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Contraception

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From April 2006 to March 2010 in BEACH (Bettering the Evaluation and Care of Health), for females aged 14–17 years, contraception was managed at a rate of 8.8 per 100 encounters, second only to acute upper respiratory infections (10.1 per 100 encounters) as the most common problem managed for this age group.

We estimate that each year contraception as a problem was managed around 140 000 times nationally. The rate of contraception management increased with age to 13.4 per 100 encounters with females aged 17 years (Figure 1). The distribution of patient characteristics at these encounters was similar to that of all encounters with this group, except that contraception encounters with females from non-English speaking backgrounds (NESB) were rare (1.5 per 100 NESB encounters, 95% CI: 0.0–3.1; cf 9.2, 95% CI: 8.4–10.1).

At half of contraception encounters, at least one other problem was also managed; most commonly immunisations/vaccinations (5.5 per 100 contraception encounters), depression (3.6 per 100), acne (3.2 per 100), genital check ups (2.2 per 100), and menstrual problems (2.2 per 100).

Counselling and advice were given by general practitioners at a rate of 41.1 per 100 contraception problems. These mainly involved family planning (57.4%); sexually transmissible infections (STIs) (14.4%); and prevention (9.1%). At 4% of the encounters STI testing was ordered.

For 92% of contraception problems at least one contraceptive medication was prescribed, supplied or advised. The majority of these were oral contraceptives (Table 1). However, only two-thirds (63.5%) of 'contraception' medications were prescribed, supplied or advised for contraception – one in 6 was prescribed for menstrual problems (17.3%) and one in 10 for acne (9.1%). This means that 'contraceptive' medications were prescribed/supplied or advised about 210 000 times per year for females aged 14–17 years, but 55 000 of these were for menstrual and acne problems.

These brief results show that one cannot use the number of contraceptive medications to measure the number of young women who are being managed for contraception. The data also show that Australian

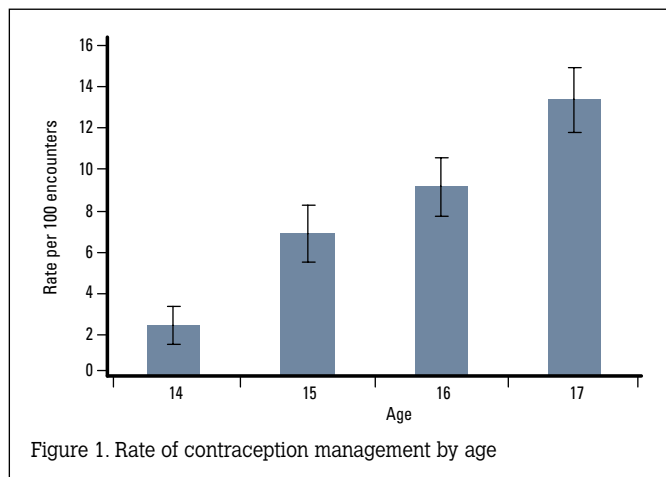


Figure 1. Rate of contraception management by age

Table 1. Medication recorded for contraception

Medication	Rate per 100 contraception problems
Levonorgestrel/ethinylloestradiol	54.0
Cyproterone/ethinylloestradiol	11.0
Drospirenone/ethinylestradiol	10.4
Etonogestrel	7.3
Medroxyprogesterone	5.3
Total	93.7

GPs often use the opportunity provided by contraception management to provide counselling and advice, as well as opportunistic immunisations and check ups. They also manage other morbidities such as depression and acne at these contraception encounters.

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