



Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit

A unit funded by the FFPRHC and supported by the University of Aberdeen to provide guidance on evidence-based practice

MEMBERS' ENQUIRY RESPONSE

Enquiry Reference: 2005

Sent: 6th August 2007
Prepared: 6th August 2007

A: Question

For a woman with severe dysmenorrhoea secondary to endometriosis can the etonogestrel-only implant help alleviate symptoms?

B: Response

Unfortunately the CEU were unable to find any specific evidence concerning what treatments are effective in reducing dysmenorrhoea secondary to endometriosis and whether or not an etonogestrel-only implant could be considered in the circumstances. The CEU considers that an etonogestrel-only implant **may** help reduce dysmenorrhoea and the symptoms of endometriosis however this is based on limited evidence.

C: Evidence-Based Medicine Question (*which guided our literature search strategy*)

Population: Women with severe dysmenorrhoea secondary to endometriosis

Intervention: Etonogestrel-only implant

Outcome: Alleviation of symptoms

Keywords: Etonogestrel-only implant; dysmenorrhoea; endometriosis; alleviation of symptoms; 2005

D: Information Sources

The CEU searched the following sources in developing this Member's Enquiry Response

Source Searched	Information Identified
Existing FFPRHC and RCOG guidance	See below
The National Guidelines Clearing House	No relevant information
The WHO <i>Improving Access To Quality Care In Family Planning. Medical Eligibility Criteria For Contraceptive Use 2004</i> and <i>Selected Practice Recommendations For Contraceptive Use, 2004</i>	No relevant information
The Cochrane Library	No relevant information
MEDLINE and EMBASE from 1996 to 2007	See below

E: Evidence Reviewed

Dysmenorrhoea

In a study assessing the experiences of contraceptive users, dysmenorrhoea improved in all patient using a etonogestrel-only implant. Data was collected over 673 contraceptive months. 7/30 (23%) of all women included in the study has amenorrhoea. ¹

Endometriosis

Medical treatment of endometriosis aims to induce atrophy of ectopic endometrial tissue with the use of hormones that suppress ovarian function. The relatively low concentrations of circulating hormone in etonogestrel-only implant users is not sufficient to completely suppress FSH and luteinising hormone secretion. Follicular activity and proliferative/secretory activity within the endometrium persist. No studies were identified which considered the use of the etonogestrel-only implant in the management of endometriosis. ²

The United Kingdom *Medical Eligibility Criteria for Contraceptive Use* gives women with endometriosis unrestricted use of progestogen-only implants. ³

Amenorrhoea

Bleeding changes are common among women using progestogen-only implants. Women should be advised that 20% of users will experience no bleeding (amenorrhoea). Around 50% will have infrequent, frequent, or prolonged bleeding. Bleeding patterns are likely to remain irregular overtime. ⁴

The Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit are in the processes of producing *Guidance on Progestogen-only Implants*. ⁵With respect to non-contraceptive benefits this Guidance document states:

In common with other methods which suppress ovulation, progestogen-only implants may improve dysmenorrhoea and the symptoms of endometriosis. Some users will be amenorrhoeic, which some women perceive as a benefit.

Unfortunately the CEU were unable to find any specific evidence concerning what treatments are effective in reducing dysmenorrhoea secondary to endometriosis and whether or not an etonogestrel-only implant could be considered in the circumstances. The CEU considers that an etonogestrel-only implant **may** help reduce dysmenorrhoea and the symptoms of endometriosis however this is based on limited evidence.

F: References

1. Harni V, Gudelj M, Semnicki N, Boras-Slivar S. Contraceptive implant. First experiences. *Gynaecologia et Perinatologia* 2007;**16**:27-32.
2. Penney GC, Brechin S, Glasier AF. Family Planning Masterclass: Evidence-based Answers to 1000 Questions. London: RCOG Press, 2006.
3. Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. UK Medical Eligibility Criteria for Contraceptive Use. <http://www.ffprhc.org.uk/admin/uploads/UKMEC200506.pdf>. 2006.
4. National Institute for Health and Clinical Excellence (NICE). Long-acting reversible contraception: the effective and appropriate use of long-acting reversible contraception. <http://www.nice.org.uk/pdf/CG030fullguideline.pdf>. 2005.
5. Faculty of Family Planning and Reproductive Health Care. Progestogen-only implants (in press). *In press* 2007.

The advice given in this Member's Enquiry Response has been prepared by the FFPRHC Clinical Effectiveness Unit team. It is based on a structured search and review of published evidence available at the date of preparation. The advice given here should be considered as guidance only. Adherence to it will not ensure a successful outcome in every case and it may not include all acceptable methods of care aimed at the same results. This response has been prepared as a service to FFPRHC members, but is not an official Faculty guidance product; Faculty guidance is produced by a different and more lengthy process. It is not intended to be construed or to serve as a standard of medical care. Such standards are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge advances. Members are welcome to reproduce this Response by photocopying or other means, in order to share the information with colleagues.

Enquiry response by LA