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Review article

Contraception for adolescents with chronic rheumatic diseases

Benito Lourenço^{a,*}, Katia T. Kozu^b, Gabriela N. Leal^c, Marco F. Silva^b,
Elisabeth G.C. Fernandes^b, Camila M.P. França^b, Fernando H.C. Souza^d,
Clovis A. Silva^{a,b,d}

^a Unidade do Adolescente, Faculdade de Medicina, Universidade de São Paulo (USP), São Paulo, SP, Brazil

^b Unidade de Reumatologia Pediátrica, Faculdade de Medicina, Universidade de São Paulo (USP), São Paulo, SP, Brazil

^c Unidade de Radiologia, Faculdade de Medicina, Universidade de São Paulo (USP), São Paulo, SP, Brazil

^d Divisão de Reumatologia, Faculdade de Medicina, Universidade de São Paulo (USP), São Paulo, SP, Brazil

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ABSTRACT

Contraception is an important issue and should be a matter of concern in every medical visit of adolescent and young patients with chronic rheumatic diseases. This narrative review discusses contraception methods in adolescents with juvenile systemic lupus erythematosus (JSLE), antiphospholipid syndrome (APS), juvenile idiopathic arthritis (JIA) and juvenile dermatomyositis (JDM). Barrier methods are safe and their use should be encouraged for all adolescents with chronic rheumatic diseases. Combined oral contraceptives (COC) are strictly prohibited for JSLE and APS patients with positive antiphospholipid antibodies. Reversible long-acting contraception can be encouraged and offered routinely to the JSLE adolescent patient and other rheumatic diseases. Progestin-only pills are safe in the majority of rheumatic diseases, although the main concern related to its use by adolescents is poor adherence due to menstrual irregularity. Depot medroxyprogesterone acetate injections every three months is a highly effective contraception strategy, although its long-term use is associated with decreased bone mineral density. COC or other combined hormonal contraceptive may be options for JIA and JDM patients. Oral levonorgestrel should be considered as an emergency contraception method for all adolescents with chronic rheumatic diseases, including patients with contraindication to COC.

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* Corresponding author.

E-mail: benitol@uol.com.br (B. Lourenço).

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Contraceção para adolescentes com doenças reumáticas crônicas

R E S U M O

Palavras-chave:

Contraceção
Doença reumática crônica
Lúpus eritematoso sistêmico
Anticorpo antifosfolípide
Contraceção de emergência

A contraceção é uma questão importante e deve ser um motivo de preocupação em toda consulta médica de pacientes adolescentes e jovens com doenças reumáticas crônicas. Esta revisão narrativa discute métodos contraceptivos em adolescentes com lúpus eritematoso sistêmico (LES), síndrome antifosfolípida (SAF), artrite idiopática juvenil (AIJ) e dermatomiosite juvenil (DMJ). Os métodos de barreira são seguros e todos os adolescentes com doenças reumáticas crônicas devem ser incentivados a usá-los. Os contraceptivos orais combinados (COC) são estritamente proibidos para pacientes com LESJ e SAF com anticorpos antifosfolípidos positivos. A contraceção reversível de ação prolongada pode ser incentivada e oferecida rotineiramente a paciente adolescente com LES e outras doenças reumáticas. As pílulas que contêm somente progestina são seguras na maior parte das doenças reumáticas, embora a principal preocupação relacionada com seu uso por adolescentes seja a baixa adesão em decorrência da irregularidade menstrual. As injeções de acetato de medroxiprogesterona de depósito a cada três meses são uma estratégia altamente eficaz de contraceção, embora o seu uso em longo prazo esteja associado à diminuição na densidade mineral óssea. Contraceptivos orais combinados ou outros contraceptivos hormonais combinados podem ser opções para pacientes com AIJ e DMJ. O levonorgestrel oral deve ser considerado como um método de contraceção de emergência para todas as adolescentes com doenças reumáticas crônicas, incluindo pacientes com contraindicação para COC.

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Introduction

The prevalence of chronic diseases has been rising worldwide.¹ In fact, approximately 20% of American adolescents (12–17 years) have one current chronic disease and 13% have two or more current chronic diseases nowadays.²

Adolescents diagnosed with chronic illnesses and disabilities live longer now than in the past. Those individuals experience the enthusiasm of puberty, rapid growth, physiologic changes and are usually engaged in socialization processes, as any other adolescent. That said, the management of chronic diseases during this special period constitutes a major challenge for the individual, his/her family and the health-care team.

The first sexual intercourse has been occurring at earlier ages throughout the world.^{3,4} Adolescents who initiate sexual activity early in life tend to have more sexual partners and are more prone to unintended pregnancies, since this behavior is generally associated with low frequency of contraceptive use.^{4,5}

Although rates of teenage pregnancy have declined significantly in most countries during the last decades, a large number of pregnancies still occur in this age group. Around 16 million adolescent women (15–19 years old) give birth each year, approximately 11% of all births worldwide.⁶ The 2014 World Health Statistics shows that the average global birth rate between 15 and 19 year olds is 49 per 1000 girls.⁷

Adolescents appear to be at higher risk for adverse pregnancy outcomes, such as low-birth-weight babies and infant deaths.^{6,8–10} A multicountry study that included 124,446 mothers ≤ 24 years, revealed that the risk of adverse outcome

remained increased in adolescent (≤ 19 years) compared to young mothers after controlling for country, marital status, education levels and parity.¹⁰ Undesired pregnancies may end in abortions, which are usually unsafe in this age group.

Pregnancy in adolescents with chronic medical conditions has been rarely studied, although it is an important issue in clinical practice. Sexual desire is present in youth, independently the severity of a possible chronic illness.¹¹ Pregnancy can also be particularly risky in female adolescent with active disease or under teratogenic medication, making contraception an important issue for these women.

Despite adolescent contraception has become an important public health issue, most physicians are still not aware of the necessity to provide the right information and support pregnancy prevention.¹² Effective contraception is particularly important for adolescents with chronic diseases, since the consequences of an unwanted and unwished pregnancy can be devastating.

In adolescent with chronic autoimmune conditions, disease activity at the time of conception and the presence of antiphospholipid antibodies (aPL) are responsible for most complications. Disease flares, pre-eclampsia, and thrombosis constitute maternal complications in adolescent with systemic lupus erythematosus (SLE), whereas fetal loss, premature birth and intrauterine growth restriction are the main fetal complications. Teratogenic drugs, such as immunosuppressive agents, implies the use of contraceptives.¹³

A clear understanding of the best contraceptive methods available for adolescents with chronic conditions is essential to prevent unplanned pregnancies. Therefore, adolescent and young patients should be educated about their

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