Lisa Stern, RN, MSN, MA

Sharing the Science

Tools for describing data using a patient-centered approach
Beyond the Pill

A program of the Bixby Center for Global Reproductive Health at the University of California, San Francisco (UCSF) School of Medicine

beyondthepill.ucsf.edu
Disclosures

Lisa Stern, RN, MSN, MA (she, her, hers) has no financial relationships to disclose.
Planning Committee & Disclosures

UCSF team
Suzan Goodman, MD, Cynthia Harper, PhD, Connie Folse, MPH, and Nina Pine, MSc, have no financial relationships to disclose.

Philip Darney, MD MSc has the following disclosures:
• Merck: Consultant & advisory board for Nexplanon
• Medicines 360: Clinical trial of IUD

Consultant team
Lisa Stern, RN, MSN, MA, Kathryn Davis, MPH, and Kristyn Brandi, MD, MPH have no financial relationships to disclose.

Nishant Shah, MD, MPH has the following financial relationship to disclose:
• Merck Nexplanon trainer
Expert Reviewers

• Monica McLemore, PhD, MPH, RN
  University of California, San Francisco School of Nursing and Bixby Center for Global Reproductive Health; Black Mamas Matter Alliance; Chair, Sexual and Reproductive Health Section, American Public Health Association

• Helen Oquendo del Toro, MD
  University of New Mexico, School of Medicine - Medical Director LARC Mentoring Program, Department of Pediatrics - Division of Adolescent Medicine; Assistant Professor, Department of Obstetrics and Gynecology

• Nia Mitchell, MPH
  SisterSong Women of Color Reproductive Justice Collective

• Liza Fuentes, DrPH
  Guttmacher Institute

• Guliema Fager, MPH
  Consultant

Training funded by The JPB Foundation and an Anonymous Foundation.
Improved access to IUDs and implants for more than 2.1 million women each year

We’d love to explore the possibility of bringing our full training to your clinic!

We have trained over 6,500 providers serving more than 2.1 million female contraceptive clients annually.
Learning Objectives

• Describe how to apply principles of shared decision-making to contraceptive counseling

• Describe techniques to present scientific data with clarity, using a patient-centered approach

• Discuss how to address common challenging scenarios in contraceptive counseling
What is contraceptive counseling?
An interactive process designed to:
• educate patients about their contraceptive options
• discuss current and future contraceptive needs
• select a contraceptive method, if desired

What is patient-centered care?
Care that is "respectful of, and responsive to, individual patient preferences, needs, and values" (National Academy of Medicine)
Shared Decision-Making

“A collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”

— Informed Medical Decisions Foundation
Shared Decision Making

http://www.cincinnatichildrens.org/
Patient-centered contraceptive counseling improves:

• Contraceptive knowledge
• Patient experience of contraceptive counseling
• Contraceptive use and continuation

(Chen, 2019; Dehlendorf, 2019; Pazol, 2018; Downey, 2017; Dehlendorf, 2016; Weisman, 2002)
Applying Shared-Decision Making in Challenging Scenarios
Joselle, age 16 (she/her/hers)

- Nexplanon inserted last month
- Bleeding “every single day”
- Calls to schedule a removal
How would you start this conversation?

(If you had to choose just one!)

a. Encourage Joselle to stick it out a little longer

b. Assure her that irregular bleeding is common with the implant and usually not cause for alarm

c. Offer her some options that can help reduce her implant-related bleeding

d. Reassure Joselle that she can have her implant removed today (or be referred for removal).

e. Express empathy for Joselle about the bleeding.
Goals of discussion with Joselle

• Show care and concern
• Assure Joselle that her wishes will be respected
• Provide reassurance and anticipatory guidance
• Elicit Joselle’s preferences
• Offer Joselle the range of available options
• Assess Joselle for any non-implant-related causes of bleeding
Goals of Contraceptive Counseling

- Empathize / Reassure
- Normalize
- Make a plan that works for the patient
- Offer information & range of options

GOALS
What percentage of Nexplanon users experience irregular bleeding?

