

Letters to the Editor

Send letters to Kenneth W. Lin, MD, MPH, Associate Deputy Editor for *AFP* Online, e-mail: afplet@aafp.org, or 11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2680.

Please include your complete address, e-mail address, and telephone number. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors.

Letters submitted for publication in *AFP* must not be submitted to any other publication. Possible conflicts of interest must be disclosed at time of submission. Submission of a letter will be construed as granting the American Academy of Family Physicians permission to publish the letter in any of its publications in any form. The editors may edit letters to meet style and space requirements.

Reduced Effectiveness of Emergency Contraception in Women with Increased BMI

Original Article: An Update on Emergency Contraception

Issue Date: April 1, 2014

Available at: <http://www.aafp.org/afp/2014/0401/p545.html>

TO THE EDITOR: Thank you for the article discussing the various methods of emergency contraception. We were surprised to find that the authors reported insufficient evidence to recommend against the use of emergency contraception in women with a body mass index (BMI) greater than 30 kg per m².

A report using data from randomized trials examined the risk factors for failure of levonorgestrel and ulipristal (Ella) after unprotected intercourse.¹ The authors found that the risk of pregnancy increased for women using levonorgestrel who had a BMI greater than 25 kg per m². Pregnancy rates for women using levonorgestrel who had a BMI greater than 26 kg per m² were essentially the same as those in women who did not use any emergency contraception. The effectiveness of ulipristal also appears to decrease with increasing BMI, although at a much slower rate. This information is crucial considering the number of women in this country who are overweight or obese, and the high cost of emergency contraceptives.

ERIN HENDRIKS, MD
Detroit, Mich.
E-mail: ehendrik@med.wayne.edu

LINDA PRINE, MD
New York, NY

Author disclosure: No relevant financial affiliations.

REFERENCE

1. Glasier A, Cameron ST, Blithe D, et al. Can we identify women at risk of pregnancy despite using emergency contraception? Data from randomized trials of ulipristal acetate and levonorgestrel. *Contraception*. 2011; 84(4):363-367.

IN REPLY: We agree that recent data suggest decreased effectiveness for emergency contraception in women who are obese or overweight.¹ Two randomized trials found that the pregnancy rate was 5.8% in this population after using levonorgestrel, compared with a pregnancy rate of 5.6% in the absence of emergency contraception.¹ Before concluding that emergency contraception is ineffective in women with a BMI greater than 30 kg per m², subsequent studies should look specifically at this population and control for factors such as routine contraception use, timing of intercourse, and multiple acts of intercourse in the same menstrual cycle.

MICHELE C. BOSWORTH, MD
Tyler, Tex.
E-mail: Michele.Bosworth@uthct.edu

Author disclosure: No relevant financial affiliations.

REFERENCE

1. Glasier A, Cameron ST, Blithe D, et al. Can we identify women at risk of pregnancy despite using emergency contraception? Data from randomized trials of ulipristal acetate and levonorgestrel. *Contraception*. 2011; 84(4):363-367.

Correction

Incorrect statistic. The article "Treatment of Alzheimer Disease" (June 15, 2011, p. 1403) incorrectly listed the disease prevalence of Alzheimer disease as one-third of Americans older than 85 years rather than one-half in the first sentence of the abstract (p. 1403). The sentence should have read, "Alzheimer disease is the most common form of dementia, affecting nearly one-half of Americans older than 85 years." The online version of this article has been corrected. ■