



Progestin-only contraception

Strategies and solutions to tackling barriers

Highlights from South East and Southeast Asia Contraception Scientific Symposium (Webinar) 2 April 2022

An estimated 85 million unintended pregnancies (UIPs) occur worldwide each year, half of which end in abortion.¹ Increasing the overall use of contraception, especially long-acting reversible contraceptives (LARCs), is an important strategy to prevent UIPs. LARCs, such as hormonal implants, are highly effective with typical use, and have significantly lower failure rates than shorter-acting methods.²

In Asia, the use of modern contraception is less than the global average.³ Significant obstacles include cultural attitudes, lack of knowledge of methods, fear of side effects and misperceptions.³

To tackle these barriers, Organon South East and Southeast Asia (SEA) partnered with distinguished speakers to provide lectures on practical strategies and solutions to overcome these barriers.



Myths and Realities of Hormonal Implants

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Counselling Women about the Bleeding Patterns Associated with Progestogen-only Contraception

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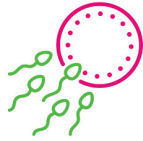
Common Myths & Realities of Hormonal Implants

Myths and misconceptions

VS

Facts

Implants may affect fertility even after they are removed.



- Implants stop working once they are removed and their hormones do not remain in the body.⁴
- Rapid return of fertility can be expected after implant is removed.⁴

The implant may move from the arm to other parts of the body.



- The implant will remain where inserted until removed.⁴
- In rare cases, where there is improper insertion or infection, the implant may come out of the skin.⁴

If it causes menstruation to stop, the “dirty” blood cannot leave my body.



- Changes in menstrual bleeding are common.⁴
- It does not cause harm and is not a sign of sickness.⁴

Implants may cause an abortion if inserted when patient is pregnant



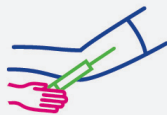
- Implants do not cause abortion or harm the baby.⁴

Implant insertion is very painful and may cause an infection.



- Local anesthesia is used prior to insertion and removal.⁴
- Infection at the insertion site is uncommon (usually within the first 2 months after insertion).⁴

Many healthcare professionals (HCPs) find it difficult to insert and remove implants.



- HCPs undergo specific training to insert and remove an implant.
- Average insertion time is less than 1 minute, while average removal time is 2 minutes.^{5,6}
- Difficult removal is rare if properly inserted and the provider is skilled at removal.⁴

How to counteract myths and misinformation on hormonal implants

- Listen politely and check whether there is some basis for the myth
- Explain scientific facts to counteract misinformation
- Be truthful about possible side effects
- Clarify information with demonstrations, visual aids and testimonials of satisfied patients



Method-specific counselling on contraceptive implants

Discuss benefits, risks and possible side effects

- Highly effective (no contraceptive method is 100% effective)
 - Less than 1 pregnancy per 100 women using implants in the first year⁴
- Provides long-lasting (up to 3 years) and reversible contraception
 - Does not require daily or coital adherence⁷
 - Return to normal menstrual cycle following removal
- Implants do not protect against sexually transmitted diseases or human immunodeficiency virus (HIV)
- Check for contraindications and discuss side effects, especially bleeding pattern changes

Alterations in bleeding pattern and dysmenorrhea

- Likely to alter bleeding pattern (20% amenorrhea, 20% frequent and/or prolonged bleeding)⁸
- Dysmenorrhea tends to improve¹⁰

Explain insertion and removal procedures

- Local anaesthesia will be used before insertion and removal⁸
- The implant should be palpable⁸
- Difficult removal and scars/ complications may occur⁸

Provide sufficient time for patient to review, consider and ask questions before making an informed choice

Bleeding Patterns Associated with Progestogen-only Contraception

Why do bleeding irregularities occur with progestogen-only contraception methods?

- Implants, depot medroxyprogesterone acetate (DMPA) injection and some progestogen only pills prevent ovulation. Without ovulation, there is no regular hormone withdrawal to trigger a regular withdrawal bleed.
- The progestogen hormone in the contraception results in a thinner, more fragile endometrium.⁹

Why is it important to explain bleeding patterns with progestogen-only contraception?

- ✓ Informed choice
- ✓ Reduced concerns, including fertility concerns
- ✓ Increased satisfaction
- ✓ Continuation
- ✓ Trusting relationship with healthcare professionals



