

## Contraceptive options for women with SLE

May I congratulate the authors of the commentary describing contraceptive options for women with systemic lupus erythematosus (SLE).<sup>1</sup> This was a comprehensive summary and I was interested in their views regarding the suitability of progestogen-only methods in women with antiphospholipid antibodies. The authors felt these methods were unsafe in such women (World Health Organization *Medical Eligibility Criteria for Contraceptive Use* Category 3 – generally risks outweigh the benefits of use). As up to 42% of women with SLE will be positive for these antibodies<sup>2</sup> the authors are reducing contraceptive choice to barrier methods, copper intra-uterine devices or sterilisation.

About one-third of women with antiphospholipid antibodies develop a venous thromboembolism (VTE) in their lifetime and this risk is further increased in pregnancy and the puerperium.<sup>2</sup> Maternal mortality in women suffering from SLE is thought to be 2–3%.<sup>3</sup> We now have good evidence that progestogen-only contraceptive methods such as the levonorgestrel-releasing intrauterine system and desogestrel pill do not increase the risk of VTE in the general population.<sup>4</sup> A recent study also suggested that oral pregnane progestogen contraceptives appear to have little effect on the development of VTE in women with SLE (where 29.4% of 187 women had detectable antiphospholipid antibodies).<sup>5</sup>

Perhaps the authors would like to provide an additional comment?

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