



HOSPITAL UNIVERSITARIO DE BURGOS

ANTICONCEPCIÓN DE URGENCIAS

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Protocolos

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Protocolos en Anticoncepción de Urgencia. 2013

Dra. M^a Jesús Alonso Llamazares



Protocolos en Anticoncepción en la Perimenopausia. 2013

Dra. Inmaculada Parra Ribes



Protocolos en Anticoncepción Hormonal Combinada Oral, Transdérmica y Vaginal. 2013

Dr. José Ramón Serrano Navarro/Dr. Jotxe Quilez





Anticoncepción de Urgencia

*Es la utilización de un **fármaco** o **dispositivo** para prevenir un embarazo después de una relación sexual coital desprotegida o en la que se haya producido un potencial fallo del método anticonceptivo^(*).*

Situaciones de Riesgos:

Coito sin protección

Fallo método anticonceptivo

Violación

Expo. Teratógenos

Prevención Primaria (2^{da} oportunidad)



Embarazo no deseados

IVE



Evolución de la A.U.

- 1960. Altas dosis de **estrógenos**.
- 1970 “**Pauta de Yuzpe**”, Etiniestradiol + Levonorgestrel en 2 tomas c/12h., hasta 72 horas después del coito.
- 1970. El **DIU**: de alta carga de cobre en los cinco primeros días.
- 1999. **Levonorgestrel**: 1,5 mg en dosis única o fraccionado en 2 dosis de 0,75 mg c/12 h, hasta 72 horas después del coito.
- 2009. **Acetato de Ulipristal**: 30 mg hasta las 120 horas después.
- **Mifepristona**: dosis variables según día del ciclo. Solo se utiliza en China y Vietnam.



