La contraception chez l'adolescente

Pascale Jadoul

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GGOLFB Libramont

Cliniques universitaires
SAINT-LUC
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Besoins contraceptifs de nos adolescentes?

Table 3 Sexual behaviour core indicators related to sexual debut and number of partners among respondents aged 15–29 years (women, n=2592; men, n=1467)

			Respondent's sexual behaviour			
			Unweighted data		Weighted data[a]	
Characteristics	N	Category	Women % (n) (95% CI)	Men % (n) (95% CI)	Women % (95% CI)	Men % (95% CI)
Sexual experience	4059	No	**20.9 (543) (19.4 to 22.6)**	**26.5 (389) (24.3 to 28.9)**	20.5 (18.7 to 22.4)	24.2 (21.8 to 26.8)
		Yes	**79.1 (2049) (77.4 to 80.6)**	**73.5 (1078) (71.2 to 75.7)**	79.5 (77.6 to 81.3)	75.8 (73.2 to 78.2)
Age of index person at sexual debut†	3121	Mean age (SD)	**16.1 (2.0)**	**16.4 (2.4)**	**16.0**	**16.4**
		10–13 years	6.1 (123) (5.1 to 7.1)	6.6 (71) (5.3 to 8.2)	6.9 (5.8 to 8.3)	7.1 (5.4 to 9.2)
		14–18 years	**83.8 (1714) (82.2 to 85.3)**	**77.8 (837) (75.2 to 80.2)**	**83.3 (81.2 to 85.1)**	**77.9 (74.6 to 80.7)**
		19–24 years	**9.8 (201) (8.6 to 11.2)**	**14.8 (159) (12.8 to 17.0)**	**9.3 (7.9 to 10.9)**	**14.1 (11.8 to 16.8)**
		25–28 years	0.3 (7) (0.2 to 0.7)	0.8 (9) (0.4 to 1.1)	0.5 (0.2 to 1.5)	0.9 (0.4 to 2.0)
Age difference between index person and partner at sexual debut†	3111	Partner younger	**6.3 (128) (5.3 to 7.4)**	**32.2 (345) (29.5 to 35.0)**	**6.1 (5.1 to 7.3)**	**32.2 (29.0 to 35.5)**
		No age difference	**28.9 (589) (27.0 to 30.9)**	**37.7 (404) (34.8 to 40.6)**	**28.0 (25.9 to 30.1)**	**37.0 (33.6 to 40.4)**
		Partner 1–5 years older	**58.0 (1183) (55.9 to 60.2)**	**27.1 (290) (24.5 to 29.8)**	**58.6 (56.2 to 61.0)**	**27.3 (33.6 to 40.4)**
		Partner more than 5 years older	**6.8 (139) (5.8 to 8.0)**	**3.2 (33) (2.2 to 4.3)**	**7.3 (6.1 to 8.7)**	**3.6 (2.3 to 5.5)**
Contraceptive use at sexual debut†	3117	Dual protection‡	16.9 (345) (15.3 to 18.6)	14.3 (154) (12.3 to 16.5)	17.4 (15.6 to 19.2)	14.3 (12.1 to 16.8)
		Condom alone	53.0 (1082) (50.8 to 55.2)	48.0 (516) (45.0 to 51.0)	50.8 (48.4 to 53.3)	45.2 (41.7 to 48.7)
		Non-condom contraception alone[c]	**15.8 (322) (14.3 to 17.4)**	**22.6 (244) (20.3 to 25.3)**	**16.3 (14.6 to 18.3)**	**24.2 (21.3 to 27.4)**
		No contraception	14.3 (292) (12.9 to 15.9)	15.1 (162) (13.0 to 17.3)	15.5 (13.6 to 17.5)	6.8 (13.6 to 19.4)
Sexual orientation†	3126	Heterosexual	92.8 (1902) (91.6 to 93.9)	94.1 (1013) (92.5 to 95.3)	**92.7 (91.3 to 93.9)**	**93.5 (90.9 to 95.4)**
		Homosexual	**0.5 (11) (0.3 to 1.0)**	**2.3 (25) (1.6 to 3.4)**	0.6 (0.3 to 1.2)	2.0 (1.1 to 3.6)
		Bisexual	**5.6 (114) (4.7 to 6.6)**	**2.9 (31) (2.0 to 4.1)**	5.7 (4.6 to 6.9)	3.1 (2.0 to 4.8)
		Other	1.1 (22) (0.7 to 1.6)	0.7 (8) (0.4 to 1.5)	1.0 (0.6 to 1.6)	1.4 (0.5 to 3.9)
Number of sexual partners during the last 12 months†	3127	0	**3.8 (77) (3.0 to 4.7)**	**7.3 (79) (5.9 to 9.0)**	**3.7 (2.9 to 4.7)**	**8.3 (6.4 to 10.7)**
		1	62.4 (1278) (60.3 to 64.5)	57.8 (623) (54.8 to 60.7)	61.9 (59.5 to 64.2)	57.5 (53.9 to 61.0)
		2–5	29.0 (595) (27.1 to 31.0)	27.9 (301) (25.3 to 30.7)	29.1 (26.9 to 31.4)	28.0 (24.9 to 31.3)
		>5	4.8 (99) (4.0 to 5.9)	7.0 (75) (5.6 to 8.6)	5.3 (4.3 to 6.5)	6.2 (4.8 to 8.0)

