

**N P S**

National Prescribing Service Limited



# Case study 50: Individualising hormonal contraception

**(for GPs, pharmacists, nurses and other health professionals)**

NPS case studies are designed to help you refine your clinical decision-making skills. After you complete and submit the case study, you will receive expert commentaries along with aggregated responses that provide a snapshot of your colleagues' responses.

## Scenario

Sandra is a 34-year-old non-smoker who recently moved to Australia from the United Kingdom. She is newly married and has a daughter from a previous relationship. Sandra struggles to control her weight and is anxious about potential weight gain from any new medicine.

As there are no plans to have any children in the next few years, Sandra started on a combined oral contraceptive pill, ethinylloestradiol 35 micrograms/norethisterone 1 mg (Brevinor-1 or Norimin-1) six months ago.

She is not using any other medicines. Her blood pressure is 118/75 mmHg and BMI 26 kg/m<sup>2</sup>. There is no family or personal history of diabetes, hepatic disease, migraine, cardiovascular disease or cancer.

Sandra presents with a history of several episodes of a persistent, throbbing headache which started when she commenced the new pill. On probing, she mentions that she has experienced the headache at least 5 times in the last 6 months when she has a period (i.e. during the inactive pill/ pill-free week). It did not occur to her that this was due to her oral contraceptive until you mentioned it. There has been no weight gain or any other oestrogenic/progestogenic effect.

Further questioning and examination do not suggest another diagnosis and the symptoms are consistent with migraine without aura associated with oral contraceptive use.

## GPs and pharmacists

To be included in the **Quality Prescribing Initiative** of the **Practice Incentives Program** (PIP), or receive 1 Pharmaceutical Society of Australia Continuing Professional Development & Practice Improvement (PSA CPD & PI) credit point (recognition number: CR07-0005) you will need to:

- complete **all** questions (see over)
- quote your **provider and prescriber numbers** or **PSA member number** in the spaces provided in the 'Your details' box
- sign the consent agreement in the 'Your details' box.

**Send to NPS by:  
Friday 30 November**

**Send to:** NPS  
PO Box 1147  
Strawberry Hills NSW 2012  
**Or fax to:** (02) 9211 7579

Complete and submit your case study  
online at: <http://casestudy.nps.org.au>

## Case study 50: Individualising hormonal contraception

NPS office use only

Read the scenario overleaf and complete ALL the questions.

1. a) Given Sandra's migraines, would you recommend any changes to her oral contraceptive?

Yes  No

Please state why **OR** why not:

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b) If **yes**, please list Sandra's new regimen (include existing drugs if continuing).

<input type="text"/>	<input type="text"/>	<input type="text"/>
Drug	Dose	Frequency

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2. a) Do you think Sandra would be a good candidate for long-term contraception (i.e. implant, depot injection or intrauterine device)?

Yes  No

Please state why **OR** why not:

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b) If **yes**, please list Sandra's new contraceptive regimen.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Drug	Dose	Frequency

3. a) Would you recommend a different contraceptive to ethinylestradiol 35 micrograms/norethisterone 1 mg (Brevinor-1 or Norimin-1) if Sandra had a family history of venous thromboembolism (i.e. if her mother had suffered from a spontaneous deep vein thrombosis 10 years ago) and no personal history of migraine?

Yes  No

Please state why **OR** why not:

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b) If **yes**, please list Sandra's new contraceptive regimen.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Drug	Dose	Frequency

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### Your details

Please tick one

GP

Pharmacist

Other health professional

GP registrar

Pre-registration pharmacist

Student – medical

Other medical specialist

Registered nurse (RN Div 1)

Student – other

Enrolled nurse (RN Div 2)

Title

Family name

Given name

Postal address

Suburb/town

State

Postcode

Phone number

### GPs

Provider no.

Prescriber no.

### Pharmacists (PSA Members Only)

Membership no.

### Important:

Required for you to be included in the Quality Prescribing Initiative, or receive PSA CPD & PI credit points.

All participants must sign: I consent to these data being recorded for the purposes of PIP (for GPs and GP registrars), PSA CPD & PI Program (for pharmacists) and NPS evaluation.

Participant's signature

Date:

day

month

year