Title

MEDICATION ABORTION WITH PHARMACIST DISPENSING OF MIFEPRISTONE: A COHORT STUDY

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Conclusions: Our findings indicate that current legal efforts to criminalize women who self-manage abortion are inconsistent with women's attitudes about the practice. Lack of familiarity with SMA may help explain why some support its criminalization. Understanding these contributing factors could inform strategies for changing attitudes about SMA.

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O15

MEDICATION ABORTION WITH PHARMACIST DISPENSING OF MIFEPRISTONE: A COHORT STUDY

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Objectives: This study aimed to assess the feasibility and acceptability of medication abortion (MAB) with mifepristone dispensed by pharmacists.
Methods: We recruited patients seeking MAB at six California sites. After standard clinical assessment and MAB consent, participants enrolled in the study and obtained mifepristone and misoprostol at nearby pharmacies from trained pharmacists. Participants completed surveys 2 and 14 days after enrollment. We extracted demographic and clinical data from medical records.
Results: From July 2018 to February 2019, we enrolled 83 participants. All took mifepristone as prescribed. Follow-up data were available for 82 (99%); the MAB was effective for 76 (93%; 95% confidence interval 85–97%), while 6 (7%) had aspirations. No unexpected or serious adverse events were reported. At Day 2, 77 (93%) completed the questionnaire and reported being satisfied with the pharmacy experience (n=72, 94%) and pharmacy staff (n=76, 99%). Seventy-five respondents (97%) reported that they received adequate information either from the pharmacist (n=40, 52%) or had already received necessary information from the clinician (n=35, 45%). Of 75 respondents (90%) surveyed at Day 14, only 2 (3%) indicated a preference to obtain medications in the clinic for future MABs, whereas 48 (64%) said they would prefer to obtain medications at pharmacies, 23 (31%) said either would be fine, and 2 (3%) were unsure. The most commonly reported reasons participants might not recommend pharmacy dispensing included long wait times and potential privacy concerns; advantages included "more control, power and freedom," accessibility, convenience, and "patient agency."
Conclusions: MAB with pharmacist-dispensed mifepristone and misoprostol appears feasible, with high patient satisfaction.

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O16

ASSOCIATION BETWEEN INTERPERSONAL VIOLENCE AND DUAL PROTECTION USE AMONG ADOLESCENT FEMALES IN ATLANTA: IMPLICATIONS FOR EXPANDING DUAL PROTECTION MESSAGES TO INCLUDE PrEP/PEP

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Objectives: Female adolescents in the southern United States disproportionately experience adverse reproductive health outcomes, including HIV/STIs. Supporting adolescents' successful use of dual protection (DP) strategies (condoms+contraceptives or condoms only) to prevent unintended pregnancies *and* HIV/STIs is greatly needed, but interpersonal violence may impede DP use.
Methods: Baseline audio computer-assisted self-interview survey data (N=735) from a randomized controlled trial of a clinical intervention to increase DP use among sexually active African-American 14–19 year olds accessing services at a Title X clinic in Atlanta, Georgia, were used to examine associations between abuse (lifetime experience of emotional, physical or sexual abuse by any perpetrator), DP use, and condom intentions/self-efficacy.
Results: A total of 357 adolescents (48.2%) reported experiencing at least one form of abuse; they significantly differed from those without abuse on DP use in the previous 3 months (abuse: No dual protection, 33.8%; condoms only, 21.6%; condoms+contraceptives, 44.6% vs. no abuse: No dual protection, 25.2%; condoms only, 24.1%; condoms+contraceptives, 50.7%; $p<.05$). Adolescents with abuse histories also reported significantly lower condom use in the past 3 months ($p<.05$), lower condom use self-efficacy ($p=.01$), and lower intentions to use condoms in the next 3 months ($p<.001$).
Conclusions: Experiences of abuse are highly prevalent among adolescent females seeking Title X services in Atlanta. Given that those with abuse histories report lower DP use (likely driven by lower condom use) as well as lower condom use intentions and self-efficacy, useful interventions in addition to a continued focus on strengthening condom use may include expansion of education and access to user-controlled HIV prevention options like pre- and post-exposure prophylaxis (PrEP/PEP) may be expanded for this population, particularly in HIV hotspots.

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O17

THE EFFECT OF ISOTRETINOIN ON ETONOGESTREL CONCENTRATIONS IN CONTRACEPTIVE IMPLANT USERS

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Objectives: Isotretinoin, commonly used for the treatment of severe acne, is a hepatic cytochrome P-450 (CYP) enzyme inducer and potent teratogen. The teratogenic risks of isotretinoin exposure require effective contraception. We studied the pharmacokinetic interaction between isotretinoin and etonogestrel (ENG) in contraceptive implant users.
Methods: We enrolled healthy, reproductive-aged women using an ENG implant for at least 4 weeks and initiating isotretinoin prescribed by a dermatologist for acne. We collected a baseline serum ENG level prior to initiation of isotretinoin and repeated ENG levels after 4 and 9 weeks of isotretinoin co-administration. To measure ENG, we used a validated liquid chromatography-tandem mass-spectrometry assay. We compared ENG concentrations before and after isotretinoin exposure using a nonparametric, related-samples test.
Results: We enrolled nine women; eight had serum drawn at 4 weeks and four at 9 weeks. Participants' median age was 21 years (range 17–26), median BMI was 27.4 kg/m^2 (range 21.1–34.9), and median duration of implant use was 16.5 months (range 1–27). Median ENG levels were 192.9pg/mL (IQR 125.2–201.6) before isotretinoin, 161.0pg/mL (IQR 136.3–193.7) at 4 weeks, and 146.0pg/mL (IQR 96.9–288.7) at 9 weeks.