Data are shown as unweighted and weighted after correction for non-response.
Numbers vary due to missing data.
Numbers in bold show statistically significant differences between women and men.
*Adjusted for gender, age, ethnicity, educational level and highest level of parents' education.
†Core indicators as proposed by the ECDC.
‡Dual protection indicated both condom and non-condom contraception. Non-condom contraception encompassed hormonal contraception methods, intrauterine devices and barrier methods.

Source: Jorgensen MJ et al. Sex Transm Infect 2015; 91:171-7.

Choix de la contraception?

CONTRE-INDICATIONS des différentes méthodes

EFFICACITE des différentes méthodes

Choix du contraceptif qui entraîne la meilleure OBSERVANCE

- Absence d'effets secondaires
- Comfort
  - Autres bénéfices (effet sur régularité, intensité, douleurs, acné, …)
  - Facilité de prise
- Prix

Source:

Choix de la contraception? CONTRE-INDICATIONS

L'âge n'est jamais une contre-indication à une méthode contraceptive!

- Le stérilet est actuellement considéré comme un premier choix chez les adolescentes même nullipares
  - ACOG
  - La contraception intra-utérine chez la nullipare de plus de 18 ans: vers un consensus belge (Mars 2013)

Source:

Choix de la contraception? EFFICACITE

	% de femmes concernées par une grossesse non intentionnelle durant la première année d'utilisation		% de femmes poursuivant leur méthode contraceptive après un an d'utilisation
Méthode	**Emploi typique**	**Utilisation parfaite**	
Aucune méthode	85	85	
Spermicides	28	18	42
Retrait	22	4	46
Abstinence périodique (méthode naturelle)	24		51
- **Jours fixes**		5	
- **Deux jours**		4	
- **Méthode de l'ovulation**		3	
Eponge			
- **Femmes uni/multipares**	24	20	
- **Femmes nullipares**	12	9	
Diaphragme	12	6	57
Préservatif			
- **Féminin**	21	5	41
- **Masculin**	15	2	43
Pilule combinée et pilule progestative pure	**9**	0.3	67
Patch contraceptif combiné (Evra)	**9**	0.3	67
Anneau contraceptif combiné intravaginal (Nuvaring)	**9**	0.3	67
AMPR (Depo-Provera)	**6**	0.2	56
DIU			
- **T au cuivre**	**0.8**	0.6	78
- **DIU-LNG (Mirena)**	**0.2**	0.2	80
Implant à l'étonogestrel (Implanon)	**0.05**	0.05	84
Stérilisation féminine	**0.5**	0.5	100
Stérilisation masculine	**0.15**	0.10	100

Les méthodes à longue durée (LARC Long-acting Reversible Contraception) sont les plus efficaces:

- Implant
- Stérilet

Source: Trussell J. Contraceptive failure in the United States. Contraception 2011;83: 397-404.

Choix de la contraception? POURQUOI PAS UN STERILET OU UN IMPLANT CHEZ TOUTES NOS ADOLESCENTES?

