Do Norwegian health personnel comply with guidelines when prescribing COCs to starters?

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BACKGROUND AND AIM

BACKGROUND

• Combined oral contraceptives (COCs) with the gestagen levonorgestrel associated with the lowest risk of VTE
• 2011: Updated Norwegian prescribing guidelines: NOMA recommended to prescribe COCs with levonorgestrel to starters.
• 2013: EMA published a report with the same recommendations

AIM

Assess changes in prescription pattern of COCs to starters between 2008 and 2016 by provider in line with changes in national recommendations for use.
MATERIAL AND METHODS

• Norwegian Prescription Database
• Women starting up with COCs only between 2008 and 2016: Starters vs. restarters.
• N = 285 009

• Variables:
  - Type of COC (gestagen-content)
  - Profession of provider
  - Starter age
RESULTS

• Total prescription rate of levonorgestrel COCs to starters increased from 41% in 2008 to 80% in 2016
  - Greatest increase from 2011 to 2012

• All professions increased their prescription rate of levonorgestrel COCs to starters
  - Public health nurses/midwives 96% in 2016 among starters < 20 years
  - Doctors with no specialty 86%
  - General practitioners 75%
  - A smaller proportion to older starters
DISCUSSION AND CONCLUSION

DISCUSSION POINTS

• A greater number of restarters in older age groups (but have the same risk of VTE)
• Satisfying prescription rate compared with other Nordic countries
• Decreased incidence of VTE?

CONCLUSION

Norwegian health personnel comply relatively well with the new guidelines, public health nurses and midwives to the greatest extent. General practitioners, as a main provider, may increase their prescription rate of the recommended COCs to further increase the population of users with the lowest risk of VTE.