Contraception for Women with Systemic Lupus Erythematosus
Medical Eligibility Criteria Guidelines

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Edinburgh, Scotland
With thanks to Kelly Culwell
Systemic Lupus Erythematosus

- Auto-immune rheumatological condition affecting multiple organ systems
- Very variable incidence/prevalence
- 7.4/100,000 in white USA population
- 159/100,000 in Afro-Caribbean UK population
- Highest incidence in women of childbearing age
Systemic Lupus Erythematosus

- Complications
  - Nephritis (50% or more)
  - Side effects of steroid treatment (ocular, osteoporosis)
  - VTE
  - Atherosclerosis (Major cause of late mortality/morbidity)
  - (9% will have DVT & 25% AT within 20 years; risk of angina/MI (RR 52; CI 22-96)
  - Anti-phospholipid Syndrome (vascular thrombosis & adverse pregnancy outcome)

- Variable natural history

- Three recognized patterns of SLE disease
  - Relapsing-remitting 40-60%
  - Chronic active 26-35%
  - Long quiescent 16.25%
Systematic Review (CDC/WHO)

- 253 articles identified
- 13 articles from 12 studies included
- Two RCTs
Combined oral contraceptives in women with SLE
(Petri et al NEJM 2005)

- 183 US women with SLE
- Under 40 (36 if smoker)
- COC (triphasic) versus placebo
- SLE activity & adverse events
- Followed for one year
Combined oral contraceptives in women with SLE
(Petri et al NEJM 2005)

• 183 US women with SLE
• Under 40 (36 if smoker)
• COC (triphasic) versus placebo
• SLE activity & Adverse events
• Followed for one year
• No detrimental effect of COC
A trial of contraceptive methods in women with SLE
(Sanchez-Guerrero et al NEJM 2005)

• 162 women with SLE
• 40 and under in Mexico City
• COC (54); POP (54); IUD (54)
• One year follow-up
• SLE activity and Adverse Events
A trial of contraceptive methods in women with SLE
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- 162 women with SLE
- 40 and under in Mexico City
- COC (54); POP (54); IUD (54)
- One year follow-up
- SLE activity and Adverse Events
- No difference between methods
## WHO and UK MEC

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