CRITERIOS ELEGIBILIDAD DE ANTICONCEPCION

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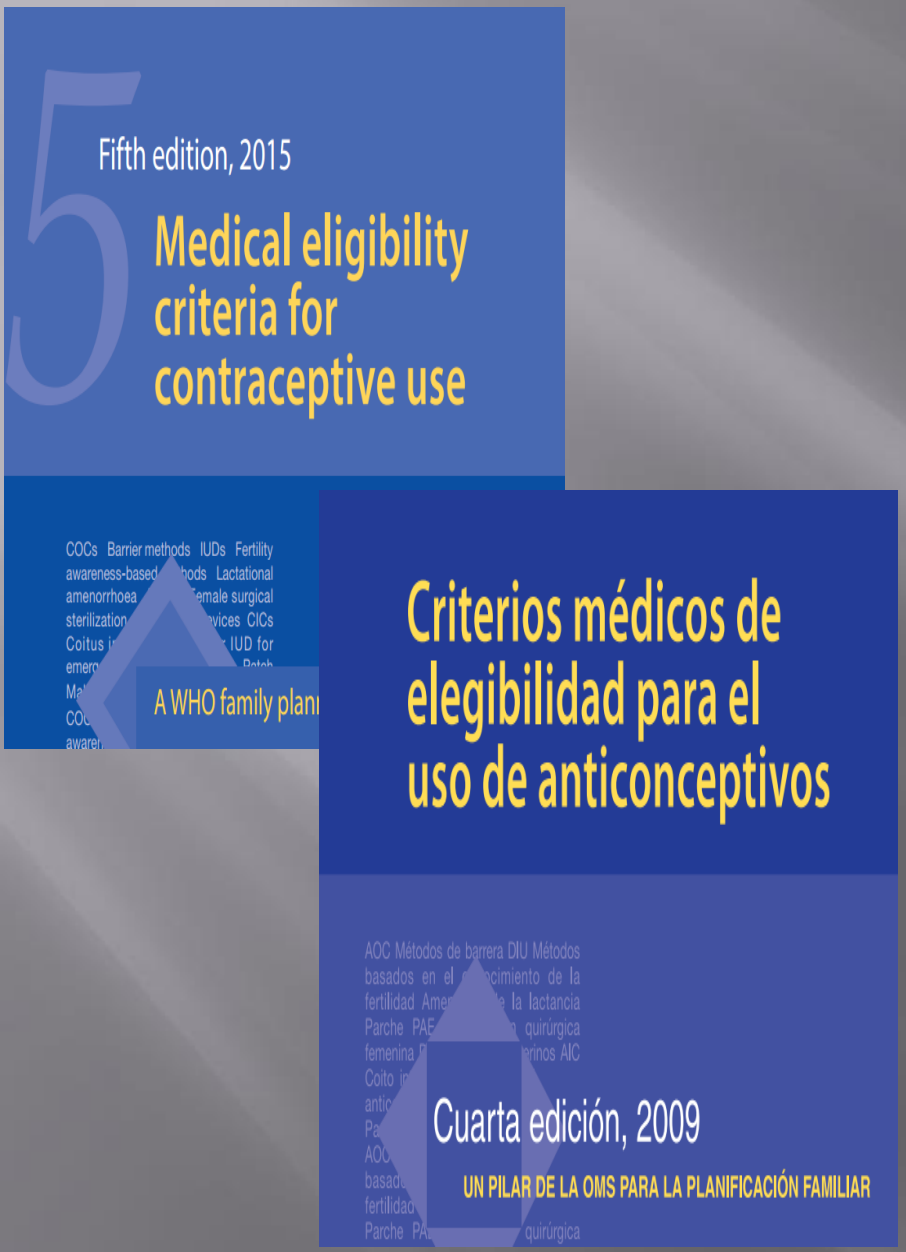
SaludMadrid

CRITERIOS ELEGIBILIDAD de la OMS



- Es un **documento** resultado de la colaboración entre el Departamento de Salud Reproductiva e Investigación de la **Organización Mundial de la Salud y numerosas agencias y organizaciones internacionales** activas en el campo de políticas y programas de planificación familiar

- Son **recomendaciones** para la racionalización del uso de diversos anticonceptivos, teniendo en cuenta la información más actualizada disponible sobre la **seguridad de los métodos para las personas con ciertas condiciones médicas**

- La 1ª edición fue publicada en 1996

Clasificación de los CME para el uso de anticonceptivos:

1	Una condición para la que no hay restricción para el uso del método anticonceptivo.
2	Una condición donde las ventajas del uso del método generalmente superan los riesgos teóricos o probados.