Réticence des adolescentes et de leurs mamans!

- Contraceptions moins connues
- Craintes des effets secondaires (infection, GEU)
- Influence des paires, réseaux sociaux et des médias
- Craintes vis-à-vis de la douleurs

Réticence des gynécologues

- Craintes des effets indésirables (saignements irréguliers)
- Craintes vis-à-vis du placement (douleurs, échec, perforation, expulsion)

Source:

L'implant contraceptif chez l'adolescente?

Saignements irréguliers et prolongés?

- Aucune étude comparative entre Implanon et pilule

- Etudes comparatives entre Implanon et Norplant (Afandi 1998, Zheng 1999)
  - 30 % de retrait d'Implanon avant 2 ans
  - 20 % d'aménorrhée
  - En moyenne 2,5 épisodes de saignement par 90 jours

- Etudes satisfaction (comparaison Implanon – Mirena) (Berenson 2015)
  - USA 2015 (2007-2011)
  - 12% d'arrêt avant 1 an
  - Plus de métrorragies sous Implanon que Mirena
  - En cas de métrorragies, plus d'arrêt d'Implanon que de Mirena

Source:

TABLE 3

Complications, failure, and discontinuation: etonogestrel implant vs levonorgestrel intrauterine system

Outcomes	Age 15-19 y n (column %) ENG implant	LNG-IUS	OR (95% CI)[c]	Age 20-24 y n (column %) ENG implant	LNG-IUS	OR (95% CI)[c]	Age 25-44 y n (column %) ENG implant	LNG-IUS	OR (95% CI)[c]
Total, N	2388	2204	—	2014	8988	—	2972	68,728	—
Outcome[a]									
Dyspareunia[b]	20 (0.8)	36 (1.6)	0.51 (0.29–0.88)[d]	29 (1.4)	180 (2.0)	0.72 (0.48–1.06)	45 (1.5)	821 (1.2)	1.27 (0.94–1.72)
Dysmenorrhea	59 (2.5)	62 (2.8)	0.88 (0.61–1.26)	25 (1.2)	191 (2.1)	0.58 (0.38–0.88)[d]	44 (1.5)	1008 (1.5)	1.01 (0.75–1.37)
Premenstrual tension	3 (0.1)	6 (0.3)	0.46 (0.12–1.85)	5 (0.2)	36 (0.4)	0.62 (0.24–1.58)	10 (0.3)	467 (0.7)	0.49 (0.26–0.92)[d]
Excessive or frequent menstruation	101 (4.2)	74 (3.4)	1.27 (0.94–1.73)	80 (4.0)	233 (2.6)	1.55 (1.20–2.01)[d]	132 (4.4)	2561 (3.7)	1.20 (1.00–1.44)[d]
Dysfunctional or functional uterine hemorrhage	122 (5.1)	97 (4.4)	1.17 (0.89–1.54)	92 (4.6)	343 (3.8)	1.21 (0.95–1.53)	132 (4.4)	2494 (3.6)	1.24 (1.03–1.48)[d]
Postcoital bleeding	6 (0.3)	9 (0.4)	0.61 (0.22–1.73)	13 (0.6)	47 (0.5)	1.24 (0.67–2.29)	8 (0.3)	209 (0.3)	0.89 (0.44–1.80)
Endometrial hyperplasia	0 (0.0)	2 (0.1)	n/a	0 (0.0)	5 (0.1)	n/a	5 (0.2)	65 (0.1)	1.78 (0.72–4.42)[d]
Metrorrhagia	68 (2.8)	36 (1.6)	1.77 (1.17–2.66)[d]	45 (2.2)	136 (1.5)	1.49 (1.06–2.09)[d]	65 (2.2)	1156 (1.7)	1.31 (1.02–1.68)[d]
Irregular menstrual cycle	178 (7.5)	124 (5.6)	1.35 (1.07–1.71)[d]	151 (7.5)	445 (5.0)	1.56 (1.29–1.88)[d]	165 (5.6)	3012 (4.4)	1.28 (1.09–1.51)[d]
Absence of menstruation	81 (3.4)	75 (3.4)	1.00 (0.72–1.37)	58 (2.9)	261 (2.9)	0.99 (0.74–1.32)	61 (2.1)	1277 (1.9)	1.11 (0.85–1.44)
Scanty or infrequent menstruation	2 (0.1)	8 (0.4)	0.23 (0.05–1.09)	7 (0.3)	26 (0.3)	1.20 (0.52–2.77)	3 (0.1)	172 (0.3)	0.40 (0.13–1.26)
Pelvic inflammatory disease	1 (0.0)	4 (0.2)	0.23 (0.03–2.06)	1 (0.0)	14 (0.2)	0.32 (0.04–2.42)	2 (0.1)	41 (0.1)	1.13 (0.27–4.67)
Inflammatory disease of uterus except cervix	2 (0.1)	10 (0.5)	0.18 (0.04–0.84)[d]	1 (0.0)	45 (0.5)	0.10 (0.01–0.72)[d]	3 (0.1)	188 (0.3)	0.37 (0.12–1.15)
Cervicitis and endocervicitis[b]	30 (1.3)	45 (2.0)	0.61 (0.38–0.97)[d]	53 (2.6)	206 (2.3)	1.15 (0.85–1.56)	64 (2.2)	1003 (1.5)	1.49 (1.15–1.92)[d]
Ectopic pregnancy	1 (0.0)	1 (0.0)	0.92 (0.06–14.8)	1 (0.0)	8 (0.1)	0.56 (0.07–4.46)	0 (0.0)	36 (0.1)	n/a
Abnormal pregnancy or spontaneous abortion	7 (0.3)	5 (0.2)	1.29 (0.41–4.08)	10 (0.5)	20 (0.2)	2.24 (1.05–4.79)[d]	8 (0.3)	121 (0.2)	1.53 (0.75–3.13)
Normal pregnancy[b]	14 (0.6)	32 (1.5)	0.40 (0.21–0.75)[d]	18 (0.9)	118 (1.3)	0.68 (0.41–1.12)	28 (0.9)	561 (0.8)	1.16 (0.79–1.69)
Hematoma of upper arm	0 (0.0)	n/a		0 (0.0)	n/a		0 (0.0)	n/a	
Removal within 1 y[b]	295 (12.4)	257 (11.7)	1.07 (0.89–1.28)	305 (15.1)	1152 (12.8)	1.21 (1.06–1.39)[d]	493 (16.6)	8102 (11.8)	1.49 (1.35–1.64)[d]

