

COMMENT & CONTROVERSY

HAVE A COMMENT TO SHARE? SEND AN EMAIL TO OBG@DOWDENHEALTH.COM

“Contraception for medically complex patients,” by Daniela A. Carusi, MD, MSc (January)

Are OCs less effective in obese women?

Thanks to Dr. Carusi for tackling a timely and important topic. The subject of oral contraceptive (OC) efficacy in obese women becomes more significant as our collective body mass index rises. However, a recent cohort study utilizing survival analysis and sampling weights to adjust for response rates found no association between obesity and OC failure after controlling for age, race/ethnicity, and parity.¹ We found similar results in a secondary analysis of 4,496 women in the combined Asthma in Pregnancy and Health in Nutrition and Development Study.² Only a well-powered, prospective cohort will prove or disprove the association with certainty.

Susan Richman, MD
New Haven, Conn

References

1. Brunner Huber LR, Toth JL. Obesity and oral contraceptive failure: findings from the 2002 National Survey of Family Growth. *Am J Epidemiol.* 2007;166:1306–1311.
2. Richman S, Belanger K. Is there an association between BMI and OCP failure? *Contraception.* 2008 [in press].

Isn't DMPA appropriate in sickle cell disease?

I am surprised that Dr. Carusi recommends progestin-only pills for contraception for the woman described in her article who had sickle cell disease and a history of mild stroke. The article states that depot medroxyprogesterone acetate (DMPA) “may suppress ovarian function and is classified as [World

Health Organization] category 3.” (Category 3 is reserved for conditions in which theoretical or proven risks usually outweigh the advantages of the contraceptive method.)

Because DMPA is associated with a reduction in sickle cell crisis and related pain, and is also highly effective, I had expected Dr. Carusi to recommend it for the patient in question.

Russ Jelsema, MD
Grand Rapids, Mich



Dr. Carusi responds:

Many nuances influence choice of contraceptive

Dr. Richman is correct: We lack an appropriate study confirming diminished OC efficacy in obese women. Until such a trial is conducted, I think it is important to point out that some people misinterpret “less effective” as “ineffective” and fail to prescribe adequate contraception for obese women. However, as with most patients, pregnancy poses more risk to obese women than does combined hormonal contraception. If that is the only effective method that an obese woman can accept and comply with, it may be the best method for her. On the other hand, because of its high efficacy and lack of demonstrated cardiovascular or thrombosis risk, intrauterine contraception should be strongly considered for this group of patients.

Dr. Jelsema also raises an important point. However, when a patient has a history of sickle cell disease and mild stroke, the WHO treats DMPA differently than other progestin-only

“Some people misinterpret ‘less effective’ as ‘ineffective’ and fail to prescribe adequate contraception for obese women”

methods, including pills and Implanon; the latter are WHO category 2 (benefits generally outweigh risks), while DMPA is category 3 (risks generally outweigh benefits). To explain this distinction, the WHO points to the hypoestrogenic effect and reduced high-density lipoprotein cholesterol level in women who are taking DMPA.

Although there is a single small study (25 subjects) showing that DMPA may reduce painful crises in sickle cell patients, it is not sufficiently powered to confirm cardiovascular safety, particularly in a patient who has already suffered a cerebrovascular accident.¹ For the patient described in my article, who was able to demonstrate excellent compliance with pill-taking and was willing to use barriers for prevention of sexually transmitted infection and backup contraception, progestin-only pills were thought to be her safest option.

Reference

1. De Ceulaer K, Gruber C, Hayes R, Serjeant GR. Medroxyprogesterone acetate and homozygous sickle-cell disease. *Lancet*. 1982;2:229-231.

"How to overcome a resistant cervix for hysteroscopy and endometrial biopsy," by Joan M.G. Crane, MD, MSc (November)

More tips for overcoming a resistant cervix

I want to thank Dr. Joan Crane for her helpful article offering tips on dealing with a stenotic cervix. One suggestion I would like to add is to use a narrow loop electrode from the loop electrosurgical excision procedure (LEEP) to remove the stenotic portion of the external os. I tried this soon after LEEP devices became available and it worked well, allowing endometrial biopsy. Since then, I've seen at least one article describing this technique.

One other trick I've read about is to simply make a small incision or two to widen the os.

Jerome Sinsky, MD
Escondido, Calif

Dr. Crane responds:

Use caution in women who may become pregnant

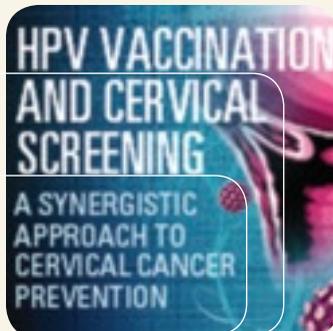
I thank Dr. Sinsky for his interest in my article. His suggestion to use LEEP to remove the stenotic portion of the external os may be useful in some cases. However, I would suggest caution when considering its use in premenopausal women, particularly those who have not completed childbearing. Research has suggested that the LEEP procedure may increase the risk of preterm delivery. Although the LEEP would be shallow when used to overcome a stenotic or resistant cervix for hysteroscopy or endometrial biopsy, the potential for complications still exists.

As for the use of a shallow LEEP to remove a small portion of the external os, this strategy would be of benefit only if the stenosis is limited to the external os, as in some women who have undergone cryotherapy. However, cervical stenosis may exist throughout the cervical canal as well as at the internal os; in this situation, shallow LEEP may be of little benefit.

I would also suggest caution before making small incisions to widen the os when the patient has not completed childbearing, as this technique may increase the risk of cervical incompetence if the incisions are too deep. There is also a potential for bleeding.

"Research has suggested that the LEEP procedure may increase the risk of preterm delivery"

LOOK FOR THE CD, HPV Vaccination and Cervical Screening: A Synergistic Approach to Cervical Cancer Prevention
in the April issue of OBG MANAGEMENT.



The image shows a promotional graphic for a CD. At the top, it says "LOOK FOR THE CD, HPV Vaccination and Cervical Screening: A Synergistic Approach to Cervical Cancer Prevention" and "in the April issue of OBG MANAGEMENT." Below this is a blue arrow pointing to a CD cover. The CD cover features the text "HPV VACCINATION AND CERVICAL SCREENING" in large white letters, with "A SYNERGISTIC APPROACH TO CERVICAL CANCER PREVENTION" in smaller white letters below it. The background of the CD cover is a colorful, abstract image of a woman's face and neck.