3	Una condición donde los riesgos teóricos o probados generalmente superan las ventajas del uso del método.
4	Una condición que representa un riesgo de salud inadmisible si se utiliza el método anticonceptivo.

CATEGORÍA	CON CRITERIO CLÍNICO	CON CRITERIO CLÍNICO LIMITADO
1	Use el método en cualquier circunstancia	**Sí** (Use el método)
2	En general, use el método	
3	El uso del método generalmente no se recomienda a menos que otros métodos más adecuados no estén disponibles o no sean aceptados	**No** (No use el método)
4	No se debe usar el método	

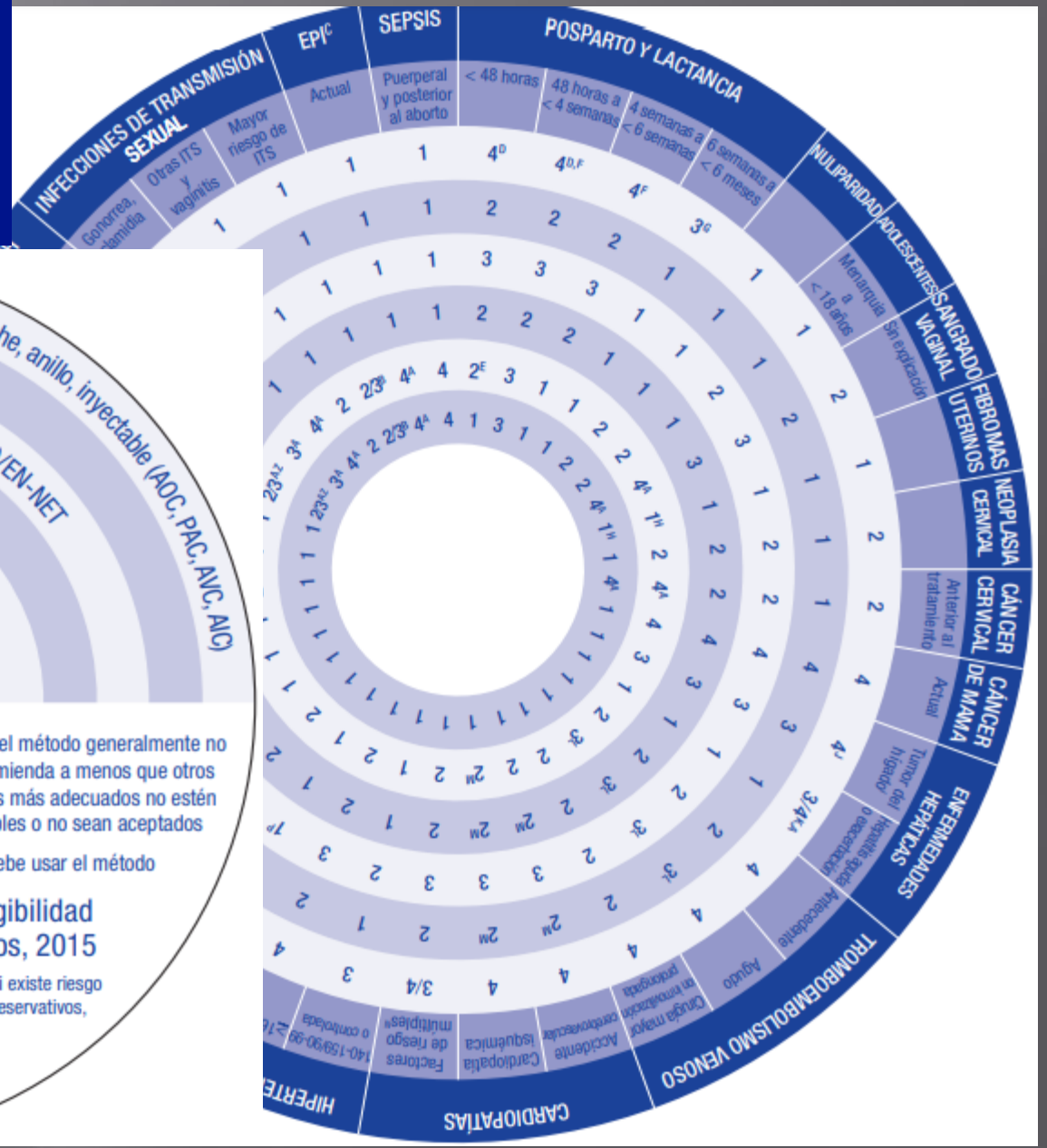
Para cada condición médica o característica médica relevante **a cada método anticonceptivo se le asigna una de cuatro categorías numéricas**

