceptives (pill, patch, and ring) helped undecided women to find a method and greatly influenced the decision pattern of adolescents.

Combined oral contraceptives (COCs) are a well-established method of contraception with proven efficacy for the past 50 years. The pill is by far the most commonly used way of birth control in Europe, although the vaginal ring and the transdermal patch were introduced to the market more than a decade ago and represent two valuable options. The main disadvantage of oral contraceptives is their daily intake. Incorrect and inconsistent

use can lead to high rates of unintended pregnancies [1]. Poor COC adherence often results from stress, pressure at work or at school, and irregular daily schedules [2–4].

The combined vaginal ring (NuvaRing; MSD AG, Luzern, Switzerland) and the transdermal patch (Evra; Janssen Pharmaceuticals, Inc., Zug, Switzerland) do not need daily action, and thus offer an easy way to increase method compliance, especially in adolescent women who struggle with the daily routine of the pill. Both methods have been proven to be generally well tolerated and effective. Despite their additional benefits of continuous, sustained drug release, stable bleeding pattern, and

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positive effect on cycle-related symptoms, the use of non-oral combined hormonal contraceptives (CHCs) is still low among Swiss adolescents, and the predominant contraceptive method used is the pill [5–9].

In Switzerland, contraceptive counseling is usually done by gynecologists, who are easily accessible. The cost of counseling, but not that of the contraceptive product prescribed, is reimbursed by health insurance. Furthermore, family planning education of adolescents is part of regular teaching programs at school. Contraceptive counseling of adolescents is of special importance, taking into account the specific life phase and lack of experience with different methods. When only sexual active subjects are looked at, adolescent women show the highest rate of unwanted pregnancies [10]. Unwanted pregnancies pose a great emotional burden to most adolescent women and can lead to existential crises. Finding a suitable contraceptive method in the developmental context of adolescence is an important preventive task in sexual, reproductive, physical, and psychological health [11].

Most previous studies on the effect of various methods to improve contraceptive counseling did not show a positive effect on adherence and continuation [12,13]. Thus far, no data are available regarding the impact of detailed counseling on oral and non-oral CHCs on the decision of adolescent women. Our study aimed to address that question and to identify factors and conceptions that are connected to the selection of the pill, patch, or vaginal ring as the preferred contraceptive method.

Here, we present the Swiss results of the Contraceptive Health Research of Informed Choice Experience (CHOICE) study for a subgroup of women aged 15–20 years ($n = 1,032$). The CHOICE study was initiated in 11 European countries to study and improve counseling of women considering the use of a CHC. In Switzerland, 2,663 women with an age of 15–40 years were included and the Swiss part of the CHOICE study included the largest number of young women 15–20 years of age (both as absolute number [1,032] and as a percentage of the total study population [39.7%]) [14]. The separate analysis of the youngest age group serves to identify the needs and the knowledge of this population, which contains a large fraction of adolescent women without previous contraceptive experience. Our findings may contribute to the development of more suitable ways of contraceptive counseling for this specific age group.

Materials and Methods

The CHOICE project in Switzerland involved women who saw their general practitioner or gynecologist for a first prescription of a CHC or for a renewal. Subjects not considering a CHC were not included in the study. Subjects for whom CHCs were contraindicated or who chose another method after counseling still completed the study questionnaires but received another contraceptive method.

To achieve the greatest uniformity possible, the counselor used a leaflet for counseling with detailed information on all three available CHCs: pill, transdermal patch, and vaginal ring. The information covered efficacy, use characteristics, side effects, health risks, and benefits of the methods.

Before and after counseling, the women stated which method they preferred. For those without an opinion, the counselor stated which method he or she would recommend for the patient. The counselor's preference was not communicated to the

women during counseling. The participant's reason for the final decision as well as her knowledge and perception of the three methods were determined with questionnaires after counseling. For more details on the study methods, see Merki-Feld and Gruber [14].

We obtained informed consent from all women before counseling. The study was approved by the local Ethics Commission in Bern.

Statistical analysis

The calculated minimal study sample size for Switzerland was 1,800 women; details are published elsewhere [14]. For this article, data from a subanalysis of 1,032 women aged 15–20 years were available. We analyzed data using summary statistics and frequency tables. Missing values were excluded from the analyses.

Results

Baseline characteristics and feedback on counseling by adolescent women

Of the 239 participating counselors who enrolled patients in the study, 220 were gynecologists (92.8%) and 11 were general practitioners (4.6%). Of these counselors, 131 were women (55.3%) and 106 were men (44.7%). Most counselors (184; 77.0%) were 40–59 years of age. Their most frequently recommended contraceptive method was the combined oral contraceptive pill (192; 86.1%).

Table 1
Demographic data for women age 15–20 years

Characteristic	Category	Relative frequency, %	Missing, n
Age (median), y Children, n	18.0		
	0	98.5	352
	1	1.2	
2	.3		
Planning more children in the future?	Yes	78.7	30
	No	2.6	
	Do not know yet	18.7	
Previous unplanned pregnancies?	Yes	3.4	8
	No	96.6	
In a steady relationship?	Yes	77.6	3
	No	22.4	
Last main/current contraceptive method used	Combined oral contraceptive pill	37.2	21
	Vaginal ring	2.6	
	Transdermal patch	2.5	
	Condoms	35.1	
	Others	4.3	
	No contraception	18.4	

Total $n = 1,032$.

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