Anticoncepción de Urgencia en España

Levonorgestrel



Acetato de Ulipristal

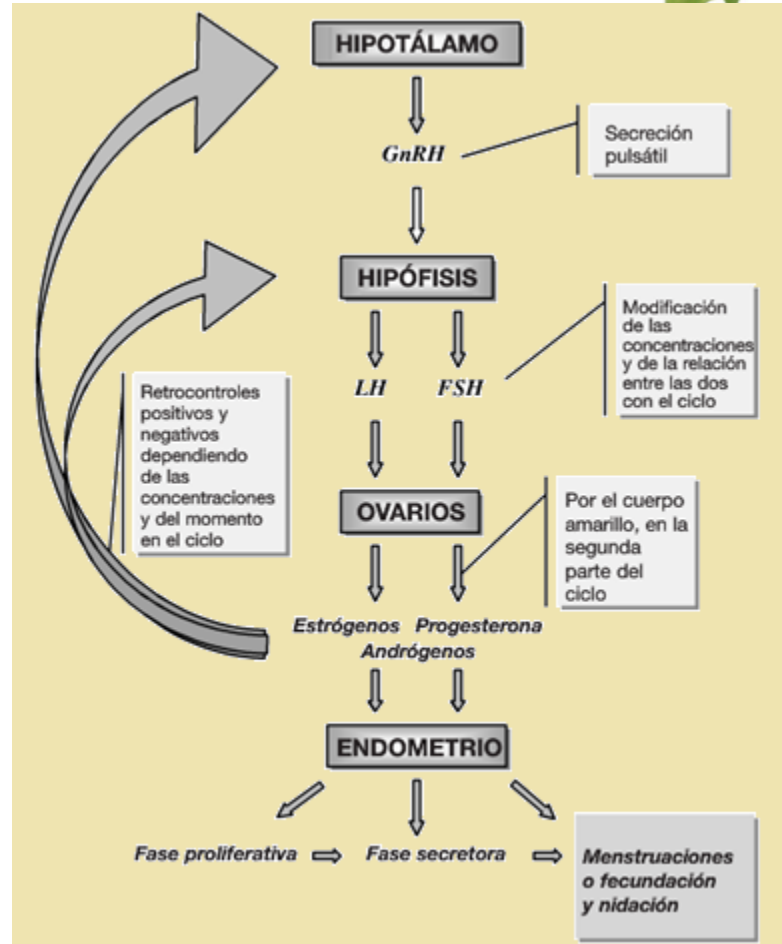
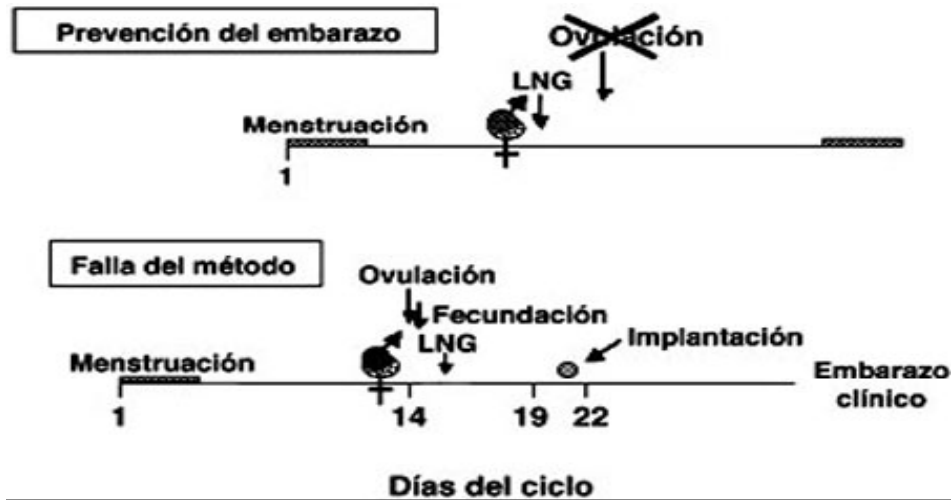
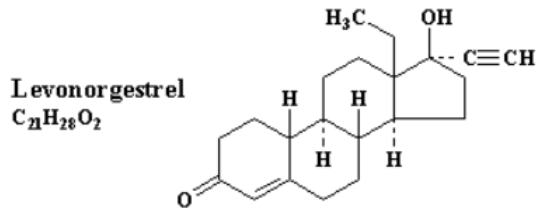


DIU





Levonorgestrel (LNG)



- Efecto sobre el moco cervical.
- Efecto sobre la motilidad espermática



Levonorgestrel

- NO es Abortivo.
- No efecto sobre el endometrio.
- No efecto sobre la gestación.

Human Reproduction, Vol.24, No.7 pp. 1605–1611, 2009

Advanced Access publication on March 31, 2009 doi:10.1093/humrep/dep076

human
reproduction

ORIGINAL ARTICLE *Fertility control*

Pregnancy outcome after levonorgestrel-only emergency contraception failure: a prospective cohort study

Lin Zhang¹, Junling Chen^{1,2}, Yasun Wang¹, Fangming Ren^{1,2}, Wen Yu¹, and Linan Cheng^{3,4}

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BACKGROUND: Levonorgestrel (LNG), as a dedicated emergency contraception (EC) product, has been available over-the-counter in China for 10 years. Until now, only a small number of deliveries after LNG–EC failure have been documented.

METHODS: This study was a prospective comparative cohort study. A group of 332 pregnant women who had used LNG–EC during the conception cycle was recruited, and matched to a group of 332 pregnant women without the exposure to LNG. Congenital malformations, perinatal complications and delivery circumstances were investigated in this study.

RESULTS: There were 31 pregnant women in the study group and 28 in the comparison group miscarried within 14 weeks of gestation. In the study and comparison groups, four malformations were found in each group. In the study group, both birthweight (3416 versus 3345 g, $P = 0.040$) and the sex ratio of birth (boys/girls, 1.14 versus 0.90, $P = 0.153$) were higher than in the comparison group. There were no statistically significant differences in the incidence of miscarriage or malformation or in the neonatal outcome between the two groups.

