

vomiting or diarrhoea. This is particularly important with progestogen-only oral contraceptives.

Enzyme-inducing antimicrobials include rifampicin, rifabutin, efavirenz, nevirapine, ritonavir and tipranavir. Women must use a reliable form of contraception with these drugs. There are no data on the effects of short courses of rifampicin on hormonal contraceptives. Additional methods of contraception should be used if rifampicin is taken for prophylaxis of meningitis due to *Neisseria meningitidis* or *Haemophilus influenzae*. Four weeks of additional cover will be required even after two days of exposure to rifampicin. Also, an active pill should be taken each day during the course and for seven days after the last rifampicin dose.⁵

Enzyme-inhibiting antibiotics, such as erythromycin and fluconazole, can increase oestrogen and progestogen concentrations, but have limited potential to cause adverse effects. The duration of antibiotic therapy will rarely warrant reducing the dose of oral contraceptive.

Antiepileptic and psychotropic drugs

Enzyme-inducing drugs such as phenytoin, carbamazepine, oxcarbazepine and phenobarbitone can cause failure of oral contraceptives. Topiramate is a weaker inducer and a change in contraception may only be required with doses of more than 200 mg

daily.⁷ Lamotrigine can cause slight reductions in progestogen concentrations, but this should not lead to a reduction in the efficacy of combined oral contraceptives.⁷ However, ethinylloestradiol can increase the clearance of lamotrigine and reduce control of seizures. Combined oral contraceptives may therefore be unsuitable for women taking lamotrigine for epilepsy.

Conclusion

The potential significance of interactions depends on both the drugs involved and an individual's susceptibility to suffering an adverse outcome. Clinicians often appeal for drug interaction alerts to define a severity rating. However, the severity of the outcome will usually depend as much on a patient's medical risk as on the drugs in question. The best approach is to identify a potential problem and then assess its significance for the patient. Practical advice on clinically significant interactions can be found in the Australian Medicines Handbook,⁵ and guidelines for managing interactions with contraceptives are provided in Contraception: an Australian clinical practice handbook⁹. If in doubt seek advice from a pharmacist or a medicines information centre. <

Conflict of interest: none declared



SELF-TEST QUESTIONS

True or false?

1. Additional contraception is needed by women who take oral contraceptives, when they are prescribed a short course of penicillin.
2. Patients should not drink alcohol while being treated with metronidazole.

Answers on page 67

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Dental note

Sex, drugs and alcohol

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Amongst the misconceptions, or 'urban legends', that exist in dental practice is the potential for an unwanted pregnancy because of an interaction between the antibiotics we prescribe and oral contraceptives. The lack of evidence for this interaction has resulted in a change in overseas guidelines and we should be advising our patients accordingly.

Dentists should discuss with patients potential problems with any adverse reaction to prescribed

medicines, particularly diarrhoea or vomiting. If they develop any reaction or are otherwise concerned, they should be told to cease the drug and contact us as the prescribing clinician, or their doctor, as soon as possible.

Of particular note for dentists is the interaction between alcohol and metronidazole. We should warn our patients of this possibility and recommend that they abstain from alcohol.