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Attitudes towards long-acting reversible methods of contraception in general practice in the UK

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Abstract

Introduction: Recently published national guidance in England recommended that increased use of long-acting reversible methods of contraception could reduce unintended pregnancy rates. Usage rates of long-acting reversible methods of contraception in the UK are currently low. Since these methods require medical intervention, attitudes of professionals are important determinants of prevalence of use.
Study Design: A questionnaire survey was conducted of 321 health professionals working in general practice which sought practitioner views on safety, efficacy and acceptability of contraceptive methods, and on the feasibility and desirability of prescribing long-acting methods.
Results: A high proportion of practitioners (80.2%) endorsed the role of LARC in preventing teenage pregnancy, but fewer than half (47.1%) saw them as returning to favor. The combined oral contraceptive pill is still the mainstay of prescriptions. Lack of skill in providing was seen by 60.6% as a barrier to provision of long-acting methods of contraception. Half of respondents (50.3%) thought that irregular bleeding deterred women from using LARC and 20.6% were concerned about high discontinuation rates. Misconceptions about side effects of contraceptive methods were common.
Conclusion: Investment in professional education and training is needed for health professionals in general practice if the goal of increased provision of long-acting contraceptive methods is to be realized.

Keywords: Long-acting; Prescribing preferences; Health professionals; Views

1. Introduction

Long-acting reversible methods of contraception [implants, injections and intrauterine devices (IUDs) and systems] are highly effective, do not interfere with intercourse and require little or no on-going attention. Implants and injections have both been shown to be associated with a lower risk of conception, particularly among young users, than pills or condoms [1,2], and there is evidence that their increased use may have considerable potential in reducing teenage pregnancy rates [3].

The uptake of long-acting reversible methods of contraception is low in Britain; only 10% of women aged 16 to 49 were using any of these methods in 2005/2006 compared with 23% of women using the oral contraceptive pill and 21% the condom [4]. Among 16 to 17 year olds, 12% used injectables or implants compared with 61% using the pill [4]. In the past, long-acting methods of contraception have been out of favor [5,6]. Criticism focussed on risks of inappropriate and excessive use, coercive prescribing, reports of unpleasant and adverse 'side effects' and women's lack of control over mode of delivery [6–8]. This reputation is increasingly seen as undeserved [9]. Guidance on LARC published by the National Institute of Clinical Health and Excellence (NICE) in England in 2005 suggested that these methods have greater potential for reducing unintended pregnancy rates than has thus far been realized [10].

The majority of women attend general practice for their contraceptive provision in the UK, and supplies are free of charge under the National Health Services. Since all long-acting contraceptive methods require medical intervention, attitudes of health care professionals are important

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determinants of prevalence of use. Yet, little information exists on practitioners' views on such methods [11] and what there is has been collected outside of the UK [12]. This study addresses this deficit, by exploring the reported prescribing preferences of health care professionals in general practice in the UK, and their views on the safety, efficacy and acceptability of long-acting reversible methods of contraception compared with other methods.

2. Methods

A questionnaire survey was used to investigate the prescribing preferences of health care professionals with regard to methods of contraception, with particular reference to injectables (Depo Provera®) and implants (Implanon®) since they are most likely to be used by young people. In April 2005, fully structured and scheduled, self-completion questionnaires were mailed to 215 general practitioners (GPs) and 205 practice nurses and nurse practitioners. Practices were recruited from the Medical Research Council's (MRC) General Practice Research Framework (GPRF), a national resource of 1060 general practices throughout the UK (9% of UK practices) involved in research requiring a coordinated framework of general practices. The sample was selected to represent geographical spread and variety of practice type. Together with the study information sheet, a book token was given to each practitioner in appreciation of their time, written consent was obtained and a study number allocated.

Questionnaires probed practitioners' views on the safety, efficacy and acceptability of long-acting contraceptives compared with other methods, and on the feasibility and desirability of prescribing such methods. Participants were asked to rate on a scale from 1, the least favorable score, to 10, the best, the performance of contraceptive methods on each of four criteria (acceptability to women, efficacy, safety and ease of use); their perception of side effects associated with different contraceptive methods; and level of agreement with attitudinal statements relating to injectables and implants. Brief clinical scenarios were used to further explore opinions on the ideal contraceptive method for women described in terms of particular characteristics.

