

Realização



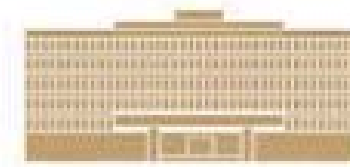
Promoção



ASSOCIAÇÃO DE
OBSTETRÍCIA E
GINECOLOGIA DO
RIO GRANDE DO SUL



Sociedade Brasileira de
Mastologia
REGIONAL SANTA CATARINA



UFCSPA

Universidade Federal de Ciências da Saúde
de Porto Alegre



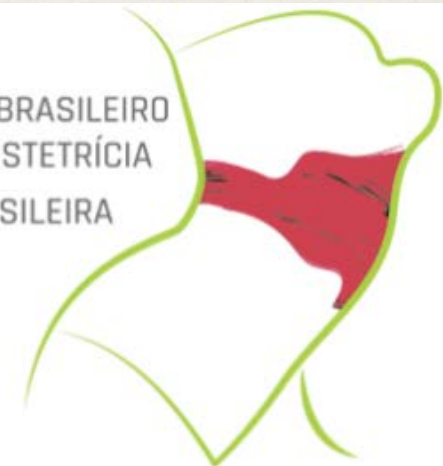
SISTEMA INTRAUTERINO COM LNG

LARCs:

CARACTERÍSTICAS E PERSPECTIVAS DE
USO PARA AS MULHERES BRASILEIRA

31 MAIO
A 2 JUN
2018

XIX CONGRESSO SUL-BRASILEIRO
DE GINECOLOGIA E OBSTETRÍCIA
IV JORNADA SUL-BRASILEIRA
DE MASTOLOGIA



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Membro da Câmara Técnica do CREMERS

Diretora de Assuntos Extraordinários da Sogirgs

“Declaro ausência de conflito de interesse com o tema abordado.”

–*Mirela Foresti Jiménez*

CREMERS 13.390



IMPORTÂNCIA DO TEMA

- ❖ Muitas vantagens
- ❖ Necessidade de estimular o uso

CARACTERÍSTICAS E PERSPECTIVAS DE USO DO DIU COM LNG

CARACTERÍSTICAS

- ❖ LARCs - definição
- ❖ Tipos de DIU com LNG
- ❖ Benefícios
- ❖ Mecanismo de ação
- ❖ Eficácia
- ❖ Para-efeitos

PERSPECTIVAS DE USO

- ❖ Manejo do spotting
- ❖ Mitos
- ❖ Indicações
- ❖ Contra-indicações
- ❖ Benefícios não contraceptivos

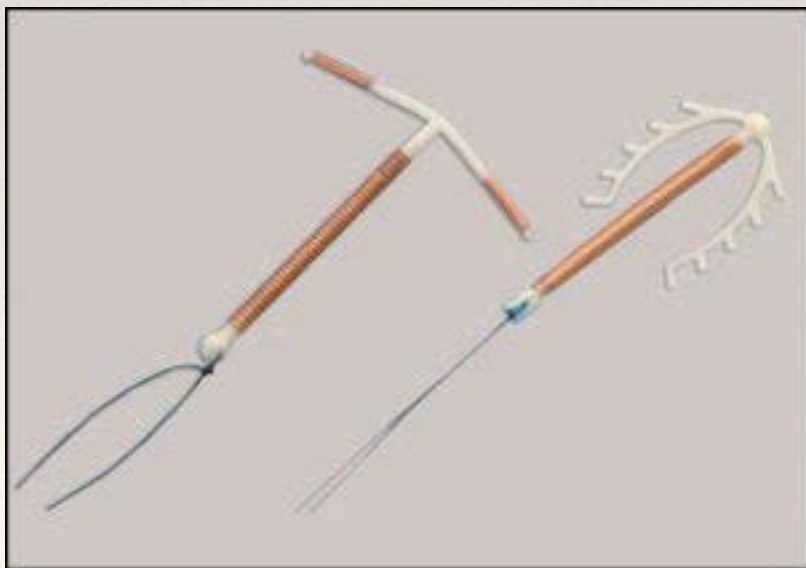
LARCs - DEFINIÇÃO

❖ LARC (Long-Acting Reversible Contraception):

DIU de cobre

DIU com LNG

Implante



CARACTERÍSTICAS

TIPOS DE DIU COM LNG

MODELO	NOME COMERCIAL	DURAÇÃO anos	LIBERAÇÃO (1 ano)	MEDIDAS mm	DIÂMETRO mm
LNG 52/5	Mirena	5	20 mcg/dia	32/32	4,4
LNG 52/4	Liletta	4	18,6 mcg/dia	32/32	4,4
LNG 19,5/5	Kyleena	5	17,5 mcg/dia	28/30	3,8
LNG 14/3	Skyla ou Jaydess	3	14 mcg/dia	28/30	3,8



Kyleena e Skyla
anel de prata (US) e bário (RX)



CARACTERÍSTICAS

TIPOS DE DIU COM LNG

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LNG 19,5/5	Kyleena	5	17,5 mcg/dia	28/30	3,8
LNG 14/3	Skyla ou Jaydess	3	14 mcg/dia	28/30	3,8



2016
Impact
Factor
2.228

Perspective

Clarification of the role of the Jaydess(Skyla) LNG- IUS 13.5mg and Kyleena LNG-IUS 19.5mg as intrauterine contraceptive systems

Poucos estudos sobre em quem usar e quais vantagens
Maioria dos estudos são com Mirena

CARACTERÍSTICAS DE DIU COM LNG BENEFÍCIOS

- ❖ Alta eficácia, longa duração, reversível rapidamente (**LARCs**)
- ❖ Alternativa à LT
- ❖ Fácil de usar, não necessita lembrar
- ❖ Seguro (incluindo adolescentes e nulíparas)
- ❖ Poucos para-efeitos e poucas contra-indicações
- ❖ Baixo custo

CARACTERÍSTICAS DE DIU COM LNG

MECANISMO DE AÇÃO

- ❖ “T” de **polietileno** com cilindro que contém **LNG**
- ❖ Membrana - liberação de 20 mcg/dia
- ❖ Alterações locais pelo LNG e reação inflamatória (estéril) pelo plástico