CI, confidence interval; *ENG*, subdermal etonogestrel; *LNG-IUS*, levonorgestrel-releasing intrauterine system; *n/a*, unable to calculate odds ratio due to cell size or frequency of 0; *OR*, odds ratio.

[a] Classification of each complication was determined by presence of an *International Classification of Diseases, Ninth Revision* code corresponding with each complication, including: dyspareunia (625.0), dysmenorrhea (625.3), premenstrual tension syndrome (625.4), excessive or frequent menstruation—which also includes menorrhagia and menometrorrhagia (626.2), dysfunctional or functional uterine hemorrhage not otherwise specified (626.2), postcoital bleeding (626.7), endometrial hyperplasia (621.3, 621.30-621.39), metrorrhagia (626.6), irregular menstrual cycle (626.4), absence of menstruation (626.0), scanty or infrequent menstruation—including oligomenorrhea (626.1), pelvic inflammatory disease (614.0-614.2), inflammatory disease of uterus except cervix (615, 615.0, 615.1, 615.9), cervicitis and endocervicitis (616.0), ectopic pregnancy (633.10, 633.11, 633.20, 633.21, 633.80, 633.81, 633.90, 633.91, 761.4), molar pregnancy/abnormal products of conception/missed abortion/spontaneous abortion (630-634, 634.0, 634.00-634.02, 634.1, 634.10-634.12, 634.2, 634.20-634.22, 634.3, 634.30, 634.31, 634.4, 634.40-634.42, 634.5, 634.50-634.52, 634.6, 634.60-634.62, 634.7, 634.70-634.72, 634.8, 634.80-634.82, 634.9, 634.90-634.92), normal pregnancy (V22, V22.0, V22.1, V22.2), hematoma of upper arm (23930, 23931), or removal within 1 y (intrauterine device: 97.71, V25.12, V25.13+ *Current Procedural Terminology* code 58301 or 58562; ENG implant: *Current Procedural Terminology* codes 11976, 11982); [b] Significant interaction of age and contraceptive method were found in dyspareunia, cervicitis/endocervicitis, normal pregnancy, and removal within 1 y (*P* values were .005, .004, .01, and .002, respectively); [c] Of having specified complication for women with ENG implant vs those for women with LNG-IUS insertion; [d] Significant results ($P < .05$).