Organización Mundial de la Salud

OMS

RUEDA CON LOS CRITERIOS MÉDICOS DE ELEGIBILIDAD PARA EL USO DE ANTICONCEPTIVOS

2015



CASO CLINICO 1

- Mujer de **29** **años**
- **A.Familiares: no ETV**
- **A.Personales**:
  - G0-A0-V0
  - **DM tipo 1** insulinodependiente (Dº a los 7 años de edad. **22** años de evolución)
  - **Fumadora**: 20 cig/d
- Motivo consulta: Planificación familiar no deseo de embarazo por el momento
- TA: 122/75 IMC 26

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TABLAS RESUMEN (RES)

CONDICIÓN	AOC	AIC	P/A	AOPS	AMPD EN-NET	Implantes LNG/ETG	DIU-Cu	DIU-LNG
I = inicio, C = continuación, LM = lactancia materna, NA = no aplica								
CARACTERÍSTICAS PERSONALES E HISTORIA REPRODUCTIVA								
EMBARAZO	NA†	NA†	NA†	NA†	NA†	NA†	4†	4†
EDAD	Menarquia a <40 = 1 ≥40=2	Menarquia a <40 = 1 ≥40=2		Menarquia a <18 = 1 18-45=1 >45=1	Menarquia a <18 = 2 18-45=1 >45=2	Menarquia a <18 = 1 18-45=1 >45=1	Menarquia a <20 = 2 ≥20=1	Menarquia a <20 = 2 >20=1
TABAQUISMO								
a) Edad < 35 años	2	2	2	1	1	1	1	1
b) Edad ≥ 35 años								
(i) <15 cigarrillos/día	3	2	3	1	1	1	1	1
(ii) ≥15 cigarrillos/día	4	3	4	1	1	1	1	1
OBESIDAD a) IMC ≥ 30 kg/m²	2	2	2	1	1	1	1	1
b) Menarquia a <18 años e IMC ≥ 30 kg/m²	2	2	2	1	AMPD = 2 EN-NET = 1†	1	1	1

