



Antiphospholipid syndrome and women's health

Heavy periods

Most women who are taking antithrombotics such as aspirin or warfarin and especially the direct oral anticoagulants experience problems with increased bleeding. Heavy blood loss can be extremely inconvenient and uncomfortable, and it can also cause iron deficiency anaemia. If you are not trying to get pregnant and don't have fibroids, one very effective solution to this problem is to ask for a Mirena coil to be fitted at your clinic. Once inserted, it releases levonorgestrel (a synthetic form of the female sex hormone progesterone) into the womb which prevents the lining from thickening, thereby reducing the loss of blood each month.

Contraception

Oral contraception, known colloquially as the pill, is the most popular form of birth control. However, the 'normal' combined pill contains both oestrogen and progestogen hormones; oestrogen increases the risk of venous thromboembolism (blood clots), not by forming the clots themselves, but by making the blood more sticky.

Therefore, it is recommended that women with antiphospholipid antibodies and antiphospholipid syndrome (APS) should not use the "combined pill" but can use any of the following:

- The progestogen-only pill, known as the mini-pill. The progesterone only pill must be taken daily, missing a tablet does increase the risk of getting pregnant
- Progestogen-only injections such as Depo-Provera. This lasts 8-12 weeks depending on which injection you have. Visit www.nhs.uk/conditions/contraception/contraceptive-injection/ for more information

- Barrier methods such as condoms and the cap
- The Mirena coil. Visit www.nhs.uk/conditions/contraception/ius-intrauterine-system/ for more information

This is particularly suitable for women with heavy periods especially those on anticoagulation as it produces a hormone which reduces the length and size of periods

None of these usually interfere with INR and warfarin monitoring.

Hormone Replacement Therapy (HRT)

All types of HRT contain an oestrogen hormone which replaces the oestrogen that ovaries no longer produce after the menopause.

HRT is regularly prescribed to women suffering from the effects of the menopause. However, oral (tablet) HRT more than doubles their risk of venous thromboembolism (blood clots in the veins) so it is not recommended that women with APS use this form of HRT.

HRT is also available as skin patches which do not make the blood so sticky, so are an option for women with APS.

Lastly there is a tablet called clonidine that is not a hormone at all, that is used in low doses to deal with hot flushes.