Berenson. Comparison of 2 types of long-acting reversible contraception. Am J Obstet Gynecol 2015.

Source: Berenson et al. Complications and continuation rates associated with 2 types of long-acting contraception. Am J Obst Gyn 2015; 212:761

L'implant contraceptif chez l'adolescente?

Prise de poids et acné?

Table 1
Baseline characteristics by contraceptive method

	ENG implant (n=130)		LNG-IUS (n=130)		DMPA (n=67)		Copper IUD (n=100)		p value
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Age	24.4	5.6	26.7	5.1	25.2	5.8	27.9	6.0	<.01
Baseline weight (kg)	76.7	20.3	81.5	22.9	69.5	20.8	76.7	20.3	.01
Baseline BMI (m^2/kg)	28.6	7.3	30.3	8.3	26.2	7.1	26.9	6.7	<.01

Table 2
Weight change (kg) at 12 months by contraceptive method for all women and stratified by race

	n	Mean	SD	Median	Minimum	Maximum	p value[a]
All women							
ENG implant	130	2.12	6.65	1.59	−16.33	32.66	.01
LNG-IUS	130	1.03	5.33	0.91	−15.88	19.05	.25
DMPA	67	2.20	4.85	1.81	−7.71	21.77	.02
Copper IUD	100	0.16	5.06	0.00	−16.33	16.33	Ref
Black race							
ENG implant	79	2.6	7.1	1.8	−16.3	32.7	.13
LNG-IUS	76	2.0	5.5	1.4	−15.9	19.1	.31
DMPA	47	2.3	4.4	1.8	−7.3	15.9	.26
Copper IUD	33	0.7	6.8	0.9	−16.3	16.3	Ref
White/Other race							
ENG implant	51	1.4	5.9	0	−6.4	17.7	.12
LNG-IUS	54	−0.3	4.9	−0.2	−13.6	14.1	.83
DMPA	20	2.0	6.0	1.4	−7.7	21.8	.10
Copper IUD	67	−0.1	4.0	0.0	−10.4	10.9	Ref

[a] p values calculated using linear regression with copper IUD as referent group.

Source: Vickery et al. 2013. Contraception 88; 503-508.

L'implant contraceptif chez l'adolescente?

Prise de poids et acné?

- **Prise de poids**: Cochrane 2013:
  - peu d'évidence de prise de poids sous progestatifs seuls
  - prise de poids moyenne à 12 mois inférieure à 2kg dans la majorité des études

- **Acné – chute de cheveux**
  - Dépo Provera: 5% acné / pas de chute de cheveux
  - Implanon: 15-18% acné / pas de chute de cheveux
  - LNG-IUD: 2.3 % retrait pour acné

Source: Tyler et al. Contraception and the dermatologist. J Am AC Dermatol. 2013; 68/1022-1029

Le stérilet chez l'adolescente?

Difficulté placement?

- 80% placement facile (besoin de dilatation ou de misoprostol chez 7% des nullipares et 4% des multipares) (Teal 2012)

Satisfaction?

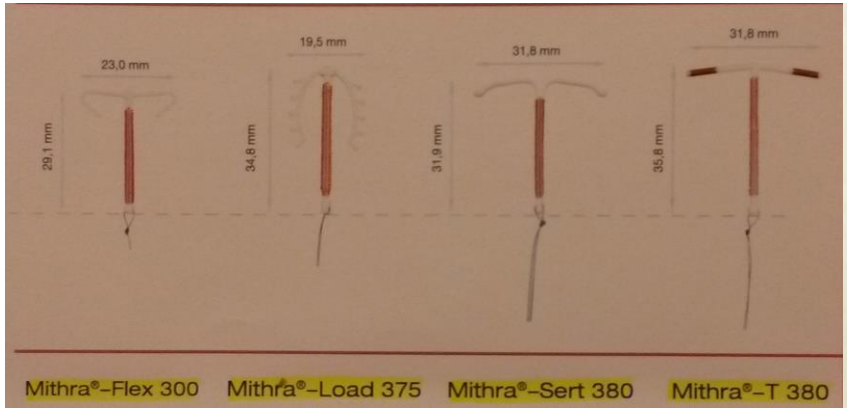
- 93% satisfaction chez nullipare avec LNG-IUS (Romer 2009)
- 15-20 % de saignements prolongés (cause principale d'abandon)

