



Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit

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MEMBERS' ENQUIRY RESPONSE

Enquiry Reference: 2506

Sent: 12.11.08

Prepared: 12.11.08.

A: Question

What contraceptive would be suitable for someone who has a past history of undifferentiated connective tissue disorder with a negative lupus anticoagulant and takes hydroxychloroquine who is currently in remission?

B: Response

Undifferentiated connective tissue disorder is chronic inflammatory autoimmune disease in which individuals may present with some but not all of the criteria for one of the well established connective tissue diseases.

Much of the evidence that has been produced around connective tissue disorders and contraception relates to Systemic Lupus Erythematosus (SLE). The CEU was unable to find any specific evidence as to what contraception might be best in the case of someone with undifferentiated connective tissue disorder.

The BNF lists no interaction between hydroxychloroquine and oestrogen or progestogen.

As the connective tissue disorder is as of yet undefined, the CEU would suggest that either a progestogen-only method of contraception or an IUD may be the safest option. The decision about contraception needs to take into account any symptoms the individual may have for example gastrointestinal problems, or vascular issues such as Raynaud syndrome and any undesirable effects from the medication e.g. nausea and diarrhoea. The CEU would suggest working in conjunction with the individual, the individual's rheumatologist and local sexual and reproductive health specialists to find a suitable solution.

C: Evidence-Based Medicine Question (which guided our literature search strategy)

Population: Women with Undifferentiated Connective Tissue Disorder

Intervention: Contraceptive

Outcome: Safety

Keywords: Undifferentiated Connective Tissue Disorder, Contraceptive, POC, COC, hydroxychloroquine

D: Information Sources

The CEU searched the following sources in developing this Member's Enquiry Response

Source Searched	Information Identified
Existing FSRH and RCOG guidance	No relevant information
The National Guidelines Clearing House	No relevant information
The United Kingdom Medical Eligibility Criteria for Contraceptive Use (2005/2006) The United Kingdom Selected Practice Recommendations for Contraceptive Use (2002) The World Health Organization Medical Eligibility Criteria for Contraceptive Use (2004) The World Health Organization Selected Practice Recommendations for Contraceptive Use (2005)	No relevant information
The Cochrane Library	No relevant information
MEDLINE and EMBASE from 1996 to 2008	No relevant information

E: Evidence Reviewed

Established connective tissue diseases such as rheumatoid arthritis, systemic lupus erythematosus (SLE) or systemic sclerosis have defined and discrete diagnostic criteria¹. Individuals who have some symptoms that would be consistent with a connective tissue disorder but whom do not fulfil the whole criteria are diagnosed as having undifferentiated connective tissue disorder¹.

As a condition it may remit permanently, progress to a definitive connective tissue disorder or remain stable with wide manifestations of symptoms¹. Of those who do not progress to a definitive connective disease within 12 months of the onset of symptoms, the majority remain undifferentiated after 10 years¹.

Major organ involvement in individuals with undifferentiated connective tissue disorder is unusual but individuals may manifest signs or symptoms observed in other connective tissue-diseases for example, dry eyes, conjunctivitis, vomiting, nausea, muscle weakness, arthritis¹.

The most common symptoms include arthralgias, unexplained or undifferentiated polyarthritis, Raynaud syndrome, mucocutaneous manifestations and sicca symptoms¹.

The CEU was unable to find any specific evidence as to what contraception might be best in the case of someone with undifferentiated connective tissue disorder.

The BNF² lists no interaction between hydroxychloroquine and oestrogen or progestogen. It is contraindicated in pregnancy. There are some undesirable effects listed in the Summary of Product Characteristics³ which may have an impact on contraceptive choice for example gastrointestinal effects such as diarrhoea.

As the connective tissue disorder is as of yet undefined, the CEU would suggest that either a POC method of contraception or an IUD may be safest option, however the decision about contraception needs to take into account any symptoms the individual may have for example gastrointestinal problems, or vascular issues such as Raynaud syndrome and any undesirable effects from the medication e.g. nausea and diarrhoea. The CEU would suggest working in conjunction with the individual, the individual's rheumatologist and local sexual and reproductive health specialists to find a suitable solution.

F: References

1. Duffy, B. Undifferentiated Connective-Tissue Disease:
<http://www.emedicine.com/med/TOPIC2937.HTM>
2. British National Formulary. BNF 56. 2008.
3. Sanofi-Aventis. Plaquenil(SPC): Summary of Product Characteristics. 2007.

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Enquiry response by JC