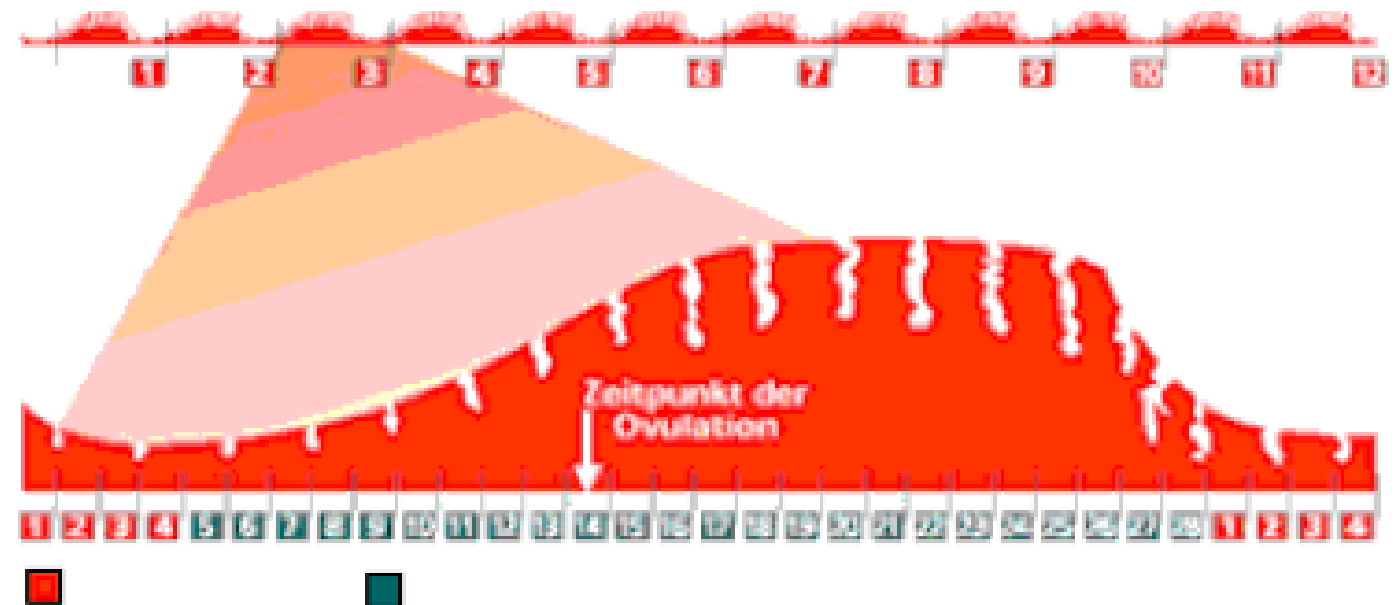
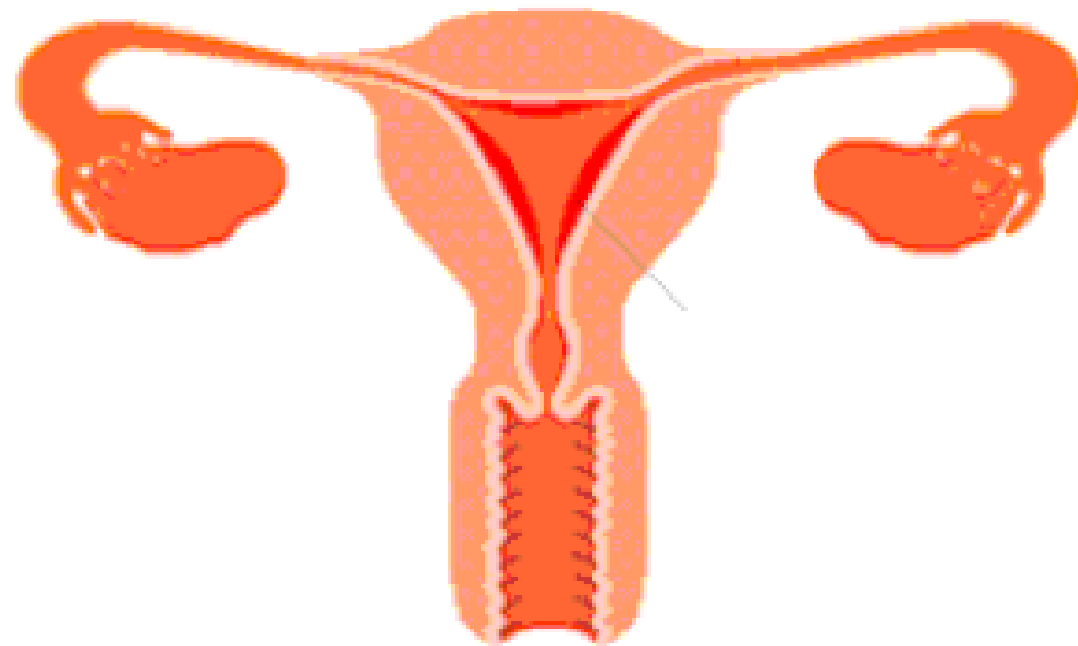
CARACTERÍSTICAS DE DIU COM LNG

MECANISMO DE AÇÃO - MÚLTIPLOS SÍTIOS

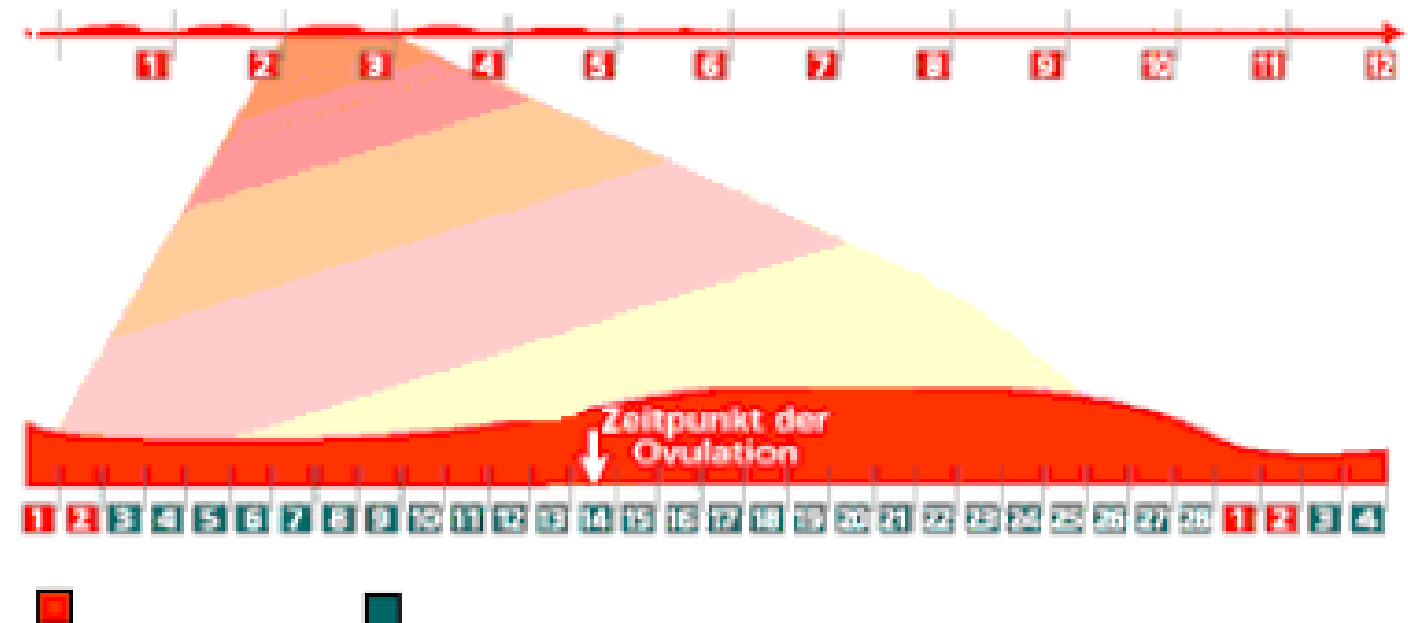
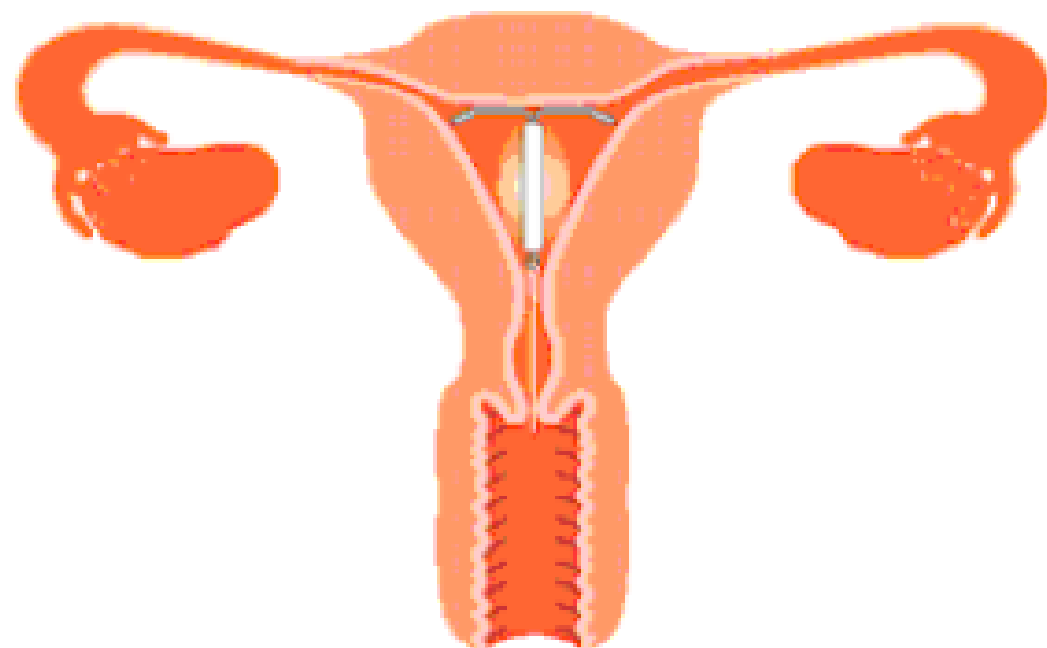
- ❖ Supressão **endometrial**
- ❖ Diminuição da motilidade **tubária**
- ❖ Alteração do muco **cervical**



