Case study: LARC for younger patients with migraine

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Introduction
Contraception should be reliable and safe, but some short acting methods are neither of these for certain women and LARC, or longer acting reversible contraceptive, methods may be a more suitable options for these patients.

Contraception choices
The most common contraceptive choices in Ireland are condoms, the combined hormone pill or both. Unfortunately these methods require a lot of compliance and so are far from foolproof. As younger women are at the peak of their fertility, and are often using these methods of contraception, the net result of these factors means young women using the pill are much more likely to experience an unplanned pregnancy. One forgotten pill, particularly near the pill-free interval, may result in an unintended pregnancy. The reliability data tables demonstrate this. The pill has a failure rate of less than one pregnancy per hundred women for each year of use when used perfectly, but the real failure rate is closer to eight pregnancies per hundred women per year of use. Additionally, we know not using a condom, or putting it on incorrectly, is more common in young or recently sexually active couples.

For these reasons, nurses and GPs are being encouraged to mention longer acting reversible contraceptive methods or LARC to the younger, more vulnerable patients. LARC products include: Depo-Provera intramuscular injection, copper Intrauterine devices, the Mirena and Jaydess Intrauterine devices and the Implanon NXT implant.

Case Study
A 19-year-old lady presents to the practice asking for a prescription for the combined pill. In the course of taking her past medical history, she reports suffering from migraine headache. On enquiry she describes the nature of the headaches; they
Migraine with aura is defined as migraine headache that is associated with one or more fully reversible neurological symptoms. These symptoms typically include: scintillation scotomas (such as a bright rim around an area of visual loss (fortification spectra), jagged lines that block the visual field, visual resizing or reshaping of objects, blurred vision, unilateral sensory paraesthesia, eg, numbness in the hand which may migrate up the arm before moving into the face, lips and tongue, muscular weakness, partial paralysis on one side of the body and temporary dysphasia. The UK Faculty of Reproductive and Sexual Health specify that flashing lights across both eyes does not qualify as neurological aura.

One or more aura symptoms develop gradually over more than four minutes, or two or more symptoms occur in succession. In general no single aura symptom lasts more than 60 minutes and the migraine headache occurs less than 60 minutes after the end of the aura symptoms.

Remember though secondary (sinister) headaches have to be excluded as the cause of the aura symptoms.

Plan of action
After careful discussion, it is confirmed that while this young woman does indeed suffer from migraine there are no features to suggest migraine with aura. She has a normal BMI and is a non-smoker. She has no other TE risks and as such she may be prescribed an oestrogen containing pill, patch or ring as migraine without aura is only UKMEC Category 2 (benefits outweigh risks) for these methods. She agrees to start a three-month trial prescription for a 30 microgram Levonorgestrel pill (Ovranette or Ovreena).

Follow up with patient
When the patient returns after three months she mentions that she has had more frequent migraine since going on the pill and can occasionally get one sided visual disturbances (homonymous hemianopia) before the headache begins. This is now a diagnosis of migraine with aura and so the patient must be advised to discontinue the pill and consider one of the LARC options. Migraine with aura is UKMEC 1 for the copper coil and UKMEC 2 for all other LARC options.

Conclusion
Remember, contraception should be reliable and safe for patients. In addition the more convenient a product is to use the more attractive it is for the patient. Some women should not be offered oestrogen methods at all or should be warned to stop using them if their medical history changes. Most women with migraine may be offered any of the LARC methods instead of or as an alternative to the combined oestrogen and progestogen pills, patch, or ring.

References
5. The Migraine Trust.org.