factors, abortion was not a statistically significant predictor of subsequent anxiety, mood, impulse-control, and eating disorders or suicidal ideation."[1]

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Julia R. Steinberg, PhD
Nancy E. Adler, PhD
Department of Psychiatry,
University of California, San Francisco,
San Francisco, California

Charles E. McCulloch, PhD
Department of Epidemiology and
Biostatistics, University of California,
San Francisco, San Francisco,
California

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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[1] analyzed intrauterine device (IUD)–related outcomes by age, parity, and IUD type. One of the authors' main conclusions was that teenagers and young women may benefit from additional counseling because they are more likely to request removal before product expiration. The authors identify in the Discussion that the primary causes of early removal are pain and bleeding. However, the data and available literature do not support this conclusion. First, although univariate analysis does show a significant difference in discontinuation rates for pain and abnormal bleeding, only pain appears to be related to age. The percentage of young (aged 13–19 years) females that discontinued because of abnormal bleeding was lower than women aged 25–35 years. More importantly, although the study methods include a description of a multivariable analysis, none is presented in the results. In this type of study, only with multivariable analysis can this univariate finding be validated.

Second, as the authors briefly review in the Discussion, teenagers are more likely to discontinue all methods of contraception. However, our goal as providers should not be to achieve the same continuation rates among women of all ages, races, and cultures. All women are different, and teenagers are different than more mature women in many ways, not just in contraceptive choices and continuation rates. The CHOICE study demonstrates that teenagers who receive extensive counseling, choose IUDs, and have significant provider support have a lower rate of continuation as compared with women aged 20 years and older.[2] However, teenagers in the CHOICE study who selected an IUD were also much more likely to continue their method compared with those who chose short-acting methods of contraception. One of the realities of highly effective, long-acting methods of contraception is that they are not perfect for everyone. The authors in this study have done a great job of evaluating the available data from a retrospective review of patient charts to get an idea of the rates of and reasons for discontinuation. However, the data as well as the available literature do not support the recommendation that providing extra counseling to teenagers will lower discontinuation rates. All women, regardless of age, deserve the best counseling.

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Mitchell D. Creinin, MD
Department of Obstetrics and
Gynecology,
University of California, Davis,
Sacramento, California

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***Editor's Note:** Aoun et al declined to respond to this letter.*

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

To the Editor:

We read the study by Aoun et al,[1] 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.[2,3] Paragard 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.[4,5] Transverse uterine cavity lengths of between 1.1 and 1.6 cm are not altogether uncommon.[6] 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[4]

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