Ciclo menstrual (antes da inserção)



Ciclo menstrual (depois da inserção do DIU)



CARACTERÍSTICAS DE DIU COM LNG

EFICÁCIA

- ❖ 0,5-0,8% falha no primeiro ano de uso
- ❖ < 25 anos - taxa falha um pouco maior (>fertilidade)
- ❖ Comparável à esterilização



EFICÁCIA

UPTODATE, 2018

Comparing effectiveness of contraceptive methods






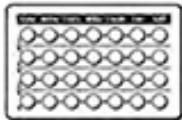






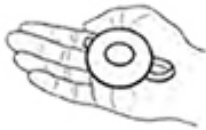

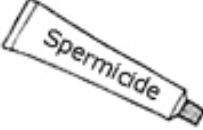
Most effective

Less than 1 pregnancy per 100 women in one year

6 to 12 pregnancies per 100 women in a year

18 or more pregnancies per 100 women in a year

Least effective

Reversible		Permanent		How to make your method most effective	
Implant	Intrauterine device (IUD)	Male sterilization (vasectomy)	Female sterilization (abdominal, laparoscopic, hysteroscopic)		
				After procedure, little or nothing to do or remember	
0.05%*	LNG - 0.2% Copper T - 0.8%	0.15%	0.5%		
Injectable	Pill	Patch	Ring	Diaphragm	Injectable: Get repeat injections on time
					
6%	9%	9%	9%	12%	Pills: Take a pill each day
					Patch, ring: Keep in place, change on time
					Diaphragm: Use correctly every time you have sex
Male condom	Female condom	Withdrawal	Sponge		Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex
					
18%	21%	22%	Parous women - 24% Nulliparous women - 12%		Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.
Fertility awareness-based methods		Spermicide			
					
24%		28%			

Condoms should always be used to reduce the risk of sexually transmitted infections.

CARACTERÍSTICAS DE DIU COM LNG

DURAÇÃO

- ❖ 5 anos (do fabricante)
- ❖ Estudos de seguimento de 7 anos (limitados) - muito poucas falhas
- ❖ Flexibilizar em mulheres mais velhas
- ❖ Não passar de 7 anos



CARACTERÍSTICAS DE DIU COM LNG PARA-EFEITOS

Altera padrão sangramento:

- ❖ Sangramento prolongado 59%
- ❖ Sangramento irregular 52%
- ❖ Spotting 23-31%
- ❖ Amenorréia 6-20% (30-50% em 2 anos)



PERSPECTIVAS

MANEJO DO SPOTTING

SPOTTING

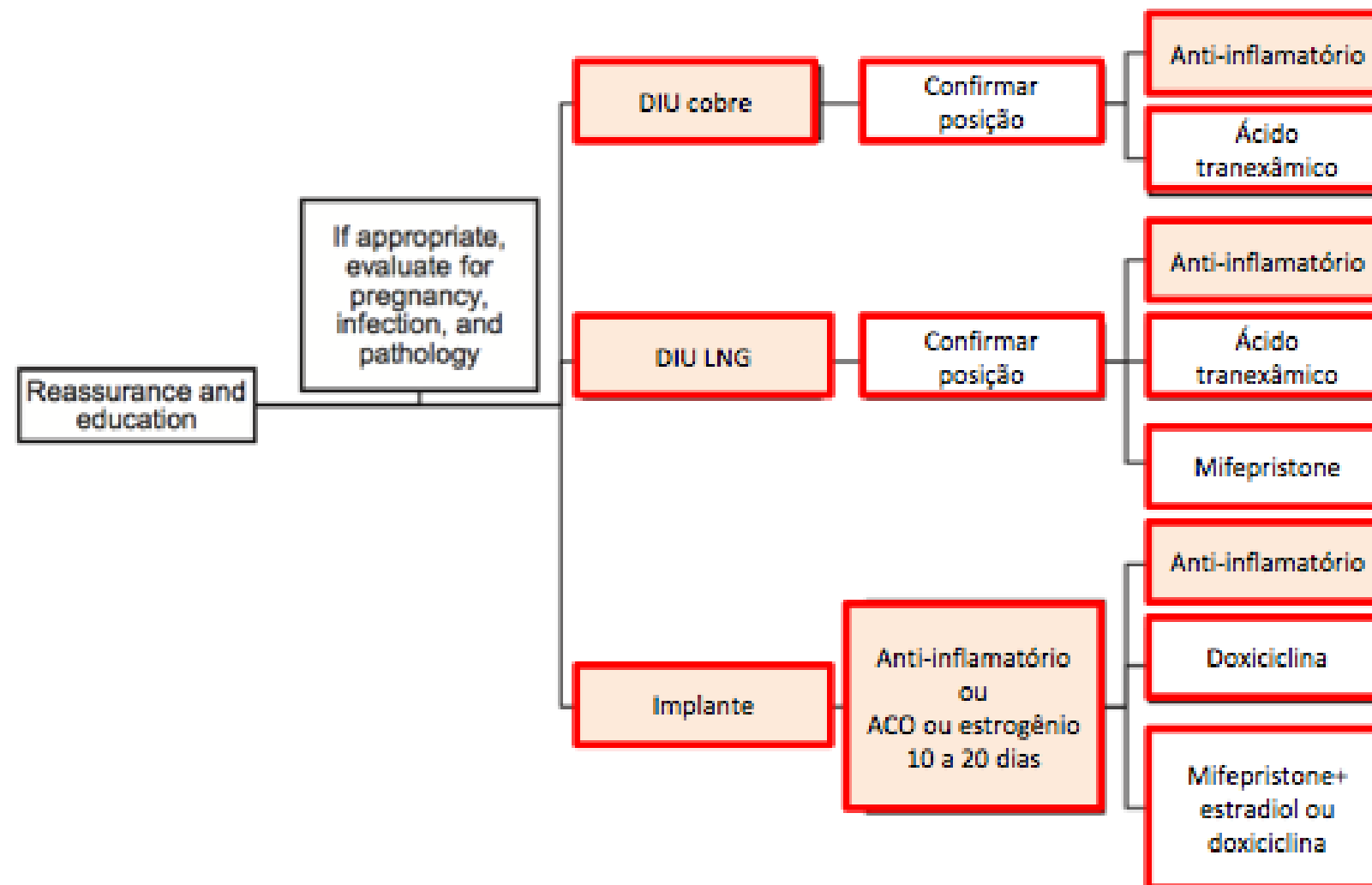


Fig. 1. Management algorithm of bleeding concerns in LARC users. ^aEndorsed by the US SPR for contraceptive use (2013).

