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Adequacy of contraception in women with hypertension

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Background: Women with arterial hypertension (AHT) who use combined hormonal contraception (CHC) have an increased risk of heart attack and peripheral artery disease when compared to non-users. According to the World Health Organization (WHO), a systolic blood pressure (SBP) ≥ 160 mmHg or a diastolic (DBP) ≥ 90 mmHg in women with AHT is an absolute contraindication (CI) to the use of CHC; and a SBP >140 - 159 or DBP >90 - 99 mmHg, a relative CI.

Aim: determine the prevalence of CHC in women with AHT and evaluate its adequacy.

Method:

Type of study: observational, descriptive

Population: women with AHT registered in the Family Health Unit (FHU)

Exclusion criteria: >56 years; no surveillance at the FHU; unknown contraceptive

Variables: BP, contraceptive, smoking, weight, diabetes, stroke, myocardial infarction

Data source: clinical process

Results: From the 1.116 hypertensive women, we obtained 167 individuals, of which 37 had reached menopause, 33 used a progestogen, 26 took CHC, 31 had undergone tubal ligation, 9 were hysterectomized, 10 used condom and 19 didn't utilize any contraceptive.

Ten women had absolute CI to CHC, wherein one was taking an estroprogestative; 25 women had relative CI, in which 3 used CHC.

Within the users of CHC, 4 were smokers, 9 obese, 3 had diabetes and 1 suffered a stroke.

Conclusions: There is a careful prescription of CHC. A large proportion didn't need hormonal contraception (63,5%). About 19,8% took an isolated progestin, a preferable choice in women with increased cardiovascular risk; and 15,6% used CHC. Prescription of CHC was inadequate in 19,2% of the 26 users.

As a limitation of this study, we point out the fact that the categories established by the WHO don't take into account the presence of other cardiovascular risk factors.

With this work, we hope to remind that hypertensive women are still Women, needing a multifaceted approach.