1

1,2

CONDICIÓN	AOC	AIC	P/A	AOPS	AMPD EN-NET	Implantes LNG/ETG	DIU-Cu		DIU-LNG	
I = inicio, C = continuación, LM = lactancia materna, NA = no aplica										
SIDA	1†	1†	1†	1†	1†	1†	3	2†	3	2†
Clínicamente bien, en terapia ARV	Si está en tratamiento, consulte la sección sobre INTERACCIONES FARMACOLÓGICAS						2	2	2	2
OTRAS INFECCIONES										
ESQUISTOSOMIASIS										
a) Sin complicaciones	1	1	1	1	1	1	1		1	
b) Fibrosis del hígado	1	1	1	1	1	1	1		1	
TUBERCULOSIS							I	C	I	C
a) No pélvica	1†	1†	1†	1†	1†	1†	1	1	1	1
b) Pélvica conocida	1†	1†	1†	1	1	1	4	3	4	3
	Si está en tratamiento, consulte la sección sobre INTERACCIONES FARMACOLÓGICAS									
PALUDISMO	1	1	1	1	1	1	1		1	
TRASTORNOS ENDOCRINOS										
DIABETES										
a) Historia de enfermedad gestacional	1	1	1	1	1	1	1		1	
b) Enfermedad no vascular										
(i) no insulino-dependiente	2	2	2	2	2	2	1		2	
(ii) insulino-dependiente	2	2	2	2	2	2	1		2	
c) Nefropatía/retinopatía/ neuropatía	3/4†	3/4†	3/4†	2	3	2	1		2	
d) Otra enfermedad vascular o diabetes de > 20 años de duración	3/4†	3/4†	3/4†	2	3	2	1		2	

3,4

DIU-Co

CASO CLINICO 2

- Mujer de **16 años**
- **A.Familiares: no ETV**
- **A.Personales**:
  - **IVE** a los 15 años
  - Trastorno grave de la personalidad, ingresos múltiples, intentos autoliticos
  - Tratamiento fluoxetina
  - **ITS repetición**

- Motivo consulta:derivada por Psiquiatra para inicio de AC eficaz

ADOLESCENTE DE RIESGO

- TA: 95/55 IMC 23

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CONDICIÓN	AOC	AIC	P/A	AOPS	AMPD EN-NET	Implantes LNG/ETG	DIU-Cu		DIU-LNG	
I = inicio, C = continuación, LM = lactancia materna, NA = no aplica										
ENFERMEADES DE LA MAMA										
a) Nódulo sin diagnóstico	2†	2†	2†	2†	2†	2†	1		2	
b) Enfermedad benigna de la mama	1	1	1	1	1	1	1		1	
c) Historia familiar de cáncer	1	1	1	1	1	1	1		1	
d) Cáncer de mama										
(i) actual	4	4	4	4	4	4	1		4	
(ii) pasado y sin evidencia de enfermedad activa durante 5 años	3	3	3	3	3	3	1		3	
CÁNCER DE ENDOMETRIO							I	C	I	C
	1	1	1	1	1	1	4	2	4	2
CÁNCER DE OVARIO							I	C	I	C
	1	1	1	1	1		3	2	3	2
FIBROMAS UTERINOS										
a) Sin distorsión de la cavidad uterina	1	1	1	1	1	1	1		1	
b) Con distorsión de la cavidad uterina	1	1	1	1	1	1	4		4	
ANOMALÍAS ANATÓMICAS										
a) Distorsionan la cavidad uterina							4		4	
b) No distorsionan la cavidad uterina							2		2	
ENFERMEDAD PÉLVICA INFLAMATORIA (EPI)										
a) Historia de EPI (se presupone la ausencia de factores de riesgo de ITS)							I	C	I	C
(i) con embarazo posterior	1	1	1	1	1	1	1	1	1	1
ii) sin embarazo posterior	1	1	1	1	1	1	2	2	2	2
b) EPI - actual	1	1	1	1	1	1	4	2†	4	2†
ITS							I	C	I	C
a) Cervicitis purulenta o infección actual por clamidia o gonorrea	1	1	1	1	1	1	4	2†	4	2†
b) Otras ITS (menos VIH y hepatitis)	1	1	1	1	1	1	2	2	2	2
c) Vaginitis (incluidos tricomonas vaginalis y vaginosis bacteriana)	1	1	1	1	1	1	2	2	2	2

Implanon NXT

CASO CLINICO 3

- Mujer de **31 años**
- **A.Familiares: no ETV**
- **A.Personales**:
  - G1-A0-V1
  - **Parto hace 1 mes y medio** y con **lactancia materna**
- Motivo consulta: Planificación familiar no deseo de embarazo por el momento
- TA:120/62 IMC 23