Friedlander E, Kaneshiro B. Therapeutic Options for Unscheduled Bleeding Associated with Long-Acting Reversible Contraception. *Obstet Gynecol Clin North Am.* 2015 - 42(4):593-603.

MITOS, BARREIRAS E PERCEPÇÕES EQUIVOCADAS

INFECÇÃO
ECTÓPICA
INFERTILIDADE

MITOS, BARREIRAS E PERCEPÇÕES EQUIVOCADAS

INFECÇÃO

- ❖ Estudos antigos observacionais iniciais, de baixa qualidade metodológica (sem grupo controle, vieses e fatores confundidores)
- ❖ Estudos atuais, com qualidade metodológica - risco semelhante às não usuárias de DIU
- ❖ Não aumenta risco de adquirir HIV ou HPV
- ❖ Se risco de DST, orientar uso de condon

MITOS, BARREIRAS E PERCEPÇÕES EQUIVOCADAS

- ❖ Estudo de flora (DNA) - 76 mulheres
- ❖ DIU com Cobre e LNG
- ❖ Não altera flora vaginal



Effects of intrauterine contraception on the vaginal microbiota, 2017

VAGINOSE BACTERIANA: É NECESSÁRIO SCREENING ANTES DO DIU?

- ❖ Prevalência no estudo 7,1%
- ❖ Não houve correlação entre o resultado positivo e desfechos (febre, dor, expulsão e sangramento)
- ❖ Não há recomendação de realizar

Screening for bacterial vaginosis at the time of intrauterine contraceptive device insertion: is there a role? **J Obstet Gynecol Can**, 2012

MITOS, BARREIRAS E PERCEPÇÕES EQUIVOCADAS

ECTÓPICA

ectópica

DIU com LNG 0,02

DIU com cobre* 0,08

- ❖ Mesmo risco da população geral
- ❖ Sem contracepção → 10x mais ectópica que usuárias de DIU
- ❖ 3,25-5,25/1.000 *versus* 0-0,5/1.000 mulheres-ano
- ❖ História de ectópica não é contra-indicação
- ❖ Se gestação, chance maior de ectópica

MITOS, BARREIRAS E PERCEPÇÕES EQUIVOCADAS

INFERTILIDADE

- A fertilidade é prontamente restabelecida
- Independe do tempo de uso, do motivo da retirada e de intercorrências
- Índices de sucesso semelhantes aos anticoncepcionais orais

Hassan MA, Hum Reprod, 2005; Doll, 2001; Grimes, 2000; Hubacher D. Use of copper intrauterine devices and the risk of tubal infertility among nulligravid women. NEngl J Med 2001; 345:561; Grimes DA: Intrauterine devices and infertility: sifting through the evidence. Lancet 2001; 358:6

QUEM É CANDIDATA PARA USO DE DIU?

- ❖ Mulheres que desejam um método mais efetivo
- ❖ Não querem engravidar em 2-3 anos (custo-efetividade)
- ❖ Tenham contra-indicação para estrogênio (ex. TVP)
- ❖ Dismenorreia, endometriose, hiperplasia (DIU com LNG)
- ❖ Adolescentes - primeira escolha (LARCs)

PERSPECTIVAS DE USO DIU COM LNG

INDICAÇÕES

INSERÇÃO EM NULÍPARAS

Categoria 2: condição onde as vantagens do uso do método geralmente se sobrepõe aos riscos teóricos ou comprovados

CONDIÇÃO	CATEGORIA	
	DIU cobre	DIU LNG
Nulípara	2	2

PERSPECTIVAS DE USO DIU COM LNG

INDICAÇÕES

INSERÇÃO EM ADOLESCENTES

Categoria 2: condição onde as vantagens do uso do método geralmente se sobrepõe aos riscos teóricos ou comprovados

CONDIÇÃO	CATEGORIA	
	DIU cobre	DIU LNG
Menarca aos <20 anos	2	2

PERSPECTIVAS DE USO DIU COM LNG

INDICAÇÕES

INSERÇÃO EM HIV

Categoria 2: condição onde as vantagens do uso do método geralmente se sobrepõe aos riscos teóricos ou comprovados

Categoria 3: condição em que os riscos teóricos ou comprovados geralmente se sobrepõem às vantagens do uso do método

CONDIÇÃO	CATEGORIA			
	DIU cobre		DIU LNG	
	I	C	I	C
HIV	2	2	2	2
SIDA bom controle	2	2	2	2
SIDA mau controle	3	2	3	2

PERSPECTIVAS DE USO DIU COM LNG

INDICAÇÕES - TVP: PACIENTE ANTICOAGULADA

- ❖ Boa opção por reduzir fluxo menstrual
- ❖ Sem aumentar o risco de recorrência

Use of contraceptive methods by women with current venous thrombosis on anticoagulant therapy: a systematic review. **Contraception, 2009**

PERSPECTIVAS DE USO DIU COM LNG

INDICAÇÕES

- ❖ Proteção endometrial (off-label)
- ❖ Anovulatórias, uso de estrogênio

PERSPECTIVAS DE USO DIU COM LNG

BENEFÍCIOS E INDICAÇÕES NÃO CONTRACEPTIVAS

❖ ↓ sangramento uterino, anemia

❖ ↓ dor da endometriose

❖ ↓ hiperplasia endometrial

❖ ↓ reduz câncer cervical

❖ ↓ doença inflamatória pélvica

Indicações off-label, mas com fortes evidências científicas
DIU com menos LNG - poucas informações

Levonorgestrel-releasing intrauterine device (LNG-IUD) for symptomatic endometriosis following surgery (Review)

