VII CONGRESSO CATARINENSE DE OBSTETRÍCIA E GINECOLOGIA

II Congresso Catarinense de Perinatologia

25 a 27 de junho de 2015 | Expoville | Joinville | SC

Ricardo Nascimento

Declaração de conflito de interesse

Não recebi qualquer forma de pagamento ou auxílio financeiro de entidade pública ou privada para pesquisa ou desenvolvimento de método diagnóstico ou terapêutico ou ainda, tenho qualquer relação comercial com a indústria farmacêutica

Sociedade Catarinense de Pediatria

VII CONGRESSO CATARINENSE DE OBSTETRÍCIA E GINECOLOGIA

II CONGRESSO CATARINENSE DE PERINATOLOGIA

25 a 27 de junho de 2015 | Expoville | Joinville - SC

Quais exames estão indicados antes da prescrição de anticoncepcional combinado?

Ricardo Nascimento

Joinville, 26 de junho de 2015

SOGISC
SOCIEDADE de OBSTETRÍCIA e GINECOLOGIA de SANTA CATARINA

UNIVERSIDADE FEDERAL DE SANTA CATARINA

Orientação: estado da arte

Gostar do que faz

Ver o casal como seres integrais

Conhecer anatomia

Abordar com naturalidade a sexualidade humana

Comunicar-se de forma clara, simples e imparcial

Dispor-se a responder a todas as perguntas

Satisfação dos usuários

Margarita Diaz, In Contracepção. Revinter, 2000.

Morbidity and Mortality Weekly Report (*MMWR*)

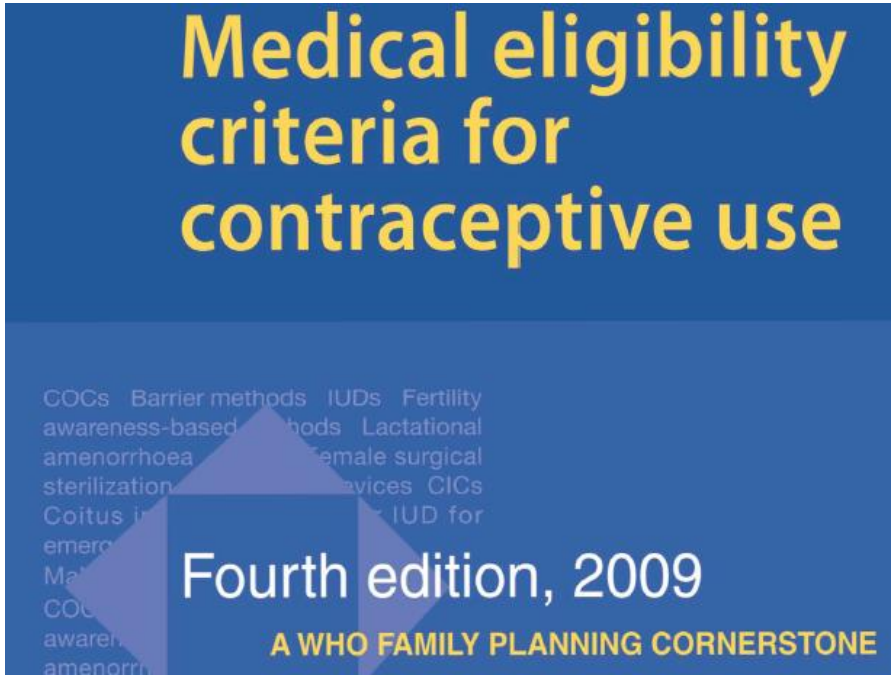
MMWR

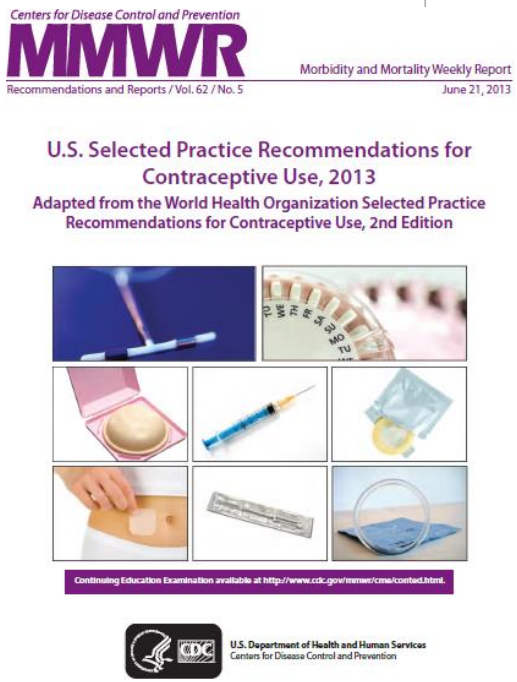
U.S. Selected Practice Recommendations for Contraceptive Use, 2013: Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition

