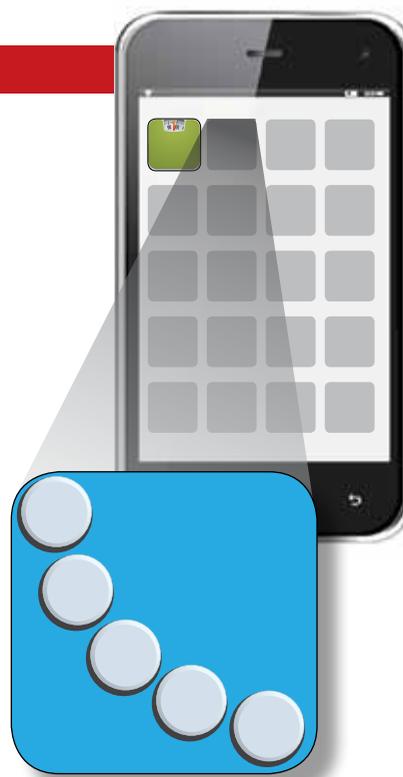


PRACTICE EXTENDERS: AN OCCASIONAL SERIES

An app to help your patient remember to take her OC

📌 Birth control pills are most effective when taken as directed. This app may help you in your quest for compliance.

Jennifer Gunter, MD



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COMING SOON

An app for mothers-to-be to track their pregnancy

In this series, I review what I call prescription apps—apps that you might consider recommending to your patient to enhance her medical care. Many of your patients are already looking at medical apps and want to hear your opinion. It is not uncommon that the free apps I recommend to patients are downloaded before they leave my office. When recommending apps, their cost (which is not necessarily a measure of quality or utility) and platform (device that the app has been designed for) should be taken into account. It is important to know whether the app you are recommending is supported by your patient's Smartphone. The most common devices are the Android (20% of cell phone users), iPhone (19%), and Blackberry (6%).¹ Some apps also can be used on tablets



Dr. Gunter is an ObGyn in San Francisco. She is the author of *The Premie Primer: A Complete Guide for Parents of Premature Babies—from Birth through the Toddler Years and Beyond* (Da Capo Press, 2010).

Dr. Gunter blogs at <http://www.drjengunter.com/> and you can find her on Twitter at @DrJenGunter.

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(iPad, Galaxy) and e-book readers (Nook, Kindle).

When the clinical need is contraception continuation

The oral contraceptive (OC) is the contraceptive of choice for many young women—but forgetting pills, improper use, and discontinuation are common, leading to an estimated 1 million unplanned pregnancies per year.

The app **myPill** turns a Smartphone into a pill-taking reminder system. It also will remind users to replace their ring contraceptive as well as serve as a menstrual tracker.

The app allows the user to set her pill/ring regimen (a patch regimen upgrade is in the works) using the standard 21 days on and 7 days off or a customizable combination of active to inactive days. A daily reminder appears at the pre-set time that says, “Take a pill!” The reminder also can be sent via text or e-mail.

While there is Level 1 evidence indicating that daily text reminders (even when augmented with another reminder system) don't improve OC adherence, women who receive daily educational text messages about the pill are more likely to continue

with the OC at 6 months.^{2,3} There are no data on how a specific app helps with contraception continuation.

The basic version of **myPill** is free and was designed for the iPhone 4 (iOS 4.0 or higher). The customizable version costs \$3.99.

Pros

The graphics are cute, and the set up is easy. There are lots of **customizable features**, including:

- regimen length
- snooze option (if the user can't immediately break to take her pill)
- personalized reminder message (so the obvious, "Take a pill" doesn't pop up on her phone but rather a more discrete message or code).

The other nice feature is an easy-to-use menstrual calendar, which allows users the ability to add notes.

Cons

The free version only works for a standard 21-day on, 7-day off, cycle and doesn't allow the more user-friendly customization options (although it does have the menstrual calendar). The full version is \$3.99, which is cost effective if it provides peace of mind for your patient or prevents her need for the morning-after pill even once, never mind an unplanned pregnancy.

Some comments in the reviewer section of the app store mention the alarm isn't loud enough. In a road test, however, I didn't find a problem with hearing the alarm. Other problematic issues include somewhat unclear instructions about what to do if a pill is missed, and it's only available for the iPhone.

Verdict: No harm in trying

If your patient perks up when you mention this app, it might be something she'd use. Anything that encourages a patient's engagement with her care is positive. There certainly would be no harm in her testing out the free version and then upgrading to the customizable version if she finds it to be useful—or deleting it from her phone if she doesn't find it helpful. 🚫

In the next installment: an app for your expectant patient to track her pregnancy.

References

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2. Castaño PM, Bynum JY, Andrés R, Lara M, Westhoff C. Effect of daily text messages on oral contraceptive continuation: a randomized controlled trial. *Obstet Gynecol.* 2012;119(1):14–20.
3. Hou MY, Hurwitz S, Kavanagh E, Fortin J, Goldberg AB. Using daily text-message reminders to improve adherence with oral contraceptives: a randomized controlled trial [published correction appears in *Obstet Gynecol.* 2010;116(5):1224]. *Obstet Gynecol.* 2010;116(3):633–640.



This contraceptive reminder system is user friendly and encourages a patient's engagement with her care

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