

Hormonal contraception, PCOS, BMI, and venous thrombosis

Sigrid Thranov,
Lars Hougaard Nielsen,
Øjvind Lidegaard

NFS Haukesund 2014

Department of Gynaecology, Rigshospitalet
University of Copenhagen

Background

- Two recent studies found a doubled risk of venous thrombosis in women with PCOS*.
- Which influence has hormonal contraception on that risk?
- Which influence has BMI on that risk?
- Which influence has PCOS on the risk of VT in users of different types of hormonal contraception?

*) Bird et al. CMAJ 2013 and Okoroh et al. ACOG 2012

Two new studies

- Data from US IMS claims database 1.6 mio users of HC 2001-2009. Women with PCOS matched with propensity scores. VT
 - +PCOS: n= 46,867 (2.9%) 34/10,000 wy
- PCOS: n= 43,506 11/10,000 wy
RR +PCOS/-PCOS: 2.1 (1.4-3.2)
RR in non-users of HC: 2.1 (1.6-3.1)
-

*) Bird et al. CMAJ 2013

PCOS and venous thrombosis

- Data from US Thomson Reuters MarketScan database 2003-2008.

- Relative risk of VT

	18-24	25-34	35-45
+HC +PCOS/-PCOS	2.9 2.2-3.9	2.0 1.7-2.4	1.8 1.5-2.1
-HC +PCOS/-PCOS	3.8 2.6-5.4	2.7 2.3-3.2	2.2 1.9-2.5

Venous thrombosis and drospirenone

	VT	IR	Rate ratio	
Dinger ⁰⁷	118	9.1	1.0 (0.6-1.8)	4th/2nd
Vlieg ⁰⁹	1,524	na	1.7 (0.7-3.9)	4th/2nd
Lidegaard ⁰⁹	4,213	7.8	1.6 (1.3-2.1)	4th/2nd
Dinger ¹⁰	680	na	1.0 (0.5-1.8)	4th/2nd
Parkin ¹¹	61	2.3	2.7 (1.5-4-7)	4th/2nd
Jick ¹¹	186	3.1	2.8 (2.1-3.8)	4th/2nd
Lidegaard ¹¹	4,246	9.3	2.1 (1.6-2.8)	4th/2nd
FDA Kaiser ¹¹	625	7.6	1.5 (1.2-1.9)	4th/2nd
Gronich ¹¹	518	8.6	1.7 (1.0-2.7)	4th/2nd
Bird ¹³	354	18.0	1.9 (1.5-2.4)	4th/2nd

Venous thrombosis and drospirenone

	VT	IR	Rate ratio	
Dinger ⁰⁷	118	9.1	1.0 (0.6-1.8)	4th/2nd
Vlieg ⁰⁹	1,524	na	1.7 (0.7-3.9)	4th/2nd
Lidegaard ⁰⁹	4,213	7.8	1.6 (1.3-2.1)	4th/2nd
Dinger ¹⁰	680	na	1.0 (0.5-1.8)	4th/2nd
Parkin ¹¹	61	2.3	2.7 (1.5-4-7)	4th/2nd
Jick ¹¹	186	3.1	2.8 (2.1-3.8)	4th/2nd
Lidegaard ¹¹	4,246	9.3	2.1 (1.6-2.8)	4th/2nd
FDA Kaiser ¹¹	625	7.6	1.5 (1.2-1.9)	4th/2nd
Gronich ¹¹	518	8.6	1.7 (1.0-2.7)	4th/2nd
Bird ¹³	354	18.0	1.9 (1.5-2.4)	4th/2nd

Methods

National Health Registry (>1977)

BMI, VT diagnoses,
Previous CaVD/canc.
Pregnancies, PCOS

Registry of Medicinal products (>1995):

OC use (>1995)

Anticoagulation therapy
BP↑, DM, Hyperchol.