CONCLUSIONS: There was no association between the use of LNG–EC pills and the risk of major congenital malformations, pregnancy complications or any other adverse pregnancy outcomes in our study.



Levonorgestrel: Eficacia

LNG 85 % - VS - Yuzpe 57%

Eficacia de los Métodos Hormonales de AU para Evitar el Embarazo en Función del Tiempo Trascurrido desde el Coito *

	LNG	YUZPE
Antes de 24 h.	95%	77%
25-48 h.	85%	36%
49-72 h.	58%	31%

➤ LNG 72h



➤ LNG 96h



+/-

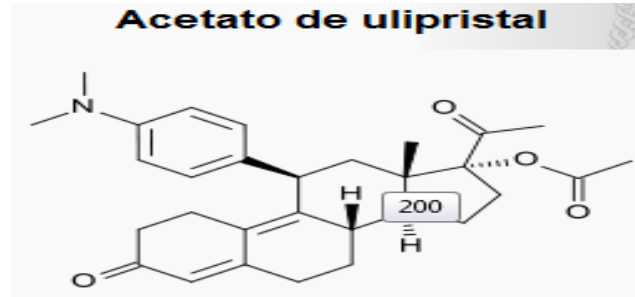
➤ LNG 120h



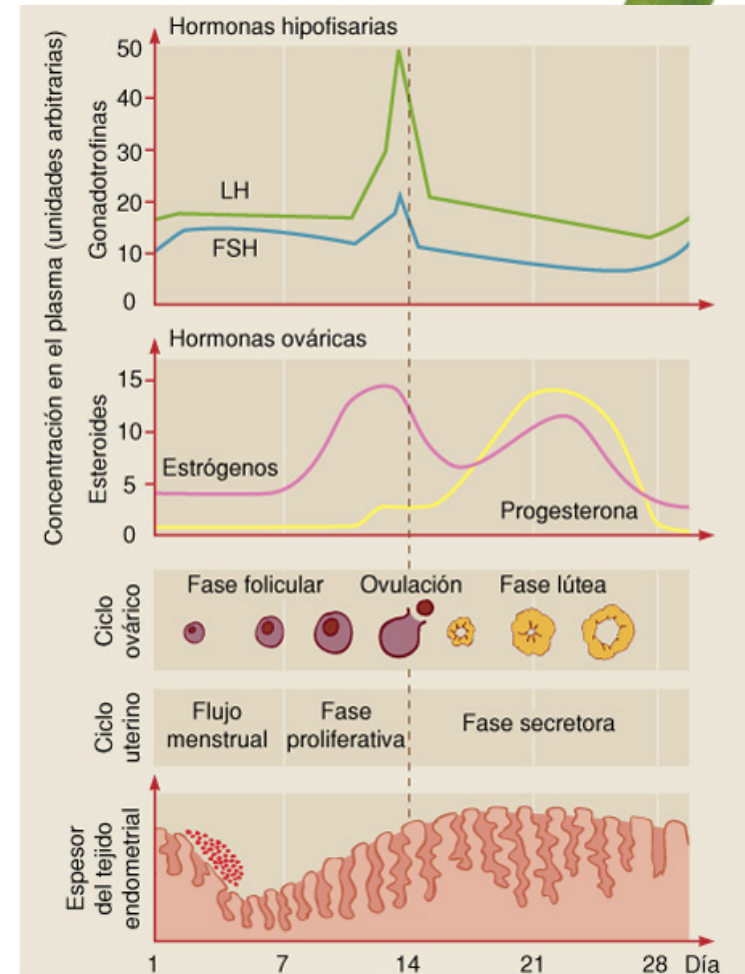
???



Acetato de Ulipristal (AUP)



- Retrasa (5d.) la ovulación incluso si se hubiera producido un ascenso de LH.
- No efectivo si se produjo el pico de LH.
- Afectación de la implantación del embrión???
- No es abortiva.



