

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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Plain English summary

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Plain English summary

Hheavy 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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