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Condición	AOC/ PAC/AVC	AIC	AOPS	AMPD EN-NET	Implantes de LNG/ETG	DIU-Cu	DIU-LNG
Lactancia materna							
a) < 6 semanas posparto	4	4	**2[a]**	3[a]	**2[a]**		
b) ≥ 6 semanas a < 6 meses (principalmente con lactancia materna)	3	3	1	1	1		
c) ≥ 6 meses posparto	2	2	1	1	1		
Posparto (en mujeres que no estén amamantando)							
a) < 21 días			1	1	1		
(i) sin otros factores de riesgo para TEV	3[a]	3[a]					
(ii) con otros factores de riesgo para TEV	**4[a]**	**4[a]**					
b) ≥ 21 días a 42 días			1	1	1		
(i) sin otros factores de riesgo para TEV	2[a]	2[a]					
(ii) con otros factores de riesgo para TEV	**3[a]**	**3[a]**					
c) > 42 días	1	1	1	1	1		
Posparto (en mujeres que estén o no estén amamantando, incluso después de una cesárea)							
a) < 48 horas incluida la colocación inmediatamente después de la expulsión de la placenta						1	**sin LM = 1; LM = 2**
b) ≥ 48 horas a < 4 semanas						3	3
c) > 4 semanas						1	1
d) Sepsis puerperal						4	4

Píldora oral solo gestágenos

CASO CLINICO 4

- Mujer de **23 años**
- **A.Familiares: no ETV**
- **A.Personales**:
  - G0-A0-V0
  - **Asma**
- Motivo consulta: **Spotting**,en tratamiento actual con EE20/LNG por dismenorrea
- TA:100/60 IMC 22

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Se aumenta la dosis de estrógenos y la paciente lleva ya 6 m con buen control de ciclo

Tratamiento con EE 30/LNG

CASO CLINICO 5

- Mujer de **39 años**
- **A.Familiares:** no ETV, **madre ca. mama** a los 68 años
- **A.Personales:**
  - **-** G2-A0-V2
  - **- HTA**
  - **- Migrañas sin aura**
- **Motivo consulta:** solicita cambio de método AC (DIU cobre inserto hace 3 años) por reglas muy abundantes
- TA:140/72 IMC 27 anemia ferropénica

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CONDITION	CATEGORY I = initiation, C = continuation			CLARIFICATIONS/EVIDENCE
	POP	DMPA/ NET-EN	LNG/ETG	
† recommendations reviewed for the MEC 5th edition, further details after this table * additional comments after this table	POP = progestogen-only pill LNG/ETG = levonorgestrel and etonogestrel (implants) DMPA = depot medroxyprogesterone acetate (injectable) NET-EN = norethisterone enanthate (injectable)			
NEUROLOGIC CONDITIONS				
HEADACHES*	I C	I C	I C	
a) Non-migrainous (mild or severe)	1 1	1 1	1 1	Clarification: Classification depends on accurate diagnosis of those severe headaches that are migrainous and those that are not. Any new headaches or marked changes in headaches should be evaluated. Classification is for women without any other risk factors for stroke. Risk of stroke increases with age, hypertension and smoking.
b) Migraine				
i) without aura				
age < 35 years	1 2	2 2	2 2	
age ≥ 35 years	1 2	2 2	2 2	
ii) with aura, at any age	2			
EPILEPSY	1			

DIU LNG 5 años

AHC

HEADACHES*	I C	I C	I C	I C	Clarification: Classification depends on accurate diagnosis of those severe headaches that are migrainous and those that are not. Any new headaches or marked changes in headaches should be evaluated. Classification is for women without any other risk factors for stroke. Risk of stroke increases with age, hypertension and smoking. Evidence: Among women with migraine, women who also had aura had a higher risk of stroke than those without aura *(240–242)*. Women with a history of migraine who use COCs are about 2–4 times as likely to have an ischaemic stroke as non-users with a history of migraine *(142, 154, 181, 182, 240–246)*.
a) Non-migrainous (mild or severe)	1 2	1 2	1 2	1 2	
b) Migraine					
i) without aura					
age < 35 years	2 3	2 3	2 3	2 3	
age ≥ 35 years	3 4	3 4	3 4	3 4	
ii) with aura, at any age	4 4	4 4	4 4	4 4	