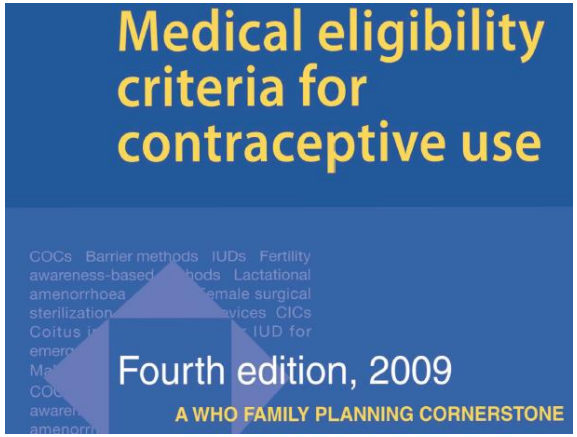
Recommendations and Reports
June 21, 2013 / 62(RR05);1-46

Prepared by

Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion







Os critérios de eligibilidade foram descritos a partir de categorias (1 a 4), assim distribuídas:

1) Condição para a qual não existe restrição ao uso do método anticoncepcional.
2) Condição onde as vantagens do uso do método geralmente se sobrepõe aos riscos teóricos ou comprovados.
3) Condição onde os riscos teóricos ou comprovados geralmente se sobrepõe às vantagens do uso do método.
4) Condição que representa um risco inaceitável para a saúde caso o método anticoncepcional seja utilizado.

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation				CLARIFICATIONS/EVIDENCE
	COC	P	R	CIC	
COC = combined oral contraceptives **P** = combined contraceptive patch **R** = combined contraceptive vaginal ring **CIC** = combined injectable contraceptives					

HYPERTENSION

For all categories of hypertension, classifications are based on the assumption that no other risk factors for cardiovascular disease exist. When multiple risk factors do exist, risk of cardiovascular disease may increase substantially. A single reading of blood pressure level is not sufficient to classify a woman as hypertensive.

a) History of hypertension, where blood pressure CANNOT be evaluated (including hypertension in pregnancy)	3	3	3	3	**Clarification**: Evaluation of cause and level of hypertension is recommended, as soon as feasible. **Evidence**: Women who did not have a blood pressure check before COC use had an increased risk of acute myocardial infarction and stroke.(176-180)
b) Adequately controlled hypertension, where blood pressure CAN be evaluated	3	3	3	3	**Clarification**: Women adequately treated for hypertension are at reduced risk of acute myocardial infarction and stroke as compared with untreated women. Although there are no data, COC, P, R, or CIC users with adequately controlled and monitored hypertension should be at reduced risk of acute myocardial infarction and stroke compared with untreated hypertensive COC, P, R, or CIC users.
c) Elevated blood pressure levels (properly taken measurements)					**Evidence**: Among women with hypertension, COC users were at increased risk of stroke, acute myocardial infarction, and peripheral arterial disease compared with non-users.(151;153;160-162;164;176-191) Discontinuation of COCs in women with hypertension may improve blood pressure control.(192)
(i) systolic 140-159 or diastolic 90-99	3	3	3	3	
(ii) systolic ≥160 or diastolic ≥100	4	4	4	4	
d) Vascular disease	4	4	4	4	

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation				CLARIFICATIONS/EVIDENCE
	COC	P	R	CIC	
COC = combined oral contraceptives **P** = combined contraceptive patch **R** = combined contraceptive vaginal ring **CIC** = combined injectable contraceptives					
BREASTFEEDING					**Evidence**: Clinical studies demonstrate conflicting results regarding effects on milk volume in women exposed to COCs during lactation; however, no consistent effect on infant weight have been reported.(133-142) Adverse health outcomes or manifestations of exogenous estrogen in infants exposed to combined contraceptives through breast milk has not been demonstrated; however, studies have been inadequately designed to determine whether a risk of either serious or subtle long-term effects exists.
a) < 6 weeks postpartum	4	4	4	4	
b) ≥ 6 weeks to < 6 months postpartum (primarily breastfeeding)	3	3	3	3	
c) ≥ 6 months postpartum	2	2	2	2	
SMOKING					**Evidence**: COC users who smoked were at increased risk of cardiovascular diseases, especially myocardial infarction, compared with those who did not smoke. Studies also showed an increased risk of myocardial infarction with increasing number of cigarettes smoked per day.(151-162)
a) Age < 35 years	2	2	2	2	
b) Age ≥ 35 years					
(i) < 15 cigarettes/day	3	3	3	3	
ii) ≥ 15 cigarettes/day	4	4	4	4	
MULTIPLE RISK FACTORS FOR ARTERIAL CARDIOVASCULAR DISEASE (such as older age, smoking, diabetes and hypertension)	3/4	3/4	3/4	3/4	**Clarification**: When a woman has multiple major risk factors, any of which alone would substantially increase the risk of cardiovascular disease, use of COCs, P, R, or CICs may increase her risk to an unacceptable level. However, a simple addition of categories for multiple risk factors is not intended; for example, a combination of two risk factors assigned a category 2 may not necessarily warrant a higher category.

