Factors, abortion was not a statistically significant predictor of subsequent anxiety, mood, impulse-control, and eating disorders or suicidal ideation."

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**REFERENCES**


**Effects of Age, Parity, and Device Type on Complications and Discontinuation of Intrauterine Devices**

**To the Editor:**

The retrospective chart review by Aoun et al. and we would like to express some concerns and make some comments. As evidenced in many recent articles that have appeared in journals worldwide, many young women experience problems during intrauterine device (IUD) use, particularly nulliparous women. This is not surprising—researchers have demonstrated the great disparity between uterine cavities, particularly the transverse dimensions of the cavity, which were found to be on average only about 2.5–2.7 cm in the fundal area in nulliparous women and only marginally wider in women who had given birth. Paragar and Mirena are 3.2–cm wide, and, therefore, will not fit in many uterine cavities. Several authors conclude that side effects (eg, bleeding, pain) are the consequence of disproportion between the IUD and the endometrial cavity, which leads to early discontinuation. Transverse uterine cavity lengths of between 1.1 and 1.6 cm are not altogether uncommon. Although some women seemingly tolerate this disproportion, others will try to endure these side effects (if the device is not expelled due to severe uterine contractions) and take large doses of painkillers, hoping that the cramps will subside. However, if this is not the case, they will request removal of the IUD and switch to another, less-effective method of contraception or no method at all. Garbers et al. did not report any potential conflicts of interest.