placement were lower than the cutoff levels (3 and 5 ng/mL) in the group without HAART and the LPV/r-based HAART group, showing no evidence of luteal activity. However, 2.8% of the P samples in the EFV-based HAART group were above the 5 ng/mL cutoff ($p = 0.02$), and 5% were above the lower cutoff level (3 ng/mL) ($p < 0.01$).

Conclusions: In conclusion, our study showed that the LPV/r increased the bioavailability of ENG released from the implant, which suggests that these antiretroviral drugs did not impair the contraceptive efficacy of the ENG implant. Additionally, the EFV decreased the bioavailability of the ENG released from the implant and increased luteal activity, which could impair the efficacy of this contraceptive. These results do not confirm that EFV reduces the efficacy of the ENG implant but rather suggest that the use of these two medications together requires caution.

FC01.2

Barometer of women's access to modern contraceptive choice in ten EU countries

Marieka Vandewiele

IPPF European Network, Brussels, Belgium

Objective: Provide a policy and status overview on young women's access to modern contraceptive choice across ten countries: Bulgaria, Czech Republic, France, Germany, Italy, Lithuania, The Netherlands, Poland, Spain and Sweden.

Method: Eight different policy areas and corresponding benchmarks which are considered key components of an effective policy approach to ensure access to modern contraceptives were identified and used as a reference to evaluate and rate the countries' situation:

1. Policy making and strategy
2. General awareness of SRHR and modern contraceptive choice
3. Education on SRH and modern contraceptive choice for young people and young adults
4. Education and training of healthcare professionals and service providers
5. Provision of individualised counselling and quality services
6. Reimbursement schemes
7. Prevention of discrimination
8. Empowering women through modern contraceptive choice

National experts completed an online multiple choice questionnaire based on desk research, professional and personal expertise and experience, and consultation of experts from their network. There was a point allocation for each multiple choice answer in order to enable consistent cross-country comparison of results and a scoring system to reflect the weight and importance of every policy measure within each policy benchmark.

Results: For each of the ten EU countries examined, significant gaps and loopholes were revealed, regarding the approach to SRHR related policies. Only a few national governments among the ten countries examined, have shaped and implemented a comprehensive SRHR strategy, with a specific focus on fertility control and access to modern contraceptive choice. Policy measures are generally scattered and limited. Sexuality education is mandatory in half of the countries examined, but rarely covers complete, scientific information on the full range and use of contraceptives. In a number of the countries examined, there is a lack of credible and qualitative guidelines for healthcare professionals and service providers on modern contraceptive service delivery. In most countries covered in this survey, there is a lack of awareness of individualised counselling as a key component of quality SRH services. Only half of the countries examined have some kind of reimbursement scheme in place.

Conclusion: The barometer illustrates the need and value of re-establishing reproductive health as a policy priority on the EU and national agendas and to embed modern contraceptive choice as a key component of integrated policies in order to prevent unintended pregnancies and to empower women in their personal, social and professional lives.

FC01.3

Psychiatric history of women who have had an abortion

Jenneke van Ditzhuijzen[1], Margreet ten Have[2], Ron de Graaf[2], Carolus van Nijnatten[1], Wilma Vollebergh[1]

[1]Utrecht University, Utrecht, The Netherlands,
[2]Netherlands Institute of Mental Health and Addiction (Trimbos Institute), Utrecht, The Netherlands

Objectives: Prior research has focused primarily on the mental health consequences of abortion; little is known about mental health status before the abortion took place. In this study, the prior psychiatric history of women who have had an abortion is investigated.

Method: 325 Women who recently had an abortion were compared with 1,902 women from the population-based Netherlands Mental Health Survey and Incidence Study (NEMESIS-2). Lifetime prevalence estimates of mood, anxiety, substance use and impulse control disorders were measured using the Composite International Diagnostic Interview 3.0.

Results: Lifetime prevalence of any axis-1 mental disorder was significantly higher for the abortion sample (68.3%) than for the reference sample (42.2%). Compared to the reference sample, women in the abortion sample were three times more likely to report a history of any mental disorder (OR = 3.06, 95% CI = 2.36–3.98). For all disorder groups and most individual disorders women in the abortion group had significantly higher prevalence estimates and odds ratios ranging from almost 2 to almost 7. The highest odds were found for conduct disorder (OR = 6.97, 95% CI = 4.41–11.01) and drug dependence (OR = 4.96, 95% CI = 2.55–9.66). Similar results were found for lifetime-minus-last-year prevalence estimates and for women who had first-time abortions only.

Conclusions: The results clearly demonstrate that women who have had an abortion are more likely to have a history of mental disorders than women who have not had an abortion. This could reflect either an increased chance of unintended pregnancy among women with a history of mental disorders compared to controls, or that women with a history of mental health problems more often choose to terminate unintended pregnancies compared to controls, or both. Our results support the notion that psychiatric history may explain associations that have been found between abortion and mental health in previous research. Psychiatric history should therefore be taken into account when investigating the mental health consequences of abortion.

FC01.4

A multicentre, randomised, open-label, Phase III profiling study comparing a low-dose levonorgestrel intrauterine system with combined oral contraception: analysis of user satisfaction

Kai Buhling[1], Sarah Rybowski[2], Katrin Roth[3], Kimberly Rosen[2]

[1]University Hamburg-Eppendorf, Hamburg, Germany,
[2]Bayer HealthCare Pharmaceuticals, Whippany, NJ, USA,
[3]Bayer Pharma AG, Berlin, Germany

Objectives: To compare user satisfaction in young women using the levonorgestrel intrauterine system (LNG-IUS13.5mg [total content]; Jaydess) with those using the 30 μg ethinyl estradiol and 3 mg drospirenone combined oral contraceptive (COC; Yasmin) pill.

Methods: Nulliparous and parous women (aged 18–29 years) with regular menstrual cycles (21–35 days), requesting contraception, were recruited at 42 centres in Austria, Belgium, Germany and the US, and were randomised to LNG-IUS13.5mg or COC for 18 months. The primary outcome was the overall satisfaction rate at 18 months or at early termination for women discontinuing before 18 months.

Results: The full analysis set included 279 women who were randomised to LNG-IUS13.5mg and had a placement attempted (placement was successful in all 279 women) and 281 women who were randomised to COC and took at least one pill. In the LNG-IUS13.5mg and COC groups, the mean age was 23.7 years and 23.9 years, respectively, and 77.4% and 73.3%, respectively, were nulliparous.

Self-reported satisfaction ratings were available for 274 women and 260 women in the LNG-IUS13.5mg and COC groups, respectively.

Overall satisfaction rates (95% CI) in the LNG-IUS13.5mg and COC groups, respectively were 87.9 (83.4–91.5%) and 83.8% (78.8–88.1%) at 6 months, 84.3% (79.4–88.4%) and 83.8% (78.8–88.1%) at 12 months and 82.1% (77.1–86.5%) and 81.9% (76.7–86.4%) at 18 months/end of study (last observation carried forward analysis).

At the end of the study, 263 women and 250 women in the LNG-IUS13.5mg and COC groups, respectively, completed a user satisfaction questionnaire.