1995



2001

1,417,473 women

2012

Cause of Deaths Registry (>1977)

Lethal VT

Statistics Denmark

PIN-codes, education
vital status, emigration

Hormonal contraception and VT: Confirmed 2001-12, non-use ref.

	ug EE	NETA	LNG	NGM	DSG	GSD	Drsp	CPA
50	6.2 2.9-13.1	4.0 2.9-6.9	6.8 3.2-14.4	6.1 4.6-8.0	Vaginal ring		na	
30-40	2.3 1.2-4.5	3.3 2.9-3.9	3.7 3.1-4.3	6.7 5.8-7.7	6.6 6.0-7.2	6.3 5.5-7.2	6.3 5.2-7.6	
20	na	na	na	5.3 4.7-6.0	5.2 4.6-5.9	6.6 4.9-8.9	na	
E2V/dienogest			4.7 2.0-11.3					
POP	0.9 0.5-1.7			1.1 0.6-1.9				
Lng-IUS		0.6 0.5-0.8						

Lidegaard et al. BMJ 2011 and 2012

Results, BMI

BMI	Women years	VT			RRadj*
		All	Conf		
<18.5	108,098	32	20	0.94	0.6-1.5
18-24.9	1,763,896	566	372	Reference	
25-30	614,167	277	175	1.31	1.1-1.6
>30	360,131	273	167	2.20	1.8-2.6

*) Adjusted for age, year, education, PCOS and hormonal contraceptive

Results, PCOS

Group	Women years	VT	Relative risk of VT	
			RRadj*	RRadj**
No PCOS	7.002.784	4.088	1	
+ PCOS	55.739	54	1.9 1.5-2.5	
Restricted to women with known BMI				
No PCOS	2.809.138	719	1	1
+ PCOS	37.154	15	1.7	1.4 08-2.3

* Adjusted for age, year, education and hormonal contraception

**Adjusted for the same + body mass index

Results 30-40 µg EE

	Wom yrs	VT	RR*	RR**
NETA	29,275	9	2.3 1.2-4.5	3.6 1.1-11.3
LNG	303,789	186	3.3 2.9-3.9	3.7 2.3-6.0
NGM	384,231	165	3.7 3.1-4.4	4.2 3.0-6.0
DSG	214,875	219	6.7 5.8-7.7	5.5 3.7-8.2
GSD	839,361	773	6.6 6.0-7.2	7.5 6.0-9.4
DRSP	353,894	253	6.3 5.5-7.2	7.4 5.4-10.0
CPA	156,991	119	6.2 5.1-7.4	8.2 5.5-12.3

*) Adjusted for age, year, education, and PCOS

**) Adjusted for age, year, education, PCOS and BMI

Results 20 µg EE and non-oral

	Wom yrs VT	RR*	RR**
LNG	303,789 186	3.3 2.9-3.9	3.7 2.3-6.0
DSG	648,034 387	6.7 5.8-7.7	5.5 3.7-8.2
GSD	660,635 355	6.6 6.0-7.2	7.5 6.0-9.4
DRSP	62,743 44	6.3 5.5-7.2	7.4 5.4-10.0
Vag ring	69,178 52	6.2 5.1-7.4	8.2 5.5-12.3
DSG only	57,969 11	1.1 0.6-1.9	0.8 0.2-3.4
LNG-IUS	341,505 52	0.6 0.5-0.8	0.8 0.4-1.5

*) Adjusted for age, year, education, and PCOS

**) Adjusted for age, year, education, PCOS, and BMI

Conclusion

- Women with PCOS has a doubled risk of VT
 - Half of this increase is due to adiposity
 - The increased risk is not explained by HC use
 - The difference in risk of venous thrombosis between users of 3rd/4th and 2nd generation oral contraceptives is not explained by PCOS or by differences in body mass index.
 - First choice for PCOS is 2nd gen. pills
-