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation				CLARIFICATIONS/EVIDENCE
	COC	P	R	CIC	
COC = combined oral contraceptives **P** = combined contraceptive patch **R** = combined contraceptive vaginal ring **CIC** = combined injectable contraceptives					
DEEP VENOUS THROMBOSIS (DVT)/ PULMONARY EMBOLISM (PE)*					
a) History of DVT/PE	4	4	4	4	
b) Acute DVT/PE	4	4	4	4	
c) DVT/PE and established on anticoagulant therapy	4	4	4	4	
d) Family history (first-degree relatives)	2	2	2	2	
e) Major surgery					
(i) with prolonged immobilization	4	4	4	4	
(ii) without prolonged immobilization	2	2	2	2	
f) Minor surgery without immobilization	1	1	1	1	
KNOWN THROMBOGENIC MUTATIONS (e.g., Factor V Leiden; Prothrombin mutation; Protein S, Protein C, and Antithrombin deficiencies)	4	4	4	4	**Clarification**: Routine screening is not appropriate because of the rarity of the conditions and the high cost of screening. **Evidence**: Among women with thrombogenic mutations, COC users had a two to twenty-fold higher risk of thrombosis than non-users. (168;199-221)

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation				CLARIFICATIONS/EVIDENCE
	COC	P	R	CIC	
COC = combined oral contraceptives **P** = combined contraceptive patch **R** = combined contraceptive vaginal ring **CIC** = combined injectable contraceptives					
VALVULAR HEART DISEASE*					
a) Uncomplicated	2	2	2	2	
b) Complicated (pulmonary hypertension, risk of atrial fibrillation, history of subacute bacterial endocarditis)	4	4	4	4	
RHEUMATIC DISEASES					
SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) People with systemic lupus erythematosus (SLE) are at increased risk of ischaemic heart disease, stroke and venous thromboembolism. Categories assigned to such conditions in the MEC should be the same for women with SLE who present with these conditions. For all categories of SLE, classifications are based on the assumption that no other risk factors for cardiovascular disease are present; these classifications must be modified in the presence of such risk factors. Available evidence indicates that many women with SLE can be considered good candidates for most contraceptive methods, including hormonal contraceptives.(222-240)					
a) Positive (or unknown) antiphospholipid antibodies	4	4	4	4	**Evidence**: Antiphospholipid antibodies are associated with a higher risk for both arterial and venous thrombosis.(241-243)
b) Severe thrombocytopenia	2	2	2	2	
c) Immunosuppressive treatment	2	2	2	2	
d) None of the above	2	2	2	2	

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation								CLARIFICATIONS/EVIDENCE
	COC		P		R		CIC		
COC = combined oral contraceptives **P** = combined contraceptive patch **R** = combined contraceptive vaginal ring **CIC** = combined injectable contraceptives									
NEUROLOGIC CONDITIONS									
HEADACHES*	I	C	I	C	I	C	I	C	**Clarification**: Classification depends on accurate diagnosis of those severe headaches that are migrainous and those that are not. Any new headaches or marked changes in headaches should be evaluated. Classification is for women without any other risk factors for stroke. Risk of stroke increases with age, hypertension and smoking. **Evidence**: Among women with migraine, women who also had aura had a higher risk of stroke than those without aura.(244-246) Women with a history of migraine who use COCs are about 2 to 4 times as likely to have an ischaemic stroke as non-users with a history of migraine.(151;166;187;188;245-250)
a) Non-migrainous (mild or severe)	1	2	1	2	1	2	1	2	
b) Migraine									
(i) without aura									
Age < 35	2	3	2	3	2	3	2	3	
Age ≥ 35	3	4	3	4	3	4	3	4	
(ii) with aura, at any age	4	4	4	4	4	4	4	4	