Ethical approval was obtained from the ethics committee of the London School of Hygiene and Tropical Medicine, and from the UK Multicentre Research Ethics Committee.

Statistical analysis was carried out using Stata 8.1.

3. Results

Three hundred and twenty-one questionnaires were returned, 169 of respondents were GPs, 148 nurse practitioners

Table 1
Perceived performance of contraceptive methods according to specific criteria (mean score, out of 10)

Contraceptive method	Efficacy				Safety (free from harmful side effects)			
	GP, % (CI)	Nurse, % (CI)	p value	All, %	GP, % (CI)	Nurse, % (CI)	p value	All, %
POP	7.7 (7.54–7.89)	8.1 (7.87–8.32)	.007	7.9	8.6 (8.42–8.70)	8.3 (8.07–8.48)	.023	8.4
COC	9.0 (8.94–9.16)	8.9 (8.67–9.06)	.103	9.0	7.6 (7.46–7.77)	7.5 (7.33–7.74)	.532	7.6
Condom	6.2 (5.93–6.38)	6.8 (6.5–7.0)	.001	6.4	9.4 (9.23–9.52)	9.0 (8.68–9.24)	.007	9.2
Diaphragm	6.1 (5.89–6.32)	6.4 (6.10–6.66)	.123	6.2	9.2 (9.01–9.36)	9.0 (8.70–9.21)	.141	9.1
LNG-IUS	9.4 (9.26–9.46)	9.2 (8.98–9.36)	.076	9.3	8.5 (8.31–8.60)	8.4 (8.22–8.59)	.663	8.4
Implant	9.3 (9.13–9.37)	9.3 (9.03–9.50)	.930	9.3	8.1 (7.93–8.27)	8.2 (7.96–8.51)	.407	8.2
Injectable	9.0 (8.90–9.16)	9.2 (8.97–9.35)	.258	9.1	7.7 (7.56–7.90)	7.8 (7.57–7.99)	.729	7.8
IUD	8.6 (8.47–8.72)	8.6 (8.34–8.78)	.791	8.6	7.8 (7.65–7.97)	8.1 (7.84–8.29)	.071	7.9
Overall mean				8.2				8.3
Base	169*	145*		317*	169*	146*		318*
Contraceptive method	Acceptability to users				Ease of use			
	GP, % (CI)	Nurse, % (CI)	p value	All, %	GP, % (CI)	Nurse, % (CI)	p value	All, %
POP	7.4 (7.23–7.57)	7.6 (7.34–7.82)	.238	7.5	7.3 (7.09–7.48)	7.4 (7.13–7.66)	.508	7.3
COC	8.6 (8.51–8.74)	8.6 (8.46–8.82)	.878	8.6	8.2 (8.09–8.37)	8.3 (8.11–8.52)	.485	8.3
Condom	6.6 (6.39–6.88)	6.4 (6.14–6.72)	.277	6.5	6.7 (6.48–6.95)	6.4 (6.13–6.73)	.137	6.6
Diaphragm	5.6 (5.31–5.82)	5.2 (4.89–5.61)	.149	5.4	5.6 (5.35–5.84)	5.2 (4.82–5.51)	.040	5.4
LNG-IUS	7.7 (7.54–7.89)	7.9 (7.68–8.14)	.174	7.8	8.5 (8.25–8.75)	8.7 (8.48–9.0)	.182	8.6
Implant	7.2 (6.97–7.39)	7.4 (7.09–7.76)	.217	7.3	8.1 (7.85–8.43)	8.7 (8.4–9.01)	.009	8.4
Injectable	7.6 (7.43–7.75)	8.0 (7.82–8.22)	.001	7.8	8.3 (8.16–8.49)	8.6 (8.37–8.82)	.050	8.5
IUD	7.1 (6.94–7.33)	7.5 (7.28–7.77)	.012	7.3	8.2 (7.97–8.46)	8.4 (8.14–8.70)	.287	8.3
Overall mean				7.3				7.7
Base	167*	145*		315* 81	166*	144*		313*

* Missing data: excludes respondents who did not provide data on their clinical role and/or those who did not answer this question.