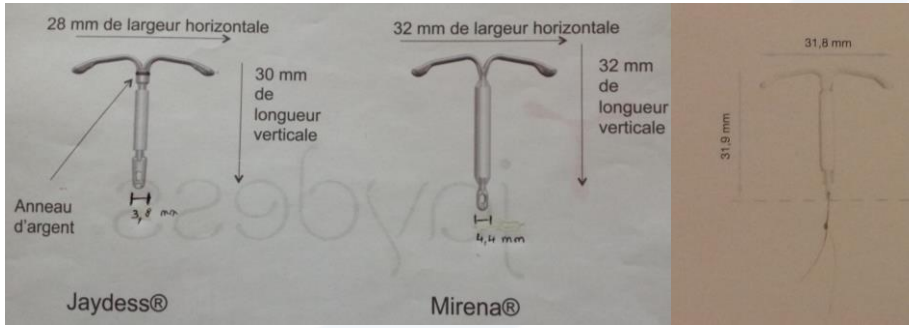
Source:

Le stérilet chez l'adolescente?

Quel stérilet choisir?

- Mithra-flex 300
- Gynefix?
- Jaydess





Source:

Le stérilet chez l'adolescente?

Quel stérilet choisir?

Jaydess

- 3 ans
- 11% aménorrhée
- 22% oligoménorrhée
- 59% de saignements prolongés les 3 premiers mois
- Moins d'effets systémiques? Profil de tolérance semblable au Mirena
- 22% d'abandon pour effets secondaires
- Placement moins douloureux?
  (facile dans 94%)

Mirena / Levosert

- 5 ans
- 50% d'aménorrhée
- 15-20 % de saignements prolongés
- 3% d'effets systémiques
- 16% d'abandon
- Placement plus douloureux?
  (facile dans 86%)

Choix de la contraception?

Choix du contraceptif qui entraîne la meilleure OBSERVANCE

- Faciliter la prise
- Prix
- Anticiper les craintes pour augmenter la compliance

Source:

Anticiper craintes vis-à-vis de la pilule/patch/anneau!

Risque veineux

Characteristics	Current users			Non-users			Adjusted rate ratio† (95% CI)	P value
	Women years	No of events*	Incidence per 10 000 exposure years	Women years	No of events*	Incidence per 10 000 exposure years		
Age (years):								
15-19	571 333	239	4.2	670 766	49	0.7	1 (reference)	—
20-24	713 623	343	4.8	346 614	74	2.1	1.32 (1.13 to 1.54)	<0.001
25-29	549 862	375	6.8	463 810	134	2.9	1.99 (1.66 to 2.38)	<0.001
30-34	430 272	375	8.7	667 937	211	3.2	2.91 (2.40 to 3.55)	<0.001
35-39	369 859	447	12.1	861 442	304	3.5	4.01 (3.31 to 4.87)	<0.001
40-44	261 464	397	15.2	965 951	467	4.8	5.29 (4.36 to 6.41)	<0.001
45-49	153 147	319	20.8	984 209	573	5.8	6.58 (5.43 to 7.99)	<0.001

Source: Lidegaard 2011

Améliorer la compliance et l'efficacité des contraceptifs « patiente-dépendants »

?

- Patch et anneau?
- Conditionnement 21/7 ou 24/4?
- Conditionnement 84/7?
- Prise continue?
- Grandes boites
- Prix

- Choix du progestatif et de la dose nettement moins importants

Qui choisit ?

