A randomised controlled trial of the clinical effectiveness and cost-effectiveness of the levonorgestrel-releasing intrauterine system in primary care against standard treatment for menorrhagia: the ECLIPSE trial

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Declared competing interests of authors: Janesh K Gupta reports personal fees and non-financial support from training workshops for Ethicon, personal fees and non-financial support from Bayer, outside the submitted work. Joe Kai reports personal fees from Bayer Group for a postgraduate lecture outside the submitted work.

Published October 2015
DOI: 10.3310/hta19880
Plain English summary

Levonorgestrel for menorrhagia: the ECLIPSE trial
Health Technology Assessment 2015; Vol. 19: No. 88
DOI: 10.3310/hta19880

NIHR Journals Library www.journalslibrary.nihr.ac.uk
Plain English summary

Heavy menstrual bleeding (HMB; or heavy periods) is a common problem in women presenting to their general practitioners. Initial treatment should usually be medical, using non-hormonal pills, the contraceptive pill or the levonorgestrel contraceptive coil. However, it is unclear whether or not the coil is more effective than pills and if it is more acceptable to women, particularly in the medium term.

We randomly assigned 571 women with HMB to treatment with the coil or pills. We asked them to assess the impact that their periods had on their daily life, at intervals over a 5-year period. We also explored their experiences and expectations through interviews.

All participants found that their symptoms and quality of life significantly improved, regardless of which treatment they started with, although those who had the coil fitted showed more improvement within 2 years. Not all women continued with the treatment: by 5 years, just over half had the coil removed because of unpredictable bleeding, and 85% of those taking pills had changed treatments, mainly to the coil, or stopped treatment. One in five women in each group went on to have surgery, for example a hysterectomy. We could not conclude that the coil was definitely a cost-effective treatment because the results differed depending on the calculation used.

Our trial shows that medical treatments should be considered first in women seeking treatment in primary care. Both the coil and pills are effective treatments over a 5-year period, with the coil more effective over the first 2 years only.
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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 02/06/02. The contractual start date was in November 2004. The draft report began editorial review in February 2015 and was accepted for publication in May 2015. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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