HYPERTENSION

For all categories of hypertension, classifications are based on the assumption that no other risk factors for cardiovascular disease exist. When multiple risk factors do exist, the risk of cardiovascular disease may increase substantially. A single reading of blood pressure level is not sufficient to classify a woman as hypertensive.

a) History of hypertension, where blood pressure CANNOT be evaluated (including hypertension in pregnancy)	3	3	3	3	**Clarification:** Evaluation of cause and level of hypertension is recommended, as soon as feasible. **Evidence:** W(pressure che an increased *33, 173, 174*
b) Adequately controlled hypertension, where blood pressure CAN be evaluated	3	3	3	3	**Clarification:** hypertension and stroke a Although the users with a hypertension acute MI and hypertensive
c) Elevated blood pressure levels (properly taken measurements)					**Evidence:** An users were a and peripher non-users *(1 173–185).* Di with hyperte control *(186)*
i) systolic 140–159 or diastolic 90–99 mm Hg	3	3	3	3	
ii) systolic ≥ 160 or diastolic ≥ 100 mm Hg	4	4	4	4	
d) Vascular disease	4	4	4	4	

CONDITION	CATEGORY I = initiation, C = continuation			CLARIFICATIONS/EVIDENCE
	POP	DMPA/ NET-EN	LNG/ETG	
† recommendations reviewed for the MEC 5th edition, further details after this table * additional comments after this table	POP = progestogen-only pill LNG/ETG = levonorgestrel and etonogestrel (implants) DMPA = depot medroxyprogesterone acetate (injectable) NET-EN = norethisterone enanthate (injectable)			

HYPERTENSION*

For all categories of hypertension, classifications are based on the assumption that no other risk factors for cardiovascular disease exist. When multiple risk factors do exist, the risk of cardiovascular disease may increase substantially. A single reading of blood pressure level is not sufficient to classify a woman as hypertensive.

a) History of hypertension, where blood pressure CANNOT be evaluated (including hypertension in pregnancy)	2	2	2	**Clarification:** It is desirable to have blood pressure measurements taken before initiation of POC use. However, in some settings blood pressure measurements are unavailable. In many of these settings, pregnancy-related morbidity and mortality risks are high, and POCs are among the few types of methods widely available. In such settings, women should not be denied the use of POCs simply because their blood pressure cannot be measured.
b) Adequately controlled hypertension, where blood pressure CAN be evaluated	1	2	1	**Clarification:** Women adequately treated for hypertension are at reduced risk of acute myocardial infarction (MI) and stroke as compared with untreated women. Although there are no data, POC users with adequately controlled and monitored hypertension should be at reduced risk of acute MI and stroke compared with untreated hypertensive POC users.
c) Elevated blood pressure levels (properly taken measurements)				**Evidence:** Limited evidence suggests that among women with hypertension, those who used POPs or progestogen-only injectables (POIs) had a small increased risk of cardiovascular events compared with women who did not use these methods *(134).*
i) systolic 140–159 or diastolic 90–99 mm Hg	1	2	1	
ii) systolic ≥ 160 or diastolic ≥ 100 mm Hg	2	3	2	
d) Vascular disease	2	3	2	

CASO CLINICO 6

- Mujer de **23 años**
- **A.Familiares:** no ETV, madre HTA
- **A.Personales:**
  - G0-A0-V0
  - **Acné**
- **Motivo consulta:** Dismenorrea. Solicita planificación familiar
- TA:110/62 IMC 21

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INDICACION EN ANTICONCEPCION

En esta paciente se decidió por un AOC con gestágeno antiandrogénico por el acné

- EE (30)/ clormadinona
- EE (20-30)/ drosperidona
- EE (30)/ dienogest

Tratamiento con EE 20/ drosperidona

CASO CLINICO 7

- Mujer de **41 años**
- **A.Familiares:** padre demencia tipo Alzheimer
- **A.Personales:**
  - G1-A0-V1
  - Ex-fumadora
  - **QX ca mama dic 2017 .RT2018**
- **Motivo consulta:** poner en receta electrónica Tamoxifeno.
- TA:115/77 IMC 22

