

## Interim report for granted project

<b>Submission ID</b>	4123858727413473949
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<b>Title of the granted project</b>	Use of prescribed contraception in Northern Ireland 2010-2016
<b>Amount granted by the ESC (in euro)</b>	4506
<b>Initial funding (part of the grant received already) in euro:</b>	3380
<b>Final amount to be paid by ESC (in euro):</b>	1126
<b>Project number:</b>	P-2017-B-01
<b>Allocated mentor:</b>	A Londero
<b>Date project actually started:</b>	19-06-2018
<b>Planned date of completion:</b>	28-06-2019
<b>Have there been any problems or issues with starting or continuing this project? If so, what impact will that have on your planned completion date?</b>	<p>No issues with starting or continuing the project but I would like to ask that the end date is extended to 28th June 2019.</p> <p>The data provider (the Honest Broker Service) reviewed the project application on 30th March 2018 and approval was received on the 10th April 2018. Ethical approval was obtained from Ulster University on the 11th April 2018. The data set was created and was ready for analysis on the 01 June 2018. The analysis was conducted between June and August 2018 and the preliminary results have been drafted.</p> <p>I originally said I would be finished in September 2018 as that is when my current employment contract is due to end. Since the funding was awarded I have changed contracts and my employment will now continue past September (into at least 2020). While the analysis has been completed an extension to the project deadline would allow me more time to organise the dissemination events I had planned. I am currently organising a meeting with the Family Planning Association and Royal College of General Practitioners in Northern Ireland. I would like their expert opinions on the findings before drafting a report, an article and holding a 'round table' dissemination event.</p>
<b>Have you discussed the project status and any problems with your Mentor?</b>	Yes, I have contacted Dr Ambrogio and Sarah Randall to ask to extend the project end date, see above for more details.

**Please provide a synopsis of your findings and data so far (max 500 words)**

This population based cohort study included 560,074 women, between the ages of 12 and 49, who were registered with a general practice in Northern Ireland 2010-2016. Total follow-up was 3,255,500 woman years.

Between 2010 and 2016, in 26.2% of women years there was a contraceptive prescription redeemed. Combined oral contraceptives (CoC) were the most commonly used (16.6% of woman years) followed by the progesterone only pill (PoP) (8.0% of woman years). Use of other contraceptive methods (emergency contraceptive, contraceptive injection, implant, intrauterine device (IUD), transdermal patch, vaginal ring and contraceptive gel) was rarer ranging from 0.004-2% of woman years.

While the use of any contraception remained stable over time the methods used did change over the study period. After adjusting for age, the deprivation in the area in which a woman lived and characteristics of the prescribing practice, there was a decreased rate of use of the CoC (12%), contraceptive injection (6%) and emergency contraceptive (5%) in 2016 compared to 2010. There was an increased rate of use of the PoP (23%), contraceptive implant (12%) and IUD (6%) in 2016 compared to 2010.

The 20-24 year age group was most likely to have any contraceptive dispensed (45.7% of woman years) with those 12-16 were least likely to have a contraceptive dispensed (6.8% of woman years), followed by those 45-49 years old (8.5% of woman years). Those in the 20-24 years age group had the greatest rate of use of any contraception, the CoC, emergency contraception, contraceptive injection and transdermal patch. The PoP was more common than all other methods of contraception in the 40-44 (9.0% of woman years) and 45-49 (5.9% of woman years) age groups. Use of the IUD, vaginal ring and contraceptive gel was rare in women less than 20. Those 25-29 were most likely to have a vaginal ring dispensed (0.05% of woman years) and those 35-39 were most likely to have an IUD dispensed (0.9% of woman years). Unlike other contraceptive methods, there was increasing use of contraceptive gel with increasing age although this still remained rare.

Use of any contraception did not vary with the deprivation in the area in which a woman lived but the choice of contraceptive used did. There was decreasing use of the emergency contraception, PoP, contraceptive injection and transdermal patch and increased use of the CoC with decreasing deprivation.

In terms of general practice characteristics, rural practices prescribed the CoC, injection, implant, IUD and transdermal patch more than urban practices and prescribed less of the PoP and emergency contraceptive. The smallest practices prescribed more of the contraceptive injection and there was a trend for decreasing use with increasing practice size. In contrast, the smallest practices dispensed much less of the IUD than larger practices. There was decreasing use of the contraceptive implant and the transdermal patch with decreasing practice area deprivation and more use of the POP in practices from areas with less deprivation.

**Please provide a current budget on how much you have spent to date. Receipts may be requested.**

£2850.00 to the Honest Broker Service for 5 days work creating the data set for the project.

**Full Name**

Joanne Given

**Date**

10-09-2018