Abou-Setta AM, Houston B, Al-Inany HG, Farquhar C

2013

ENDOMETRIOSE ALÍVIO DA DOR

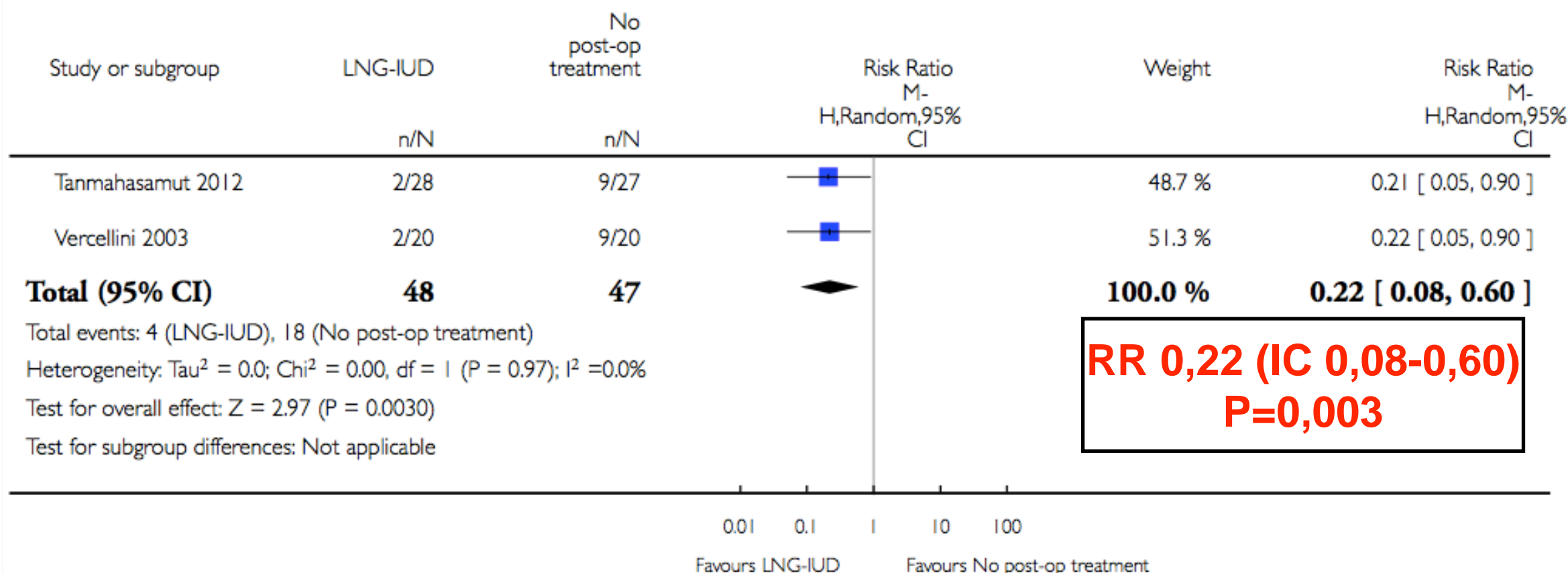
Metanálise - 3 estudos - 135 mulheres

Analysis 1.1. Comparison 1 Postoperative use of LNG-IUD compared with no postoperative treatment in women with endometriosis, Outcome 1 Painful symptoms.

Review: Levonorgestrel-releasing intrauterine device (LNG-IUD) for symptomatic endometriosis following surgery

Comparison: 1 Postoperative use of LNG-IUD compared with no postoperative treatment in women with endometriosis

Outcome: 1 Painful symptoms



ENDOMETRIOSE SATISFAÇÃO

Levonorgestrel-releasing intrauterine device (LNG-IUD) for symptomatic endometriosis following surgery (Review)

Abou-Setta AM, Houston B, Al-Inany HG, Farquhar C

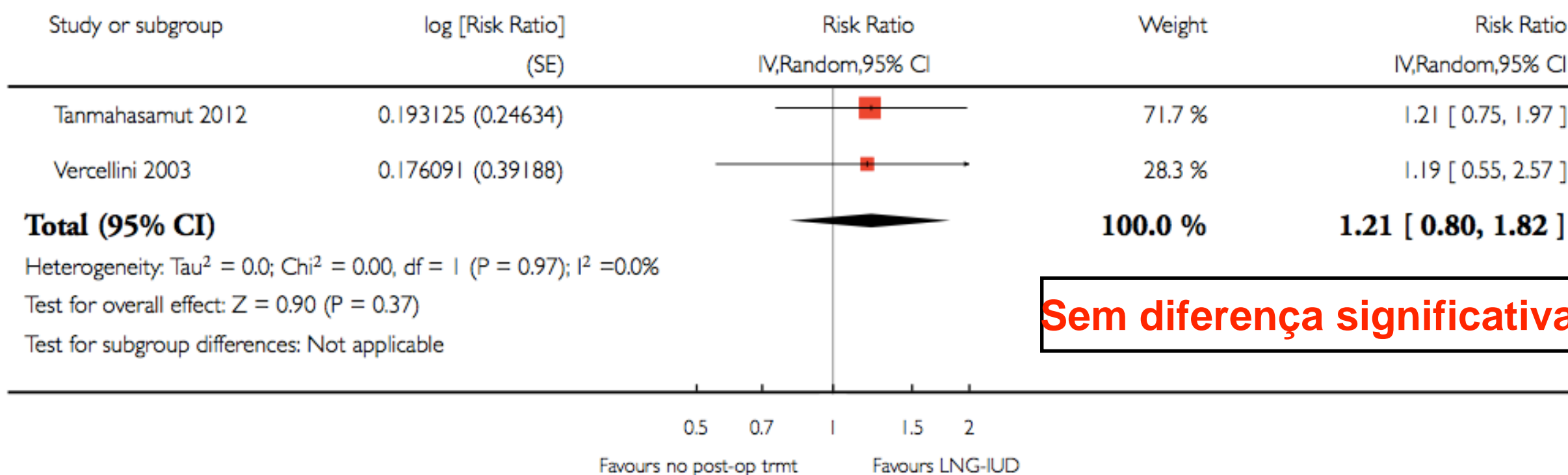
2013

Analysis 1.2. Comparison 1 Postoperative use of LNG-IUD compared with no postoperative treatment in women with endometriosis, Outcome 2 Patient satisfaction.

Review: Levonorgestrel-releasing intrauterine device (LNG-IUD) for symptomatic endometriosis following surgery

Comparison: 1 Postoperative use of LNG-IUD compared with no postoperative treatment in women with endometriosis

Outcome: 2 Patient satisfaction



PERSPECTIVAS DE USO DIU COM LNG CONTRA-INDICAÇÕES (POUCAS)

1. Grave distorção da cavidade uterina (miomas e MF).
2. Infecção pélvica aguda
3. Gestação
4. Sangramento uterino não investigado
5. Alergia ao cobre e doença de Wilson (DIU de cobre)
6. Cirrose hepática, câncer de mama (DIU com LNG)

PERSPECTIVAS DE USO DIU COM LNG CONTRA-INDICAÇÕES (POUCAS)

TAMANHO DA CAVIDADE UTERINA:

- ❖ Fabricante - 6-9 cm (sem embasamento científico)
- ❖ **ECR - 5,5 cm e sem limite superior.**



PERSPECTIVAS DE USO DIU COM LNG CONTRA-INDICAÇÕES (POUCAS)

TAMANHO DA CAVIDADE UTERINA:

- ❖ Preditor de sangramento
- ❖ Quanto menor a cavidade, menor sangramento e menos dor



raphic uterine cavity measurements predict bleeding and pain in nulligravid women using intrau

RESSONÂNCIA MAGNÉTICA PODE SER REALIZADA?

- ❖ Não há risco de mover ou aquecer
- ❖ Mesmo nos modelos com metal (cobre, anel prata)