Table 1 Gynaecologists' characteristics.

	n	%	*Mean*	*SD*	*Median*	*Range*
Total number of gynaecologists who enrolled subjects	121					
Gender	119*					
Female	67	56				
Male	52	44				
Age (years)	119*					
20–29	0					
30–39	41	35				
40–49	38	32				
50–59	25	21				
60 and above	15	13				
Consultations for contraception per week on average	118#		35.1	20.7	30	5–150
Requests for CHC method per week on average	118#		24.3	13.7	20	1–68
Most frequently recommended contraceptive method	115$					
Combined oral contraceptive	103	90				
Vaginal ring	4	4				
Levonorgestrel releasing-intrauterine system	6	5				
Copper-intrauterine device	1	1				
Progestogen-only-pill	1	1				
Condoms	0					
Transdermal patch	0					
Contraceptive implant	0					
Natural family planning	0					
Injectable	0					
Sterilisation	0					

*Missing data $n=2$.

#Missing data $n=3$.

$Missing data $n=6$; Condoms, patch, contraceptive implant, natural family planning, injectable and sterilisation were never mentioned by the participating gynaecologists as the contraceptive method they most frequently recommended.

Table 3 Patients' characteristics.

	n	%	*Mean*	*SD*
*Age (years)**	*1800*		27.8	6.3
≤20	274	15		
21–25	442	25		
26–30	472	26		
31–35	341	19		
36–40	271	15		
Highest educational level	*1796*			
Primary school	34	2		
Secondary school	581	32		
Advanced, non university	826	46		
University	355	20		
Employment status	*1769*			
Unemployed	518	29		
Part-time	263	15		
Fulltime	988	56		
Future desire for children	*1792*			
No	479	27		
Yes	1027	57		
Do not know yet	286	16		
Unplanned pregnancies	*1792*			
No	1638	91		
Yes	154	9		
1	117	84		
2	19	14		
>2	3	2		
Missing data	15			
Steady relationship	*1798*			
No	257	14		
Yes	1541	86		
Last main contraceptive method	*1788*			
Combined oral contraceptive	1206	67		
Vaginal ring	128	7		
Condoms	94	5		
Progestogen-only-pill	91	5		
LNG releasing-intrauterine system	88	5		
Never used contraception	72	4		
Transdermal patch	39	2		
Copper-intrauterine device	35	2		
Contraceptive implant	22	1		
Natural family planning	11	1		
Injectable	2	0		

*For one patient the age was not mentioned, nevertheless she was included in the full analysis since missing age was not an exclusion criterion.

Source: Merckx et al. Eur J Contr Reprod Health Care 2011; 16:418-429

Qui choisit ?

Table 4 Cross tabulation of method the woman intended to use before counselling and method chosen after counselling

n = 1799	*n (%)*	*Pill chosen*	*Patch chosen*	*Ring chosen*	*Other method chosen*	*Not decided yet*	*Missing data*
Patient had no initial preference	199 (11%)	59 (30%)	18 (9%)	**63 (32%)**	32 (16%)	25 (13%)	2
Patient intended to use pill	1202 (67%)	**830 (69%)**	52 (4%)	209 (18%)	42 (4%)	63 (5%)	6
Patient intended to use patch	47 (3%)	6 (13%)	**20 (44%)**	16 (35%)	2 (4%)	2 (4%)	1
Patient intended to use ring	164 (9%)	8 (5%)	0	**141 (86%)**	14 (9%)	1 (1%)	0
Patient intended to use other method	187 (10%)	38 (20%)	4 (2%)	53 (28%)	**71 (38%)**	21 (11%)	0
Method chosen	1799	941 (53%)	94 (5%)	482 (27%)	161 (9%)	112 (6%)	9

Figures highlighted in grey: Non-changers
Figures in bold: Method most frequently chosen in relation to the initial preference

Cross tabulation of method which the gynaecologist thought was best for the woman without initial preference and method chosen after counselling

n = 156	*n (%)*	*Pill chosen*	*Patch chosen*	*Ring chosen*	*Other method chosen*
Had no initial preference	83 (53%)	35 (42%)	7 (8%)	**26 (31%)**	15 (18%)
Thought pill was best	12 (8%)	**10 (83%)**	0	1 (8%)	1 (8%)
Thought patch was best	6 (4%)	1 (17%)	**5 (83%)**	0	0
Thought ring was best	40 (26%)	4 (10%)	3 (8%)	**29 (73%)**	4 (10%)
Thought other method was best	15 (10%)	2 (13%)	1 (7%)	1 (7%)	**11 (73%)**