PCOS-HT-BMI and venous thrombosis

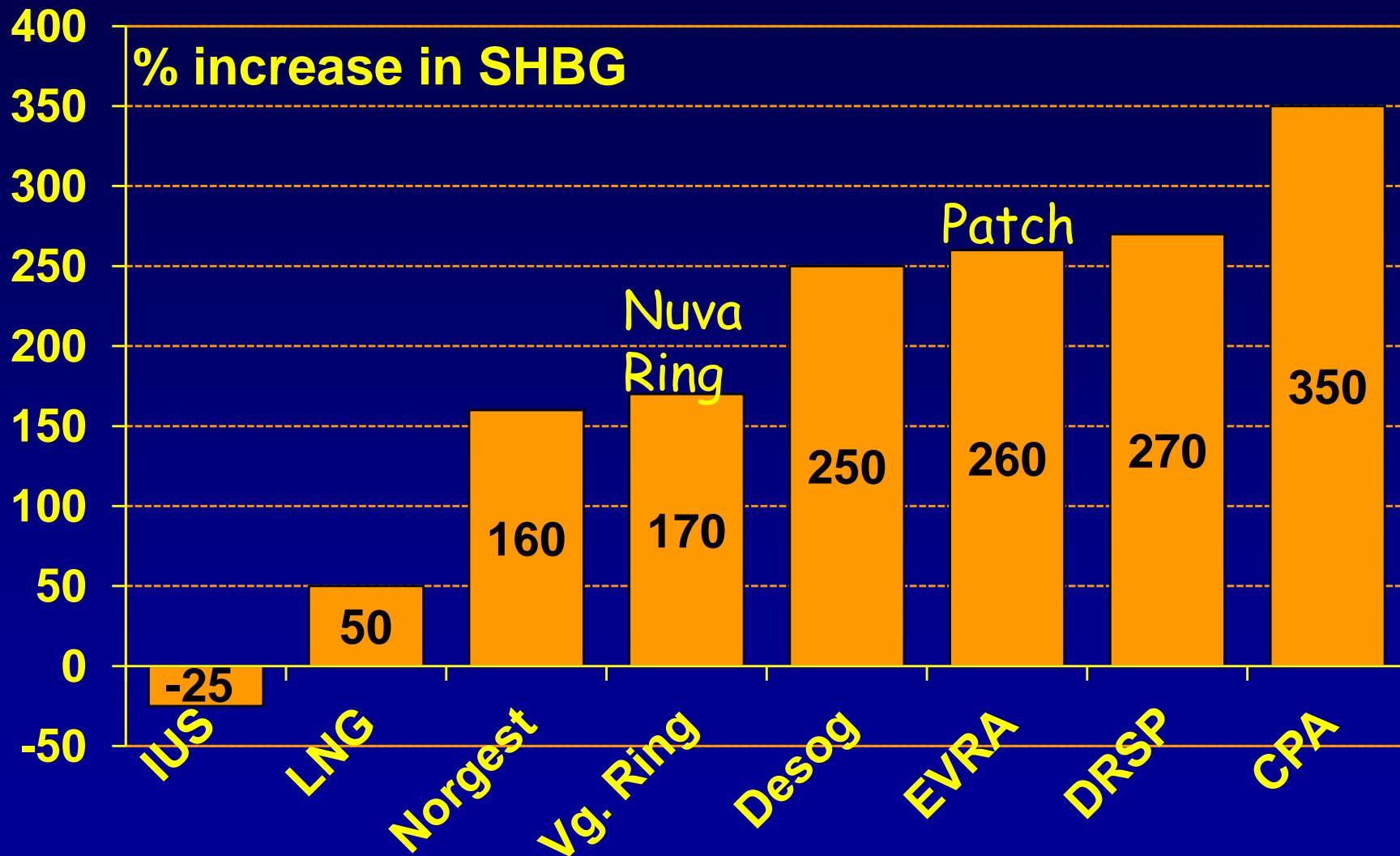
Thanks for your attention

www.lidegaard.dk/slides

Funding: All expenses were covered by dept. of Gynaecology,
Rigshospitalet, University of Copenhagen, Denmark

Conflicts of interest: Lidegaard has been an expert witness in
a legal process in USA in 2011 and 2012.

Hormonal contraception and SHBG



Hormonal contraception & SHBG