Magnetic resonance imaging and gynecological devices. **Contraception**, 2012

2017

CRITÉRIOS DE ELEGIBILIDADE

OMS
CDC
UPTODATE

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Age		Menarche to <20 yrs:	2	Menarche to <20 yrs:	2	Menarche to <18 yrs:	1	Menarche to <18 yrs:	2	Menarche to <18 yrs:	1	Menarche to <40 yrs:	1
		≥20 yrs:	1	≥20 yrs:	1	18-45 yrs:	1	18-45 yrs:	1	18-45 yrs:	1	≥40 yrs:	2
						>45 yrs:	1	>45 yrs:	2	>45 yrs:	1		
Anatomical abnormalities	a) Distorted uterine cavity	4		4									
	b) Other abnormalities	2		2									
Anemias	a) Thalassemia	2		1		1		1		1		1	
	b) Sickle cell disease [†]	2		1		1		1		1		2	
	c) Iron-deficiency anemia	2		1		1		1		1		1	
Benign ovarian tumors	(including cysts)	1		1		1		1		1		1	
Breast disease	a) Undiagnosed mass	1		2		2*		2*		2*		2*	
	b) Benign breast disease	1		1		1		1		1		1	
	c) Family history of cancer	1		1		1		1		1		1	
	d) Breast cancer [‡]												
	i) Current	1		4		4		4		4		4	
	ii) Past and no evidence of current disease for 5 years	1		3		3		3		3		3	
Breastfeeding	a) <21 days postpartum					2*		2*		2*		4*	
	b) 21 to <30 days postpartum												
	i) With other risk factors for VTE					2*		2*		2*		3*	
	ii) Without other risk factors for VTE					2*		2*		2*		3*	
	c) 30-42 days postpartum												
	i) With other risk factors for VTE					1*		1*		1*		3*	
Cervical cancer	Awaiting treatment	4	2	4	2	2		2		1		2	
Cervical ectropion		1		1		1		1		1		1	
Cervical intraepithelial neoplasia		1		2		2		2		1		2	
Cirrhosis	a) Mild (compensated)	1		1		1		1		1		1	
	b) Severe [‡] (decompensated)	1		3		3		3		3		4	
Cystic fibrosis [‡]		1*		1*		1*		2*		1*		1*	
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	a) History of DVT/PE, not receiving anticoagulant therapy												
	i) Higher risk for recurrent DVT/PE	1		2		2		2		2		4	
	ii) Lower risk for recurrent DVT/PE	1		2		2		2		2		3	
	b) Acute DVT/PE	2		2		2		2		2		4	
	c) DVT/PE and established anticoagulant therapy for at least 3 months												
	i) Higher risk for recurrent DVT/PE	2		2		2		2		2		4*	
	ii) Lower risk for recurrent DVT/PE	2		2		2		2		2		3*	
	d) Family history (first-degree relatives)	1		1		1		1		1		2	
	e) Major surgery												
	i) With prolonged immobilization	1		2		2		2		2		4	
	ii) Without prolonged immobilization	1		1		1		1		1		2	
	f) Minor surgery without immobilization	1		1		1		1		1		1	
Depressive disorders		1*		1*		1*		1*		1*		1*	

Key:

1 No restriction (method can be used)

2 Advantages generally outweigh theoretical or proven risks

3 Theoretical or proven risks usually outweigh the advantages

4 Unacceptable health risk (method not to be used)

CRITÉRIOS DE ELEGIBILIDADE

OMS
CDC
UPTODATE

Condition		Sub-Condition		DIU Cobre		DIU LNG		MMPA		POP		CHC	
				C	I	C	I	C	I	C	I	C	I
Age				Menarche to <20 yrs:2 ≥20 yrs:1	Menarche to <20 yrs:2 ≥20 yrs:1	Menarche to <18 yrs:1 18-45 yrs:1 ≥45 yrs:1	Menarche to <18 yrs:2 18-45 yrs:1 ≥45 yrs:2	Menarche to <18 yrs:1 18-45 yrs:1 ≥45 yrs:1	Menarche to <18 yrs:1 18-45 yrs:1 ≥45 yrs:1	Menarche to <40 yrs:1 ≥40 yrs:2			
Cavidade uterina distorcida				4	4								
Anemias	a) Thalassemia b) Sickle cell disease [†] c) Iron-deficiency anemia	2 2 2	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 2 1			
Benign ovarian tumors	(including cysts)	1	1	1	1	1	1	1	1	1			
Breast disease	a) Undiagnosed mass b) Benign breast disease c) Family history of cancer d) Breast cancer [‡] i) Current ii) Past and no evidence of current disease for 5 years	1 1 1 1 1	2 1 1 4 3	2* 1 1 4 3	2* 1 1 4 3	2* 1 1 4 3	2* 1 1 4 3	2* 1 1 4 3	2* 1 1 4 3	2* 1 1 4 3			
Breastfeeding	a) <21 days postpartum b) 21 to <30 days postpartum i) With other risk factors for VTE ii) Without other risk factors for VTE c) 30–42 days postpartum i) With other risk factors for VTE ii) Without other risk factors for VTE	 	 	2* 	2* 	2* 	2* 	2* 	2* 	4* 			
er cervical esperando tratar (I)				4	2	4	2	2	2	1	2		
Cervical intraepithelial neoplasia		1	1	1	1	1	1	1	1	1			
Cirrhosis	a) Mild (compensated) b) Severe [†] (decompensated)	1 1	1 3	1 3	1 3	1 3	1 3	1 3	1 3	1 4			
Cystic fibrosis [†]		1*	1*	1*	1*	2*	1*	1*	1*	1*			
Deep venous thrombosis (DVT)/Pulmonary embolism (PE)	a) History of DVT/PE, not receiving anticoagulant therapy i) Higher risk for recurrent DVT/PE ii) Lower risk for recurrent DVT/PE b) Acute DVT/PE c) DVT/PE and established anticoagulant therapy for at least 3 months i) Higher risk for recurrent DVT/PE ii) Lower risk for recurrent DVT/PE d) Family history (first-degree relatives) e) Major surgery i) With prolonged immobilization ii) Without prolonged immobilization f) Minor surgery without immobilization	 1 1 2 2 2 1 1 1 1	 2 2 2 2 2 1 2 1 1	 2 2 2 2 2 1 2 1 1	 2 2 2 2 2 1 2 1 1	 2 2 2 2 2 1 2 1 1	 2 2 2 2 2 1 2 1 1	 2 2 2 2 2 1 2 1 1	 2 2 2 2 2 1 2 1 1	4 3 4 4* 3* 2 4 2 1			
Depressive disorders		1*	1*	1*	1*	1*	1*	1*	1*	1*			

Key:

1 No restriction (method can be used)	3 Theoretical or proven risks usually outweigh the advantages
2 Advantages generally outweigh theoretical or proven risks	4 Unacceptable health risk (method not to be used)

2017

CRITÉRIOS DE ELEGIBILIDADE

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UPTODATE

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a) History of gestational disease	1		1		1		1		1		1	
	b) Nonvascular disease												
	i) Non-insulin dependent	1		2		2		2		2		2	
	ii) Insulin dependent	1		2		2		2		2		2	
	c) Nephropathy/retinopathy/neuropathy [†]	1		2		2		3		2		3/4*	
	d) Other vascular disease or diabetes of >20 years' duration [†]	1		2		2		3		2		3/4*	
Dysmenorrhea	Severe	2		1		1		1		1		1	
Endometrial cancer [†]		4	2	4	2	1		1		1		1	
Endometrial hyperplasia		1		1		1		1		1		1	
Endometriosis		2		1		1		1		1		1	
Epilepsy [‡]	(see also Drug Interactions)	1		1		1*		1*		1*		1*	
Gallbladder disease	a) Symptomatic												
	i) Treated by cholecystectomy	1		2		2		2		2		2	
	ii) Medically treated	1		2		2		2		2		3	
	iii) Current	1		2		2		2		2		3	
	b) Asymptomatic	1		2		2		2		2		2	
Gestational trophoblastic disease [‡]	a) Suspected GTD (immediate postevacuation)												
	i) Uterine size first trimester	1*		1*		1*		1*		1*		1*	
	ii) Uterine size second trimester	2*		2*		1*		1*		1*		1*	
	b) Confirmed GTD												
	i) Undetectable/non-pregnant β-hCG levels	1*	1*	1*	1*	1*		1*		1*		1*	
	ii) Decreasing β-hCG levels	2*	1*	2*	1*	1*		1*		1*		1*	
	iii) Persistently elevated β-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*		1*		1*		1*	
	iv) Persistently elevated β-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4*	2*	4*	2*	1*		1*		1*		1*	
Headaches	a) Nonmigraine (mild or severe)	1		1		1		1		1		1*	
	b) Migraine												
	i) Without aura (includes menstrual migraine)	1		1		1		1		1		2*	
	ii) With aura	1		1		1		1		1		4*	
History of bariatric surgery [†]	a) Restrictive procedures	1		1		1		1		1		1	
	b) Malabsorptive procedures	1		1		1		1		3		COCs: 3 P/R: 1	
History of cholestasis	a) Pregnancy related	1		1		1		1		1		2	
	b) Past COC related	1		2		2		2		2		3	
History of high blood pressure during pregnancy		1		1		1		1		1		2	
History of Pelvic surgery		1		1		1		1		1		1	
HIV	a) High risk for HIV	2	2	2	2	1		2*		1		1	
	b) HIV infection					1*		1*		1*		1*	
	i) Clinically well receiving ARV therapy	1	1	1	1	If on treatment, see Drug Interactions							
	ii) Not clinically well or not receiving ARV therapy [†]	2	1	2	1	If on treatment, see Drug Interactions							

Abbreviations: C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and, ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; DMPA = depot medroxyprogesterone acetate; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; P/R=patch/ring † Condition that exposes a woman to increased risk as a result of pregnancy. *Please see the complete guidance for a clarification to this classification: www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm.

