NICE National Institute for Health and Care Excellence

Surveillance report 2017 – Long-acting reversible contraception (2005) NICE guideline CG30

Surveillance report

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Contents

Surveillance decision

We will not update the guideline on long-acting reversible contraception (LARC) at this time.

We will amend the guideline to:

- Add a cross referral to the NICE guideline on contraceptive services for under 25s (published March 2014) in sections 1.1.1 to 1.1.6.
- Add a cross referral to the NICE local government briefing on contraceptive services (published March 2014) in sections 1.1.1 to 1.1.6.
- Update appendix A and appendix B based on new product availability.
- Include a medicines prescribing briefing, prepared by the NICE medicines and prescribing team to provide evidence-based information for the different types of LARCs. The outdated recommendations in the guideline will be stood down and replaced with a cross referral to this medicines prescribing briefing as well as a link to the British national formulary (BNF).

Reason for the decision

Assessing the evidence

We found 120 additional studies through surveillance of this guideline.

This included evidence on contraception and principles of care, copper intrauterine devices and progestogen-only subdermal implants, which support current recommendations. We also identified evidence that was not consistent with current recommendations on intrauterine system and progestogen-only injectable contraceptives.

We asked topic experts whether this evidence would affect current recommendations. The topic experts indicated that the service delivery and provision of care have considerably changed and new intrauterine systems are available since the guideline was developed and the recommendations no longer fit with current practice.

We also found evidence on self-administration of subcutaneous depo-medroxyprogesterone acetate (sc-DMPA) and immediate intrauterine contraceptive device insertion following caesarean section, which was not covered in the guideline.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided that no update is necessary for this guideline.

See how we made the decision for further information.

Commentary on selected evidence

With advice from topic experts we selected 1 study for further commentary.

Progestogen-only injectable contraceptives

We selected a systematic review by Kim et al. (2016) for a full commentary because subcutaneous depo-medroxyprogesterone acetate (sc-DMPA) was launched in 2013 and received its licence for self-administration in 2015.

What the guideline recommends

There are no current recommendations relating to self-administration of sc-DMPA. The current recommendations address the risks and benefits of the intramuscular (im) injection of DMPA in section 1.4 of NICE guideline CG30; however, sc-DMPA may have different risks and side effects (see summary of product characteristics). A NICE evidence summary on sc-DMPA describes the safety and effectiveness of sc-DMPA.

Methods

Kim et al. undertook literature searches on PubMed, Popline, Cochrane, CINAHL and Embase databases (from inception to October 2015), to identify randomised controlled trials and comparative observational studies that investigated continuation rates, safety or satisfaction of women's self-administration of sc-DMPA compared with im- or sc-DMPA administered by a healthcare provider. Hand-searching of reference lists from identified key review articles was also performed. Two authors independently assessed the overall quality of the evidence by using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system.

Results

One randomised controlled trial (n=132 participants) and 2 observational studies (1 cohort study, n=128 participants; 1 crossover study, n=16 participants) were included. Two studies evaluated the self-administration of sc-DMPA, compared with sc-DMPA or im-DMPA administered by a healthcare provider; the third study evaluated the self-administration of sc-DMPA compared with im-DMPA administered by a nurse. Data could

not be pooled because of heterogeneity in interventions and study designs.

The overall result showed that there may be little or no difference in continuation rates when women self-administer sc-DMPA compared with im- or sc-administration by healthcare providers. In the randomised controlled trial, the uninterrupted DMPA use at 1 year was 28/61 in self-administered sc-group compared with 14/29 in healthcare administered group, p=0.70. In the cohort study, the discontinuation rate at 12 months was 7/58 compared with 14/64 for self-administered and healthcare administered respectively p=0.23. In the crossover study, the continuation rates were reported to be similar in self-administration and nurse administration group, but numerical data were not reported.

Information about serious adverse events were not reported in any of the included studies, therefore 'safety' could not be estimated. The overall effectiveness of the intervention and women's satisfaction on the methods of administration were either uncertain or no difference was observed.