Acetato Ulipristal: Eficacia

AUP = LNG

OR 0.35 las 24h

OR: 0.58 de 0-72h

OR: 0.55 de 0-120

Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis

Anna F Glasier, Sharon T Cameron, Paul M Fine, Susan J Logan, William Casale, Jennifer Van Horn, Laszlo Sogor, Diana L Blithe, Bruno Scherrer, Henri Mathe, Amelie Jaspart, Andre Ulmann, Erin Gainer

Summary

Background Emergency contraception can prevent unintended pregnancies, but current methods are only effective if used as soon as possible after sexual intercourse and before ovulation. We compared the efficacy and safety of ulipristal acetate with levonorgestrel for emergency contraception.

Methods Women with regular menstrual cycles who presented to a participating family planning clinic requesting emergency contraception within 5 days of unprotected sexual intercourse were eligible for enrolment in this randomised, multicentre, non-inferiority trial. 2221 women were randomly assigned to receive a single, supervised dose of 30 mg ulipristal acetate (n=1104) or 1.5 mg levonorgestrel (n=1117) orally. Allocation was by block randomisation stratified by centre and time from unprotected sexual intercourse to treatment, with allocation concealment by identical opaque boxes labelled with a unique treatment number. Participants were masked to treatment assignment whereas investigators were not. Follow-up was done 5–7 days after expected onset of next menses. The primary endpoint was pregnancy rate in women who received emergency contraception within 72 h of unprotected sexual intercourse, with a non-inferiority margin of 1% point difference between groups (limit of 1.6 for odds ratio). Analysis was done on the efficacy-evaluable population, which excluded women lost to follow-up, those aged over 35 years, women with unknown follow-up pregnancy status, and those who had re-enrolled in the study. Additionally, we undertook a meta-analysis of our trial and an earlier study to assess the efficacy of ulipristal acetate compared with levonorgestrel. This trial is registered with ClinicalTrials.gov, number NCT00551616.

Findings In the efficacy-evaluable population, 1696 women received emergency contraception within 72 h of sexual intercourse (ulipristal acetate, n=844; levonorgestrel, n=852). There were 15 pregnancies in the ulipristal acetate group (1.8%, 95% CI 1.0–3.0) and 22 in the levonorgestrel group (2.6%, 1.7–3.9; odds ratio [OR] 0.68, 95% CI 0.35–1.31). In 203 women who received emergency contraception between 72 h and 120 h after sexual intercourse, there were three pregnancies, all of which were in the levonorgestrel group. The most frequent adverse event was headache (ulipristal acetate, 213 events [19.3%] in 1104 women; levonorgestrel, 211 events [18.9%] in 1117 women). Two serious adverse events were judged possibly related to use of emergency contraception; a case of dizziness in the ulipristal acetate group and a molar pregnancy in the levonorgestrel group. In the meta-analysis (0–72 h), there were 22 (1.4%) pregnancies in 1617 women in the ulipristal acetate group and 35 (2.2%) in 1625 women in the levonorgestrel group (OR 0.58, 0.33–0.99; p=0.046).

Interpretation Ulipristal acetate provides women and health-care providers with an effective alternative for emergency contraception that can be used up to 5 days after unprotected sexual intercourse.



Lancet 2010; 375: 555–62

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See Comment page 57

National Health Service Lothian, Edinburgh, UK (Prof A F Glasier MD, S T Cameron MD); Department of Reproductive and Developmental Sciences, University of Edinburgh, Edinburgh, UK (Prof A F Glasier MD, S T Cameron); Planned Parenthood of Houston and Southeast Texas, Houston, TX, USA (P M Fine MD); National Health Service Grampian, Aberdeen, UK (S J Logan MD); Planned Parenthood of Greater Miami, Palm Beach and the Treasure Coast, West Palm Beach, FL, USA (W Casale MD); Planned Parenthood Association of Utah, Salt Lake City, UT, USA (J Van Horn MD); Planned Parenthood of North East Ohio, Akron, OH, USA (L Sogor MD); National Institute of Child Health and Human Development, Bethesda, MD, USA (D L Blithe PhD); Bruno Scherrer Conseil, Saint Amoult en Yvelines, France (B Scherrer PhD); and HRA Pharma, Paris, France