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Condition	Sub-Condition	DIU Cobre				DIU LNG				DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a) History of gestational disease	1		1		1		1		1		1		1	
	b) Nonvascular disease														
	i) Non-insulin dependent	1		2		2		2		2		2		2	
	ii) Insulin dependent	1		2		2		2		2		2		2	
	c) Nephropathy/retinopathy/neuropathy ¹	1		2		2		3		2		3/4*		3/4*	
	d) Other vascular disease or diabetes of >20 years' duration ²	1		2		2		3		2		3/4*		3/4*	
Dysmenorrhea		2		1		1		1		1		1		1	
Endometrial cancer		4	2	4	2	1		1		1		1		1	
Endometrial hyperplasia		1		1		1		1		1		1		1	
Endometriosis		2		1		1		1		1		1		1	
Epilepsy ²	(see also Drug Interactions)	1		1		1*		1*		1*		1*		1*	
Gallbladder disease	a) Symptomatic														
	i) Treated by cholecystectomy	1		2		2		2		2		2		2	
	ii) Medically treated	1		2		2		2		2		2		3	
	iii) Current	1		2		2		2		2		2		3	
	b) Asymptomatic	1		2		2		2		2		2		2	
Gestational trophoblastic disease ²	a) Suspected GTD (immediate postevacuation)														
	i) Uterine size first trimester	1*		1*		1*		1*		1*		1*		1*	
	ii) Uterine size second trimester	2*		2*		1*		1*		1*		1*		1*	
	b) Confirmed GTD														
	i) Undetectable/non-pregnant β-hCG levels	1*	1*	1*	1*	1*		1*		1*		1*		1*	
	ii) Decreasing β-hCG levels	2*	1*	2*	1*	1*		1*		1*		1*		1*	
	iii) Persistently elevated β-hCG levels or malignant disease, with no other explanation	2*	1*	2*	1*	1*		1*		1*		1*		1*	
		4*	2*	4*	2*	1*		1*		1*		1*		1*	
		1		1		1		1		1		1		1*	
	b) Migraine														
	i) Without aura (includes menstrual migraine)	1		1		1		1		1		1		2*	
	ii) With aura	1		1		1		1		1		1		4*	
History of bariatric surgery ¹	a) Restrictive procedures	1		1		1		1		1		1		1	
	b) Malabsorptive procedures	1		1		1		1		3		3		COCs: 3 P/R: 1	
History of cholestasis	a) Pregnancy related	1		1		1		1		1		1		2	
	b) Past COC related	1		2		2		2		2		2		3	
History of high blood pressure during pregnancy		1		1		1		1		1		1		2	
History of Pelvic surgery		1		1		1		1		1		1		1	
HIV	a) High risk for HIV	2	2	2	2	1		2*		1		1		1	
	b) HIV infection					1*		1*		1*		1*		1*	
	i) Clinically well receiving ARV therapy	1	1	1	1	If on treatment, see Drug Interactions									
	ii) Not clinically well or not receiving ARV therapy ¹	2	1	2	1	If on treatment, see Drug Interactions									

Abbreviations: C=continuation of contraceptive method; CHC=combined hormonal contraception (pill, patch, and, ring); COC=combined oral contraceptive; Cu-IUD=copper-containing intrauterine device; DMPA=depot medroxyprogesterone acetate; I=initiation of contraceptive method; LNG-IUD=levonorgestrel-releasing intrauterine device; NA=not applicable; POP=progestin-only pill; P/R=patch/ring. ¹Condition that exposes a woman to increased risk as a result of pregnancy. ²Please see the complete guidance for a clarification to this classification: www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm.

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		DIU Cobre				DIU LNG				MPA		POP		CHC	
Condition	Sub-Condition	I	C	I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a) Adequately controlled hypertension	1*		1*		1*		2*		1*		3*			
	b) Elevated blood pressure levels (properly taken measurements)														
	i) Systolic 140-159 or diastolic 90-99	1*		1*		1*		2*		1*		3*			
	ii) Systolic ≥160 or diastolic ≥100 [†]	1*		2*		2*		3*		2*		4*			
	c) Vascular disease	1*		2*		2*		3*		2*		4*			
Inflammatory bowel disease	(Ulcerative colitis, Crohn's disease)	1		1		1		2		2		2/3*			
Ischemic heart disease [†]	Current and history of	1	2	3	2	3	3	2	3	4					
Known thrombogenic mutations [†]		1*		2*		2*		2*		2*		4*			
Liver tumors	a) Benign														
	i) Focal nodular hyperplasia	1		2		2		2		2		2			
	ii) Hepatocellular adenoma [†]	1		3		3		3		3		4			
	b) Malignant [†] (hepatoma)	1		3		3		3		3		4			
Malaria		1		1		1		1		1		1			
Multiple risk factors for atherosclerotic cardiovascular disease	(e.g., older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)	1		2		2*		3*		2*		3/4*			
Multiple sclerosis	a) With prolonged immobility	1		1		1		2		1		3			
	b) Without prolonged immobility	1		1		1		2		1		1			
Obesity	a) Body mass index (BMI) ≥30 kg/m ²	1		1		1		1		1		2			
	b) Menarche to <18 years and BMI ≥ 30 kg/m ²	1		1		1		2		1		2			
Ovarian cancer [†]		1		1		1		1		1		1			
Parity	a) Nulliparous	2		2		1		1		1		1			
	b) Parous	1		1		1		1		1		1			
Past ectopic pregnancy		1		1		1		1		2		1			
Pelvic inflammatory disease	a) Past														
	i) With subsequent pregnancy	1	1	1	1	1	1	1	1	1	1	1	1		
	ii) Without sub	2	2	2	2	1	1	1	1	1	1	1	1		
	b) Current	4	2*	4	2*	1	1	1	1	1	1	1	1		
Peripartum cardiomyopathy [†]	a) Normal or mild function														
	i) <6 months	2		2		1		1		1		4			
	ii) ≥6 months	2		2		1		1		1		3			
	b) Moderately or severely impaired cardiac function	2		2		2		2		2		4			
Postabortion	a) First trimester	1*		1*		1*		1*		1*		1*			
		2*		2*		1*		1*		1*		1*			
		4		4		1*		1*		1*		1*			
Postpartum (nonbreastfeeding women)	b) 21 days to 42 days														
	i) With other risk factors for VTE					1		1		1		3*			
	ii) Without other risk factors for VTE					1		1		1		2			
	c) >42 days					1		1		1		1			
Postpartum (in breastfeeding or non-breastfeeding women, including cesarean delivery)	a) <10 minutes after delivery of the placenta														
	i) Breastfeeding	1*		2*											
	ii) Nonbreastfeeding	1*		1*											
	b) 10 minutes after delivery of the placenta to <4 weeks	2*		2*											
		1*		1*											
		4		4											