80%
What percentage of Nexplanon users experience irregular bleeding?

- Frequent, irregular (20%)
- Amenorrhea (20%)
- Infrequent, irregular (60%)

(Mansour, 2008; Grunloh, 2013; Merck, 2018)
Numeracy

“Eight out of every ten”

(Kutner, 2006)
For what percentage of patients like Joselle do bleeding patterns improve?

50%

(Mansour, 2008)
So, before we give Joselle a bunch of information...

How do we assess Joselle’s interest in learning more about her options to manage bleeding?
“It sounds like this bleeding has been very bothersome for you. We can remove your implant today, and I am happy to do that. We can also talk about some options that would allow you to keep your implant but could make the bleeding better. Would you be interested in learning more about those options?”
Joselle decides to keep her implant and asks you about options to manage her bleeding.
Why is it important that we reassure Joselle upfront that she can have her implant removed that day?
Did you get your LARC removed…

- As soon as you wanted (73%)
- Later than you wanted (27%)

(Fuentes, 2018)
Why was your LARC removed later than you wanted?

- waited for insurance to cover appt: 9%
- provider encouraged me to keep it: 23%
- could not get a sooner appt: 38%
- had to attend multiple appts prior to removal: 12%
- difficulty finding provider willing to remove: 11%
- difficulty finding provider offering removal: 10%

(Fuentes, 2018; Higgins, 2016; Amico, 2017)
Jayde, age 19, (they/them/their)

- Interested in a highly effective contraceptive method
- “I read online that Mirena makes people gain weight.”

How would you approach this discussion with Jayde?
IUDs and Weight Gain: Is There a Connection? - Healthline
Mar 21, 2016 - Hormonal IUDs also list weight gain as a possible side effect. However, according to the Mirena website, fewer than 5 percent of women using it experience weight gain. If you choose to use an IUD, your doctor will have to insert it. You should regularly check to make sure the device is still in place.

My Mirena Weight Gain Experience | I AM & CO®
https://iemandco.com/blog/mirena-weight-gain
Ladies, I'm going to tell you my experience of weight gain side effects while on Mirena. Since there are few things more frustrating than working hard to lose ...

Mirena IUD - Insertion, Reviews, Cost, Weight Gain & Complications Info
https://www.birthcontrol.com/options/iud/mirena/
Mirena Weight Gain. Based on what the manufacturer of the IUD has said, up to 5% of women using this product have experienced weight gain while using it. A lot of experts believe that because of the hormone estrogen that is in many contraceptives it causes the weight gain in women.

Mirena Reviews & Ratings at Drugs.com
https://www.drugs.com • Treatment Options • Birth Control • Mirena • User Reviews
★★★★☆ Rating: 6.5/10 - 1,918 reviews
Reviews and ratings for mirena. 1918 reviews submitted ... The bad side was painful insertion the first time and some mild weight gain. The worst part was the ...

Can IUDs cause weight gain and what are the side effects?
https://www.medicalnewstoday.com/articles/322688.php
Aug 6, 2018 - Some people may gain weight while using an IUD, but research suggests that this ... mirena iud br image credit sarahmirk 2016 december 8 br.

(Brown, 2019; Yee, 2010; Anderson, 2014)
What **questions** will you ask Jayde in order to counsel them well?

- What are their weight goals? How would it be for them to gain weight?

- What are their pregnancy goals? How important is it to them to prevent pregnancy right now?

- What side effects are acceptable to them? Which are unacceptable?

- What information did they find online?
Jayde

“I gained a lot of weight when I used the shot, and it took me a long time to lose it.

I don’t want that to happen again.

If I get the Mirena will I gain weight?”
What does the science show?

• Little evidence of weight gain on LNG IUD.

• *However, many people do report weight gain on hormonal contraceptives, including the LNG-IUS.*

• Overall quality of studies low.