Dispositivo Intrauterino (DIU)

- ✓ Efecto endometrial.
- ✓ Antiimplantatorio.
- ✓ Espermicida.
- ✓ Efecto toxico sobre el óvulo.



Eficacia

- Es el más efectivo. Tasa de fracaso 0.09%
- Eficaz hasta 120h. después del coito.
- Coste-Efectividad (largo plazo)



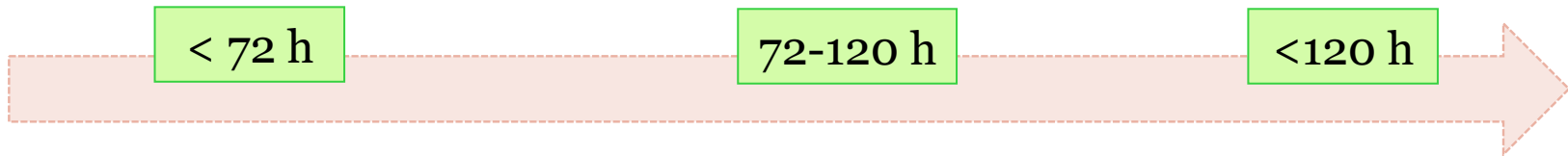
Criterios de Elección

LNG	AUP	DIU
Embarazo	Embarazo	Embarazo
Hipersensibilidad	Asma Grave	Sepsis
Insuf. Hepática	Insuf. Renal	Metrorragia
Malabsorción	Insuf. Hepática	AU tras violación
Lactancia (8h)	Lactancia (7d)	

< 72 h

72-120 h

<120 h





Interacciones Medicamentosas

LNG y AUP

Inductores de enzimas hepáticas:

Antiepilépticos: barbitúricos, carbamacepina, eslicarbazepina, oxcarbacepina, fenobarbital, fenotína, topiramato, lamotrigina, primidona, rifinamida.

Antibióticos: rifampicina y rifabutina .

Antiretrovirales: ritonavir

En mujeres que están tomando medicamentos inductores enzimáticos, o que lo han hecho en los últimos 28 días, se les debería informar que el DIU de cobre sería el único método de Antioncepción de Urgencia que no se vería afectado.



Seguridad

LNG - AUP

Cualquier edad reproductiva

Menos efectos adversos (Yuzpe)

Repetir dosis si vómitos 2h

No riesgo de sobredosis

No Aumento E.Ectópico

No efecto fertilidad

No efectos teratógenos

No riesgo de Ca.

No riesgo de tromboembolismo

Cefalea, fatiga, náuseas ,
abdominalgia, dismenorrea,
sensibilidad mamaria

DIU

Perforación uterina 1/1000

Dolor inserción

Sangrados abundantes



Actuación ante Demanda de AU

- Asesorar sobre métodos disponibles para A.U.
- Facilitar el acceso al método.

Recomendaciones

- Peso*.
- Test de Gestación en 3 semanas si no regla.
- A partir de 72h AUP o DIU
- En un mismo ciclo se puede utilizar más de una dosis de LNG.
- AU no ofrece protección frente a nuevos coitos de riesgos.
- Promover “**Quick Star**”



Aspectos Legales

Atención a los Menores de Edad

13 años = Libertad de establecer relaciones sexuales consentidas

16 años = Mayoría de edad Médica (Autonomía del Paciente)

13-16 años = El médico debe valorar la madurez de la paciente.

Objeción de Conciencia

No exime a al cumplimiento de los mandatos legales.