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	COC	P	CVR	CIC	
† recommendations reviewed for the MEC 5th edition, further details after this table * additional comments after this table	COC = combined oral contraceptive P = combined contraceptive patch CVR = combined contraceptive vaginal ring CIC = combined injectable contraceptive				
CERVICAL CANCER* (AWAITING TREATMENT)	2	2	2	2	
BREAST DISEASE*					
a) Undiagnosed mass	2	2	2	2	**Clarification**: Evaluation should be pursued as early as possible.
b) Benign breast disease	1	1	1	1	
c) Family history of cancer	1	1	1	1	**Evidence**: Women with breast cancer susceptibility genes (such as *BRCA1* and *BRCA2*)
d) Breast cancer					
i) current	4	4	4	4	
ii) past and no evidence of current disease for 5 years	3	3	3	3	

BREAST DISEASE*				
a) Undiagnosed mass	2	2	2	**Clarification**: Evaluation should be pursued as early as possible.
b) Benign breast disease	1	1	1	
c) Family history of cancer	1	1	1	
d) Breast cancer				
i) current	4	4	4	
ii) past and no evidence of current disease for 5 years	3	3	3	

AHC

Vasectomia

CASO CLINICO 8

- Mujer de **39 años**
- **A.Familiares:** no ETV
- **A.Personales:**
  - G2-A0-V2
  - **Dº hace 2 años de Lupus eritematoso sistémico.En tratamiento con inmunosupresores.Ac antifosfolípidos negativos**
- **Motivo consulta:** Planificación familiar no deseo de embarazo
- TA:124/62 IMC 26

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CONDITION	CATEGORY I = initiation, C = continuation			CLARIFICATIONS/EVIDENCE
	POP	DMPA/ NET-EN	LNG/ETG	
† recommendations reviewed for the MEC 5th edition, further details after this table * additional comments after this table	POP = progestogen-only pill LNG/ETG = levonorgestrel and etonogestrel (implants) DMPA = depot medroxyprogesterone acetate (injectable) NET-EN = norethisterone enanthate (injectable)			

RHEUMATIC DISEASES

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)*

People with SLE are at increased risk of ischaemic heart disease, stroke and venous thromboembolism. Categories assigned to such conditions in the *Medical eligibility criteria for contraceptive use* should be the same for women with SLE who present with these conditions. For all categories of SLE, classifications are based on the assumption that no other risk factors for cardiovascular disease are present; these classifications must be modified in the presence of such risk factors. Available evidence indicates that many women with SLE can be considered good candidates for most contraceptive methods, including hormonal contraceptives *(139–156)*.

		I	C		
a) Positive (or unknown) antiphospholipid antibodies	3	3	3	3	**Evidence**: Antiphospholipid antibodies are associated with a higher risk for both arterial and venous thrombosis *(157–159)*.
b) Severe thrombocytopenia	2	3	2	2	
c) Immunosuppressive treatment	2	2	2	2	
d) None of the above	2	2	2	2	

DIU LNG 5 AÑOS

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

People with SLE are at increased risk of ischaemic heart disease, stroke and venous thromboembolism (VTE). Categories assigned to such conditions in the *Medical eligibility criteria for contraceptive use* should be the same for women with SLE who present with these conditions. For all categories of SLE, classifications are based on the assumption that no other risk factors for cardiovascular disease are present; these classifications must be modified in the presence of such risk factors. Available evidence indicates that many women with SLE can be considered good candidates for most contraceptive methods, including hormonal contraceptives *(219–236)*.

a) Positive (or unknown) antiphospholipid antibodies	4	4	4	4	**Evidence**: Antiphospholipid antibodies are associated with a higher risk for both arterial and venous thrombosis *(237–239)*.
b) Severe thrombocytopenia	2	2	2	2	
c) Immunosuppressive treatment	2	2	2	2	
d) None of the above	2	2	2	2	

GRACIAS