



SELF HELP

Hughes/antiphospholipid syndrome and women's health

Contraception

Oral contraception, known colloquially as the pill, is the most popular form of birth control. However, the 'normal' combined pill contains both oestrogen and progestin hormones; oestrogen appears to increase the risk of blood clots, not by forming the clots themselves, but by making the blood more likely to clot.

Therefore, it is recommended that women with Hughes/antiphospholipid syndrome should only be prescribed the progestogen-only pill, known as the mini-pill. The mini-pill is slightly less effective than the combined pill (it is as safe as the coil) because it only contains one hormone; however, over 100,000 women in the UK take it because the health risks are far less than those of the combined pill. It is now widely reported that the latest mini-pill, Cerazette, has virtually the same effectiveness as the combined pill.

If you find it difficult to take tablets or you have a job which entails shift work where it is not feasible to take tablets at a set time, then you may also consider progesterone-only injections such as Depo-Provera. This is a twelve week injection which suppresses ovulation. It has a high efficiency rate and is reversible after six months.

If you are taking warfarin, make sure there are no contra-indications with the type of contraception your GP prescribes otherwise your INR can be affected.

Hormone Replacement Therapy (HRT)

HRT is regularly prescribed to women suffering from the effects of the menopause. However, research has shown that menopausal women who use oral HRT more than double their risk of blood clots in the veins, so it is not recommended that women with Hughes/antiphospholipid syndrome use any form of HRT.

All types of HRT contain an oestrogen hormone which replaces the oestrogen that your ovaries no longer produce after the menopause. HRT is available as tablets, skin patches, gels, nasal spray or implants. Some studies suggest that the risk of blood clots is lower if the HRT patches are used rather than tablets taken by mouth, but more research is needed to confirm this.

Heavy periods

Most women who are taking anticoagulants such as aspirin or warfarin experience problems with increased blood loss when they have their period. It can be so excessive, not only is it extremely inconvenient and uncomfortable, it can also cause anaemia. If you are not trying to get pregnant, one very effective solution to this problem is to ask for a Mirena coil to be fitted at your clinic. Once inserted, it releases levonorgestrel (a synthetic form of the female sex hormone progesterone) into the womb which prevents the lining from thickening, thereby reducing the loss of blood each month.