AU no es un ilícito. Es un derecho a la asistencia sanitaria.

Si un servicio o un profesional de salud no están disponibles para proveer el método de AU cuando una mujer lo solicita, deben habilitar los mecanismos para que ésta pueda utilizarlo dentro de la mayor brevedad de tiempo posible.



Libre Dispensación

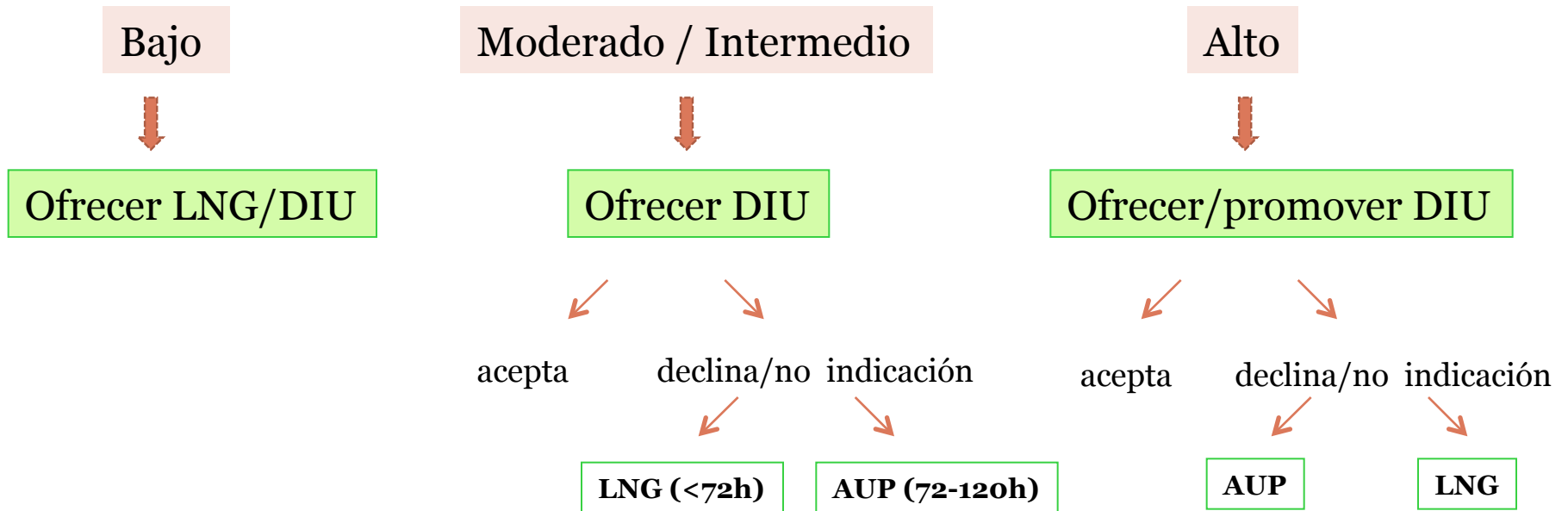
Criterios de la Food and Drug Administration (FDA) y de la Agencia Europea del Medicamento

- ✓ No ser tóxico.
- ✓ Seguridad.
- ✓ Experiencia de uso.
- ✓ No causar defectos congénitos.
- ✓ No existe riesgo de sobredosificación.
- ✓ Mínimo riesgo en el uso incorrecto.
- ✓ No tiene riesgo de adicción.
- ✓ No tiene contraindicaciones.
- ✓ No tiene interacciones medicamentosas destacables.
- ✓ Indicación claramente establecida.
- ✓ No dificultades en la dosificación y conservación.
- ✓ Información clara y completa para la usuaria.
- ✓ Autodiagnóstico y correcto uso en la indicación del producto.
- ✓ Uso sencillo.



Algoritmo de Anticoncepción de Urgencias

Asesoramiento Según el Riego





GRACIAS