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation				CLARIFICATIONS/EVIDENCE
	COC	P	R	CIC	
COC = combined oral contraceptives **P** = combined contraceptive patch **R** = combined contraceptive vaginal ring **CIC** = combined injectable contraceptives					
BREAST DISEASE*					
a) Undiagnosed mass	2	2	2	2	**Clarification**: Evaluation should be pursued as early as possible.
b) Benign breast disease	1	1	1	1	
c) Family history of cancer	1	1	1	1	**Evidence**: Women with breast cancer susceptibility genes (such as BRCA1 and BRCA2) have a higher baseline risk of breast cancer than women without these genes. The baseline risk of breast cancer is also higher among women with a family history of breast cancer than among those who do not have such a history. Current evidence, however, does not suggest that the increased risk of breast cancer among women with either a family history of breast cancer or breast cancer susceptibility genes is modified by the use of combined oral contraceptives. (275-293)
d) Breast cancer					
(i) current	4	4	4	4	
(ii) past and no evidence of current disease for 5 years	3	3	3	3	

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation				CLARIFICATIONS/EVIDENCE
	COC	P	R	CIC	
COC = combined oral contraceptives **P** = combined contraceptive patch **R** = combined contraceptive vaginal ring **CIC** = combined injectable contraceptives					
ENDOCRINE CONDITIONS					
DIABETES					
a) History of gestational disease	1	1	1	1	**Evidence**: The development of non-insulin dependant diabetes in women with a history of gestational diabetes is not increased by the use of COCs.(439-446) Likewise, lipid levels appear to be unaffected by COC use.(447-449)
b) Non-vascular disease					**Evidence**: Among women with insulin or non-insulin dependent diabetes, COC use had limited effect on daily insulin requirements and no effect on long term diabetes control (e.g., HbA1c levels) or progression to retinopathy. Changes in lipid profile and haemostatic markers were limited and most changes remained within normal values.(450-459)
(i) non-insulin dependent	2	2	2	2	
(ii) insulin dependent	2	2	2	2	
c) Nephropathy/retinopathy/ neuropathy	3/4	3/4	3/4	3/4	**Clarification**: The category should be assessed according to the severity of the condition.
d) Other vascular disease or diabetes of > 20 years' duration	3/4	3/4	3/4	3/4	**Clarification**: The category should be assessed according to the severity of the condition.

CONDITION * additional comments at end of table	CATEGORY I = initiation, C = continuation				CLARIFICATIONS/EVIDENCE
	COC	P	R	CIC	
COC = combined oral contraceptives **P** = combined contraceptive patch **R** = combined contraceptive vaginal ring **CIC** = combined injectable contraceptives					
LIVER TUMOURS*					
a) Benign					
(i) Focal nodular hyperplasia	2	2	2	2	**Evidence**: There is limited, direct evidence that hormonal contraceptive use does not influence either progression or regression of liver lesions among women with focal nodular hyperplasia.(467-469)
(ii) Hepatocellular adenoma	4	4	4	3	
b) Malignant (hepatoma)	4	4	4	3/4	

Morbidity and Mortality Weekly Report (*MMWR*)

MMWR

Appendix C: Examinations and Tests Needed Before Initiation of Contraceptive Methods

Recommendations and Reports
June 21, 2013 / 62(RR05);56-56

The examinations or tests noted apply to women who are presumed to be healthy. Those with known medical problems or other special conditions might need additional examinations or tests before being determined to be appropriate candidates for a particular method of contraception. The *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010* (U.S. MEC), might be useful in such circumstances (*5*). The following classification was considered useful in differentiating the applicability of the various examinations or tests:

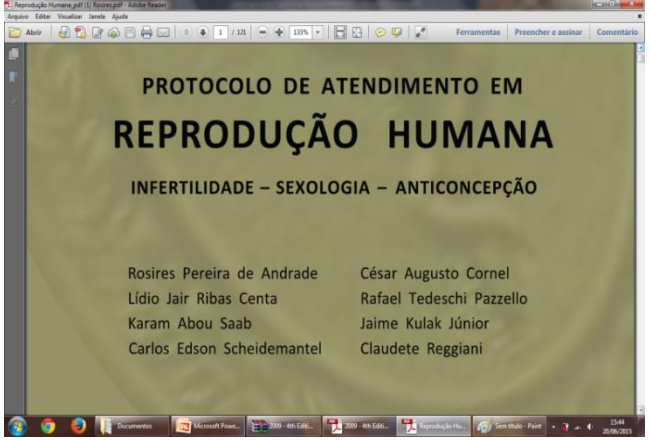
Class A: essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B: contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context; risk of not performing an examination or test should be balanced against the benefits of making the contraceptive method available.

Class C: does not contribute substantially to safe and effective use of the contraceptive method.