(Lopez, 2016; Silva Dos Santos, 2017)
And how do other methods compare?

- No causal association for weight gain for combined hormonal contraception.
- Studies have mixed results for implant.
- More consistent evidence of weight gain for DMPA.

Vickery, 2013; Gallo, 2014; Gallo, 2016; Lopez, 2016; Silva Dos Santos, 2017
I hear that you're concerned about weight gain.

Weight gain can be bothersome for some people. Let's talk more about this.

I hear from a lot of my patients about weight-related concerns. I'm glad you brought this up.

A number of studies have looked at this question. In most studies, having a Mirena doesn't make people more likely to gain weight than using an IUD without hormones. But weight gain is common overall. What questions do you have?

Weight is very personal, and I am here to help work with you to find strategies to be at your desired weight. Is that something you'd like to talk more about?

GOALS

Empathize / Reassure

Normalize

Make a plan that works for the patient

Offer information & range of options
Jayde

- Not sure Mirena is right for them.
- Plans to use condoms.
- Leaves with emergency contraception to have on hand.

Image Credit: The Gender Spectrum Collection
Shared Decision-Making

Clinical evidence and expertise

Patient and family’s goals and preferences

Biological, psychological and sociological context

http://www.cincinnatichildrens.org/
Patient-centered counseling can improve the patient experience and clinical outcomes related to contraception.

Patients can have their IUD or implant removed whenever they desire, for whatever reason.

Invest in the patient’s experience rather than in the method or the outcome.
Q/A
Did this webinar teach you new skills in presenting scientific data about risks, benefits, and side effects of contraceptive methods using a patient-centered approach?
What additional resources would be helpful?
Upcoming Webinar

• **Nov 6th 1 pm EST:** An Ethical Framework for Patient-Centered Contraceptive Counseling (Connie Folse, MPH, CHES, Nina Pine, MSc)
Resources available on our website:

- FREE patient education materials and videos to download or order
- FREE 90-minute, online training on IUDs and implants (CME-accredited)
- Email Janelli.Vallin@ucsf.edu for information about requesting a training
- IUD and Implant Clinic Protocols
- IUD as EC resources.
Thank you!

Email Janelli.Vallin@ucsf.edu for information about requesting a training
For possible participant questions…
Assess for non-implant-related causes of bleeding

- Pregnancy
- Infection (vaginitis, STIs)
- Thyroid disorders
- Adenomyosis
Evidence-based interventions for implant-related bleeding

- NSAIDs
- Oral contraceptives
- Doxycycline

(Phaliwong, 2004; Diaz, 1990; Guiahi, 2015; Hou, 2016; Weisberg, 2009)
<table>
<thead>
<tr>
<th>Evidence-based Interventions for implant-related bleeding</th>
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<tbody>
<tr>
<td><strong>NSAIDs</strong></td>
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<tr>
<td>• Mefenamic acid 500 mg BID x 5 days</td>
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<tr>
<td>(Phaliwong, 2004)</td>
</tr>
<tr>
<td>• Ibuprofin 800 mg TID x 5 days</td>
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<tr>
<td>(Diaz, 1990)</td>
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<tr>
<td><strong>Oral Contraceptives</strong></td>
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<tr>
<td><strong>Doxycycline</strong></td>
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<td>100 mg BID x 5 days</td>
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<tr>
<td>(Weisberg, 2009)</td>
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<tr>
<td><strong>Mifepristone</strong></td>
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<td>25 mg BID x 1 day</td>
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<td>(Weisberg, 2009)</td>
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<td><strong>Tamoxifen</strong></td>
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<tr>
<td>10 mg BID x 7 days</td>
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<td>(Simmons, 2017)</td>
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<td><strong>Ulipristal acetate</strong></td>
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<tr>
<td>15 mg QD x 7 days</td>
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<td>(Zigler, 2018)</td>
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