Figures highlighted in grey: Same method chosen as the one the gynaecologist intended to prescribe
Figures in bold: Method most frequently chosen in relation to the method the gynaecologist thought was best for the patient

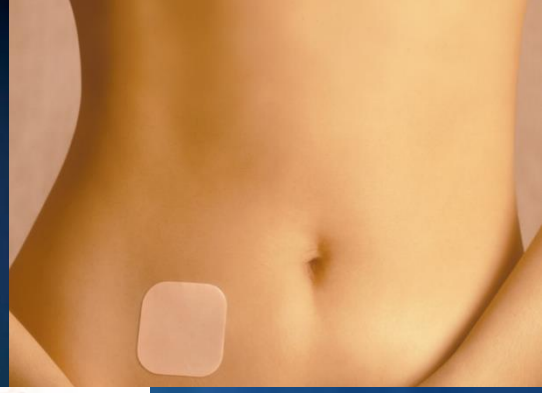
Source: Merckx et al. Eur J Contr Reprod Health Care 2011; 16:418-429

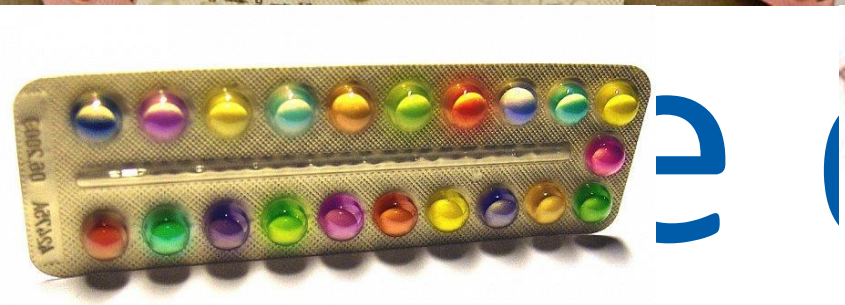
Conclusions

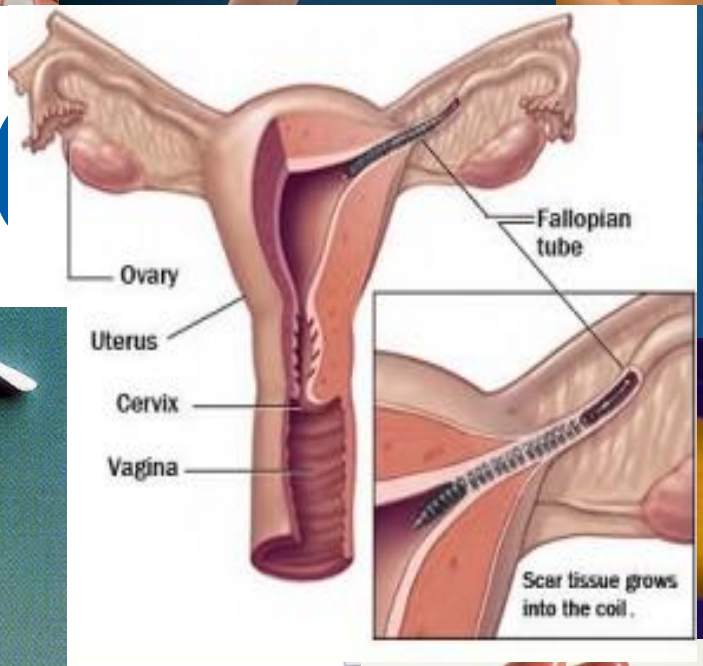
Le meilleur contraceptif pour une adolescente

- Est celui qu'elle choisit elle-même après conseils avisés
- Il faut favoriser les contraceptifs 'long-acting' car ils sont plus efficaces
- Il faut améliorer l'observance du traitement
    - Facilité de prise
    - Accessibilité et prix

Source:






Fallopian tube
Ovary
Uterus
Cervix
Vagina
Scar tissue grows into the coil.