As condutas são indicadas para mulheres sadias

Aquelas portadoras de condições especiais ou problemas médicos conhecidos, podem precisar de testes adicionais.



3.6.2 Necessidade ou não de exames e testes prévios

O CDC classificou em 3 classes a necessidade ou não de se realizar exames de laboratório antes de se orientar as pessoas para uso de contraceptivos:

Classe A: Estes testes e exames são essenciais e mandatórios em todas as circunstâncias para o uso efetivo e seguro do método contraceptivo.

Classe B: Estes testes e exames contribuem substancialmente para o uso seguro e efetivo, embora a implementação possa ser considerada dentro do contexto de saúde pública, contexto do serviço, ou ambos. Deve ser feito um balanço do risco em não realizar os exames contra os benefícios de tornar o método anticoncepcional disponível.

Classe C: Estes testes e exames não contribuem substancialmente para o uso efetivo e seguro do método contraceptivo.

Revisões sistemáticas foram feitas para diferentes testes e exames para avaliar se um determinado teste de *screening* estava associado com o uso seguro dos métodos contraceptivos. Portanto isso só se aplica para o uso de contraceptivos.

Morbidity and Mortality Weekly Report (*MMWR*)

MMWR

Appendix C: Examinations and Tests Needed Before Initiation of Contraceptive Methods

Recommendations and Reports
June 21, 2013 / 62(RR05);56-56

The examinations or tests noted apply to women who are presumed to be healthy. Those with known medical problems or other special conditions might need additional examinations or tests before being determined to be appropriate candidates for a particular method of contraception. The *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010* (U.S. MEC), might be useful in such circumstances (*5*). The following classification was considered useful in differentiating the applicability of the various examinations or tests:

Class A: essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B: contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context; risk of not performing an examination or test should be balanced against the benefits of making the contraceptive method available.

Class C: does not contribute substantially to safe and effective use of the contraceptive method.

TABLE. Examinations and tests needed before initiation of contraceptive methods

Examination or test	Contraceptive method and class							
	Cu-IUD and LNG-IUD	Implant	Injectable	CHC	POP	Condom	Diaphragm or cervical cap	Spermicide
Examination								
Blood pressure	C	C	C	A*	C	C	C	C
Weight (BMI) (weight [kg]/height [m]^2)	—†	—†	—†	—†	—†	C	C	C
Clinical breast examination	C	C	C	C	C	C	C	C
Bimanual examination and cervical inspection	A	C	C	C	C	C	A§	C

Morbidity and Mortality Weekly Report (*MMWR*)

MMWR

Appendix C: Examinations and Tests Needed Before Initiation of Contraceptive Methods

Recommendations and Reports
June 21, 2013 / 62(RR05);56-56

The examinations or tests noted apply to women who are presumed to be healthy. Those with known medical problems or other special conditions might need additional examinations or tests before being determined to be appropriate candidates for a particular method of contraception. The *U.S. Medical Eligibility Criteria for Contraceptive Use, 2010* (U.S. MEC), might be useful in such circumstances (*5*). The following classification was considered useful in differentiating the applicability of the various examinations or tests:

Class A: essential and mandatory in all circumstances for safe and effective use of the contraceptive method.

Class B: contributes substantially to safe and effective use, but implementation may be considered within the public health and/or service context; risk of not performing an examination or test should be balanced against the benefits of making the contraceptive method available.

Class C: does not contribute substantially to safe and effective use of the contraceptive method.

Laboratory test				CHC				
Glucose	C	C	C	C	C	C	C	C
Lipids	C	C	C	C	C	C	C	C
Liver enzymes	C	C	C	C	C	C	C	C
Hemoglobin	C	C	C	C	C	C	C	C
Thrombogenic mutations	C	C	C	C	C	C	C	C
Cervical cytology (Papanicolaou smear)	C	C	C	C	C	C	C	C
STD screening with laboratory tests	—¶	C	C	C	C	C	C	C
HIV screening with laboratory tests	C	C	C	C	C	C	C	C

Mensagens para levar

Orientar bem

Questionar:

Hipertensão e Cardiopatia valvular

Fumo

Idade

TEP/TVP/Trombofilias/Lupus

Enxaqueca

Diabetes

Hepatopatias

Cancer

Quais exames estão indicados antes da prescrição de anticoncepcional combinado?

Appendix C: Examinations and Tests Needed Before Initiation of Contraceptive Methods

Recommendations and Reports
June 21, 2013 / 62(RR05);56-56

Exames não são indicados para mulheres sadias, exceto a medida da PA

As portadoras de condições especiais ou problemas médicos conhecidos, podem precisar de exames adicionais.