DIP atual

Pós aborto infectado

Pós parto infectado

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Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Pregnancy		4*		4*		NA*		NA*		NA*		NA*	
Rheumatoid arthritis	a) On immunosuppressive therapy	2	1	2	1	1		2/3*		1		2	
	b) Not on immunosuppressive therapy	1		1		1		2		1		2	
Schistosomiasis	a) Uncomplicated	1		1		1		1		1		1	
	b) Fibrosis of the liver [†]	1		1		1		1		1		1	
Sexually transmitted diseases (STDs)	a) Current purulent cervicitis or chlamydial infection or gonococcal infection	4	2*	4	2*	1		1		1		1	
	b) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	2	2	2	2	1		1		1		1	
	c) Other factors relating to STDs	2*	2	2*	2	1		1		1		1	
Smoking	a) Age <35	1		1		1		1		1		2	
	b) Age ≥35, <15 cigarettes/day	1		1		1		1		1		3	
	c) Age ≥35, ≥15 cigarettes/day	1		1		1		1		1		4	
Solid organ transplantation [†]	a) Complicated	3	2	3	2	2		2		2		4	
	b) Uncomplicated	2		2		2		2		2		2*	
Stroke [†]	History of cerebrovascular accident	1		2		2	3	3		2	3	4	
Superficial venous disorders	a) Varicose veins	1		1		1		1		1		1	
	b) Superficial venous thrombosis (acute or history)	1		1		1		1		1		3*	
Systemic lupus erythematosus [†]	a) Positive (or unknown) antiphospholipid antibodies	1*	1*	3*		3*		3*	3*	3*		4*	
	b) Severe thrombocytopenia	3*	2*	2*		2*		3*	2*	2*		2*	
	c) Immunosuppressive therapy	2*	1*	2*		2*		2*	2*	2*		2*	
	d) None of the above	1*	1*	2*		2*		2*	2*	2*		2*	
Thyroid disorders	Simple goiter/ hyperthyroid/hypothyroid	1		1		1		1		1		1	
Tuberculosis [†] (see also Drug Interactions)	a) Nonpelvic	1	1	1	1	1*		1*		1*		1*	
	b) Pelvic	4	3	4	3	1*		1*		1*		1*	
Unexplained vaginal bleeding	(suspicious for serious condition) before evaluation	4*	2*	4*	2*	3*		3*		2*		2*	
Uterine fibroids		2		2		1		1		1		1	
Valvular heart disease	a) Uncomplicated	1		1		1		1		1		2	
	b) Complicated [†]	1		1		1		1		1		4	
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1		1	1	2		2		2		1	
	b) Heavy or prolonged bleeding	2*		1*	2*	2*		2*		2*		1*	
Viral hepatitis	a) Acute or flare	1		1		1		1		1		3/4*	2
	b) Carrier/Chronic	1		1		1		1		1		1	1
Drug Interactions													
Antiretroviral therapy All other ARV's are 1 or 2 for all methods.	Fosamprenavir (FPV)	1/2*	1*	1/2*	1*	2*		2*		2*		3*	
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1		1		2*		1*		3*		3*	
	b) Lamotrigine	1		1		1		1		1		3*	
Antimicrobial therapy	a) Broad spectrum antibiotics	1		1		1		1		1		1	
	b) Antifungals	1		1		1		1		1		1	
	c) Antiparasitics	1		1		1		1		1		1	
	d) Rifampin or rifabutin therapy	1		1		2*		1*		3*		3*	
SSRIs		1		1		1		1		1		1	
St. John's wort		1		1		2		1		2		2	

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Cervicite purulenta, infecção por Clamídia ou gonococo

Transplante complicado de órgão sólidos

Trombocitopenia grave

Tuberculose pélvica

Sangramento uterino não investigado

Condition		Sub-Condition		DIU Cobre			DIU LNG			DMPA		POP		CHC			
										I	C	I	C	I	C		
Pregnancy		Gestação		4*			4*			NA*			NA*		NA*		
Rheumatoid arthritis	a)	Immunosuppressive therapy		2	1		2	1		1	2/3*		1		2		
	b)	Not on immunosuppressive therapy		1			1			1	2		1		2		
				1			1			1	1		1		1		
				1			1			1	1		1		1		
				4	2*		4	2*		1	1		1		1		
				2	2		2	2		1	1		1		1		
		c)	Other factors relating to STDs		2*	2		2*	2		1	1		1		1	
Smoking	a)	Age <35		1			1			1	1		1		2		
				1			1			1	1		1		3		
Solid org transplan				1			1			1	1		1		4		
				3	2		3	2		2	2		2		4		
Stroke [†]				2			2			2	2		2		2*		
				1			2	2	3	3	2		3	4			
Superficial venous disorders	a)	Varicose veins		1			1			1	1		1		1		
	b)	Superficial venous thrombosis (acute or history)		1			1			1	1		1		3*		
Systemic lupus erythematosi	a)	Positive (or unknown) antiphospholipid		1*	1*		3*			3*	3*	3*		4*			
				3*	2*		2*			3*	2*	2*		2*			
				2*	1*		2*			2*	2*	2*		2*			
				1*	1*		2*			2*	2*	2*		2*			
Thyroid disorders				1			1			1	1		1		1		
Tuberculosis [†] (see also Drug Interacti				1	1		1	1		1*	1*		1*		1*		
				4	3		4	3		1*	1*		1*		1*		
Unexplained vag bleeding				4*	2*		4*	2*		3*	3*		2*		2*		
Uterine fibroids				2			2			1	1		1		1		
Valvular heart disease				1			1			1	1		1		2		
				1			1			1	1		1		4		
Vaginal bleeding patterns	a)	Irregular pattern without heavy bleeding		1			1			2	2		2		1		
	b)	Heavy or prolonged bleeding		2*			1*	2*		2*	2*		2*		1*		
Viral hepatitis	a)	Acute or flare		1			1			1	1		1		3/4*		
	b)	Carrier/Chronic		1			1			1	1		1		1		
Drug Interactions																	
Antiretroviral therapy All other ARV's are 1 or 2 for all methods.	Fosamprenavir (FPV)			1/2*	1*		1/2*	1*		2*	2*		2*		3*		
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)			1			1			2*	1*		3*		3*		
	b) Lamotrigine			1			1			1	1		1		3*		
Antimicrobial therapy	a) Broad spectrum antibiotics			1			1			1	1		1		1		
	b) Antifungals			1			1			1	1		1		1		
	c) Antiparasitics			1			1			1	1		1		1		
	d) Rifampin or rifabutin therapy			1			1			2*	1*		3*		3*		
SSRIs				1			1			1	1		1		1		
St. John's wort				1			1			2	1		2		2		

RESUMO

LARCs - DIU com LNG

- ❖ Método de alta eficácia contraceptiva
- ❖ Outras indicações
- ❖ Esclarecer mitos e percepções equivocadas
- ❖ Estimular uso





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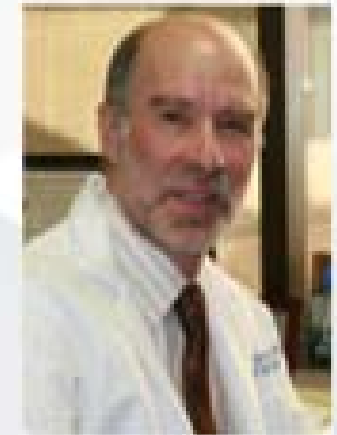
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