Bleeding patterns across different progestogen-only methods

Etonogestrel ¹⁰ / Levonogestrel implant ¹²		Hormonal IUDs ¹¹	DMPA injection ¹²
<i>All users can expect some change in bleeding</i>			
<p>1 in 5 have amenorrhoea</p> <p>3 in 5 have bleeding that is often irregular in timing, but at a similar frequency to normal menstrual cycle</p> <p>1 in 5 have frequent or prolonged bleeding. Of these, around half experience some improvement after 3 months.</p>	<ul style="list-style-type: none"> • Irregular light bleeding is common in the first 3 – 6 months • After 6 months, amenorrhoea, light regular bleeding or occasional spotting is expected 	<ul style="list-style-type: none"> • 1 in 6 have infrequent, irregular bleeding • 2 in 6 have frequent or prolonged bleeding • 3 in 6 have amenorrhoea 	
Progestogen-only pills (POP)			
<i>Levonorgestrel and norethisterone</i>	<i>Desogestrel¹³</i>	<i>Drospirenone¹⁴</i>	
<ul style="list-style-type: none"> • Frequent and irregular bleeding are common • Amenorrhoea and prolonged bleeding are uncommon 	<ul style="list-style-type: none"> • Amenorrhoea and infrequent bleeding in around 50% of users at around 1 year 	<ul style="list-style-type: none"> • Unscheduled bleeding may occur 	

Counselling tips at initial consultation

- Provide information about all possible bleeding patterns, including the medical safety of amenorrhoea
- Ask patients what they know or have heard about bleeding or side effects
- Ask about their bleeding and how a change of bleeding may affect them personally
- Provide suggestions for managing irregular bleeding (e.g. access to liners, pads, tampons, cups)
- Encourage patients to return if troublesome bleeding occurs
- Provide information about possible medical management of troublesome bleeding, or to avoid bleeding if desired for work, lifestyle or religious reasons

Open Forum Q&A

Q. Is it a myth or fact that progestin implants cause weight gain? Is there any difference in weight gain reported by users of implants compared to other contraceptives?

A. While some patients on implants report weight gain, it has not been proven that progestin implants directly cause weight gain. Weight gain is multifactorial and can be caused by other factors such as diet and lifestyle. Weight gain among women who use progestin implants is similar to that of women who use nonhormonal contraceptives.¹⁵

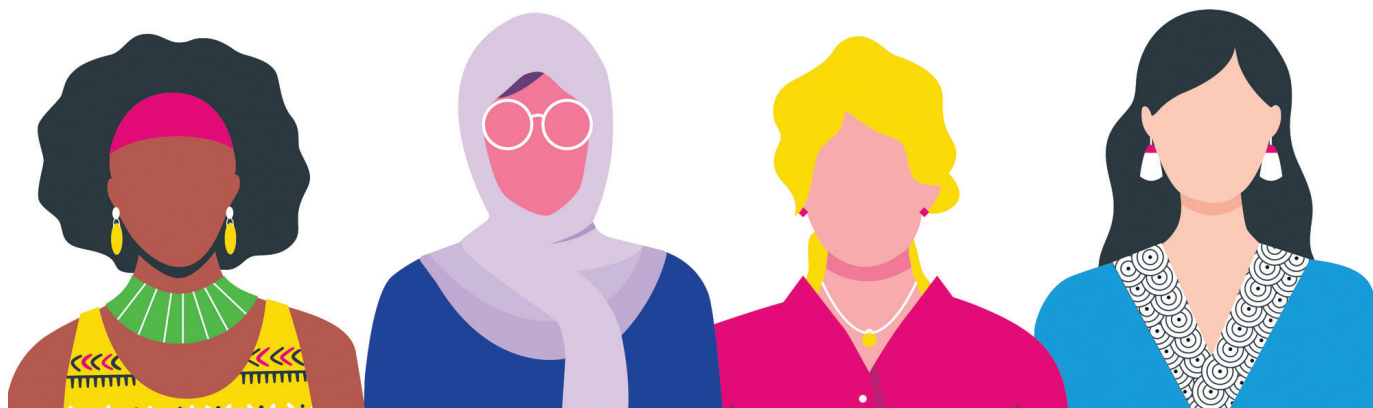
Q. What can be done to address weight gain with depot medroxyprogesterone acetate (DMPA)?

A: Weight gain is a possible side effect of DMPA. People who gain weight early on DMPA are the ones most likely to continue to gain weight. Physicians should review

and monitor patients' weight gain, and discuss the use of an alternative method if patients are putting on weight early, particularly if they are already overweight.

Q. What happens if I cannot remove an implant which was inserted too deeply in a patient's arm?

A: Such patients can be referred to hospitals that are experienced with implant removal. Using ultrasound, radiologists can locate the implant and make corresponding markings on the arm. Doctors will remove the implant from the middle part rather than the distal part of the implant. If there is no access to such hospitals, leaving the implant in the arm would not cause any problems, although generally not recommended. However, as the hormone levels in the implants drop, they become less and less effective. After they lose effectiveness, they may still release a small dose of hormone for several more years, which serves no purpose.⁴



REFERENCES:

1. Sedgh G, et al. *Studies in Family Planning*. 2014;45(3):301-314. 2. Trussell J. *Contraception*. 2011;83(5):397-404. 3. Najafi-Sharjabad F, et al. *Glob J Health Sci*. 2013;5(5):181-192. 4. World Health Organization. *Family Planning. A Global Handbook for Providers. Chapter 9 Implants*. 2018. 5. Mansour D, et al. *Contraception*. 2010;82(3):243-249. 6. Mommers E, et al. *American Journal of Obstetrics and Gynecology*. 2012;207(5):388.e1-388.e6. 7. Blumenthal PD, et al. *Human Reproduction Update*. 2011;17(1):121-137. 8. *Implanon NXT® Prescribing Information, Organon Malaysia*, Sept 2021. 9. Smith OPM, et al. *Angiogenesis*. 2005;8(2):117-126. 10. Mansour D, et al. *Eur J Contracept Reprod Health Care*. 2008;13 Suppl 1:13-28. 11. Goldthwaite LM, et al. *Contraception*. 2019;100(2):128-131. 12. Family Planning Alliance Australia. Accessed April 14, 2022. https://shvic.org.au/assets/resources/FPAA_Bleeding_card_A4_LARC_V3_FA.pdf. 13. Korver T. *European Journal of Contraception and Reproductive Health Care*. 1998;3(4):169-178. 14. Palacios S, et al. *PLoS ONE*. 2020;15(6). 15. Vickery Z, et al. *Contraception*. 2013;88(4):503-508.

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ABRIDGED PRESCRIBING INFORMATION:

SELECTED SAFETY INFORMATION FOR IMPLANON NXT® (ETONOGESTREL)

COMPOSITION: Each radiopaque implant contains 68 mg of etonogestrel. **THERAPEUTIC INDICATIONS:** Contraception. **DOSAGE AND ADMINISTRATION:** Pregnancy should be excluded before insertion of Implanon NXT. Healthcare professionals (HCPs) are strongly recommended to participate in a training session to become familiar with the use of the Implanon NXT applicator and the techniques for insertion and removal of the Implanon NXT implant and where appropriate, request supervision prior to inserting or removing the implant. Subdermal insertion. No preceding hormonal contraceptive use in the past mth: Insert on day 1 & 5 of the menstrual cycle. Changing from combined oral contraceptive (COC), vaginal ring or transdermal patch: Insert preferably on the day after last active COC tab, but at the latest on the day following the usual tab-free interval or last placebo COC tab. Changing from progestagen-only method [pill, injectable, implant or intrauterine system (IUS)] injectable contraceptives: Insert when the next injection would be due. Pill: Insert within 24 hr any day after last pill. Implant or IUS: Insert on the same day of removal. Post 1st-trimester abortion Insert within 5 days following 1st trimester abortion or miscarriage. Post 2nd-trimester abortion Insert between day 21-28 following 2nd trimester abortion or miscarriage. Postpartum with breastfeeding: Insert after 4th postpartum week. Postpartum without breastfeeding: Insert between 21-28 days postpartum. **CONTRAINDICATIONS:** Progestagen-only contraceptives should not be used in the presence of any of the conditions listed below. Should any of the conditions appear for the first time during the use of Implanon NXT, the product should be stopped immediately. • Known or suspected pregnancy • Active venous thromboembolic disorder • Known or suspected sex steroid sensitive malignancies • Presence or history of liver tumours (benign or malignant) • Presence or history of severe hepatic disease as long as liver function values have not returned to normal • Undiagnosed vaginal bleeding • Hypersensitivity to the active substance or to any of the excipients of Implanon NXT. **SPECIAL WARNINGS & PRECAUTIONS:** If any of the conditions/risk factors mentioned below is present, the benefits of progestagen use should be weighed against the possible risks for each individual woman and discussed with the woman before she decides to start with Implanon NXT. • Carcinoma of the Breast • Liver Disease • Thrombotic and Other Vascular Events • Elevated Blood Pressure • Carbohydrate and Lipid Metabolic Effects • Chloasma • Body Weight • Complications of Insertion • Ovarian Cysts • Ectopic Pregnancies • Other Conditions. The following conditions have been reported both during pregnancy and during sex steroid use, but an association with the use of progestagens has not been established: jaundice and/or pruritus related to cholestasis, gallstone formation; porphyria; systemic lupus erythematosus; hemolytic uraemic syndrome; Sydenham's chorea; herpes gestationis; otosclerosis-related hearing loss and (hereditary) angioedema. **ADVERSE REACTIONS:** During the use of Implanon NXT, women are likely to have changes in their menstrual bleeding pattern. These may include changes in bleeding frequency (absent, less, more frequent or continuous), intensity (reduced or increased) or duration. Possibly related undesirable effects reported in clinical trials: Vaginal infection; headache; acne; breast pain & tenderness, irregular menstruation; increased weight. Increased appetite; affect lability; depression, nervousness, decreased libido; dizziness; hot flush; abdominal pain, nausea, flatulence; alopecia; dysmenorrhoea, ovarian cyst; implant site pain & reaction, fatigue, flu-like illness, pain; decreased weight.

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Before initiating therapy, please consult the full Prescribing Information.