

## ED QUICK QUIZ

### WHAT IS THE DIAGNOSIS?

#### BACKGROUND

A 19 year old female presents asking for the 'morning after pill' following unprotected sexual intercourse last night. She had been drinking alcohol and can't really remember what happened. She last remembers walking home with a male she had met in the Garage. She woke up this morning in his bed. He was much older than her. There is no more information about this man and she has no contact details for him

She has no PMH and is on no medication.

She attends with her friend who is concerned about her as she has never done this before and it is totally out of character.

#### QUESTIONS

1. What else do you need to know?
2. How effective is the 'morning after pill'?
3. Are there any contraindications?
4. What aftercare advice should be given?

## ANSWERS & DISCUSSION

### 1. Further information

- The date of her LMP to determine whether she is already pregnant.
- Any previous STDs?
- Any prior STD testing?
- Does she have any symptoms of STDs (dysuria, foul smelling discharge, pelvic pain, dyspareunia)?
- Alcohol history – how much does she normally drink in 1 week? CAGE questionnaire.
- Was it consensual?
- Did she have sexual intercourse?
- Was any protection used?
- Does she normally use contraception?
- Has she used emergency contraception before? If so, did she have any problems?
- Does she ever use IV drugs?

### 2. How effective is the MAP?

The morning after pill contains levonorgestrel 1.5mg that can be taken up to 72 hours after unprotected intercourse. It is taken as a single dose. Its effectiveness lessens with increasing time post intercourse: 95% within 24 hours and 58% at 72 hours.

A repeat dose is required if vomiting occurs within 2 hours post ingestion. Side effects include pv spotting, mild bleeding, headaches, breast tenderness and a change in menstrual cycle length.

It is less effective in women taking cytochrome p450 enzyme inducing medications and they require a double dose. These medications include:

#### PC BRAS

- Phenytoin
- Carbamazepine
- Barbituates
- Rifampicin
- Alcohol (chronic use)
- Sulphonylureas

It's mechanism of action is thought to be inhibition of ovulation for 5-7 days.

### **3. Contraindications**

- Severe liver disease
- Porphyria
- Migraine
- Severe malabsorption syndromes
- Pregnancy
- >72 hours post unprotected sexual intercourse

### **4. Aftercare advice**

When administering levonorgestrel it is important to advise that:

- A repeat dose will be required if vomiting occurs within 2 hours of ingestion.
- The next menstruation may be early or late
- A pregnancy test should be performed if menstruation is 5-7 days late or lighter/heavier than usual
- Medical attention should be obtained if lower abdominal pains occur (?ectopic pregnancy)
- STD testing at the Sandyford clinic should be undertaken
- Regular contraception options should be discussed with the Sandyford clinic or her GP