Strengths and limitations

Strengths

Population and important outcomes considered in the article matched those specified in the review questions for NICE guideline CG30.

Limitations

Limited search terms were used. The included studies were small studies with low statistical power. Based on the authors' assessment using GRADE, the methodological quality across the 3 included studies was low and very low. In 2/3 included studies, women were already using DMPA and therefore could have been motivated to continue with the intervention. No exclusion criteria specified. Studies were heterogeneous and data could not be pooled.

Impact on guideline

The systematic review targeted the population and important outcomes specified in the review questions for NICE guideline CG30. However, there are no recommendations currently regarding the self-administration of sc-DMPA and new evidence does not

definitively establish the basis for recommending the practice.

How we made the decision

We check our guidelines regularly to ensure they remain up-to-date. We based the decision on surveillance 12 years after the publication of NICE's guideline on long-acting reversible contraception (NICE guideline CG30) in 2005.

For details of the process and update decisions that are available, see ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual.

Previous surveillance update decisions for the guideline are on our website.

Evidence

We found 55 studies in a search for randomised controlled trials and systematic reviews published between 28 August 2013 and 27 November 2016. We also included 7 relevant studies from a total of 25 studies identified by members of the guideline committee who originally worked on this guideline.

We also considered evidence (58 studies) identified in previous surveillance 8 years after publication of the guideline.

From all sources, we considered 120 studies to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See appendix A: summary of evidence from surveillance for details of all evidence considered, and references.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Views of stakeholders

The proposal to not update the guideline underwent consultation with stakeholders for 2 weeks. Overall, 12 stakeholders commented on the proposal. These were Brook Young People's Sexual Health and Wellbeing Charity; Faculty of Sexual and Reproductive Health Chalmers Centre; Medicines and Technologies Programme, NICE; Faculty of Sexual and Reproductive Healthcare (FSRH); Family Planning Association (FPA); National Society for the Mentally Handicapped (Mencap); Primary Care Women's Health Forum; University Hospitals Birmingham/Umbrella Sexual Health services; Royal College of Nursing; Advisory Group on Contraception (AGC) and 2 pharmaceutical companies. See appendix B for stakeholders' comments and NICE responses.

Three stakeholders agreed and 9 disagreed with this proposal.

Four stakeholders commented that since publication of the guideline, there have been significant changes in how contraceptive services are commissioned and provided in England, and the recommendations in the guideline no longer fit with current practice. However, these issues are addressed in other NICE guidance and products:

- Service delivery of contraception is covered in the NICE guideline on contraceptive services for under 25s (published March 2014), with recommendations specifically directed at local authorities. The provision of sexual healthcare service covered in NICE guideline CG30 will be considered for update within NICE guideline PH51. Cross referrals between the NICE guidelines CG30 and PH51 will clarify service delivery and link NICE's products on contraceptive services.
- NICE has also published a local government briefing on contraceptive services (LGB17, published March 2014), which specifically highlights local authority responsibilities for the provision of contraceptive services. Cross referrals between LGB17 and CG30 will address service delivery concerns and link NICE's products on contraceptive services.
- New methods of long-acting reversible contraception (LARC) are available since development of NICE guideline CG30, including Jaydess and Levosert (intrauterine delivery systems) and Sayana Press (subcutaneous depot injection), and more information about the risks associated with these routes of administration is now available. Therefore, the guideline should be read in conjunction with the NICE evidence summaries on levonorgestrel 13.5 mg intrauterine delivery system (Jaydess) and subcutaneous depot medroxyprogesterone acetate (DMPA-SC) (Sayana Press).

- The NICE medicines and prescribing team will prepare a medicines prescribing briefing to provide evidence-based information for the different types of LARCs. The outdated recommendations in the guideline will be stood down and replaced with a cross referral to this medicines prescribing briefing as well as a link to the British national formulary (BNF).
- NICE will produce a resource (icon array or options grid) that health professionals can use with patients during consultations to support shared decisions.
- Appendix A and appendix B of the guideline will be updated to incorporate newly available products.

See ensuring that published guidelines are current and accurate in developing NICE guidelines: the manual for more details on our consultation processes.

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