

Dear Patient,

After detailed consultation with your gynaecologist you have opted to take the "pill". More than 100 million women worldwide take the "pill" and it is regarded as one of the safest contraceptive methods. In addition, it has other advantages:

- Regular menstrual bleeding
- Hardly any or no menstrual pains
- The intensity and duration of menstrual bleeding are reduced (less blood loss)
- Positive effect on the skin
- Lower risk of developing ovarian or uterine cancer

Are there any side-effects?

Yes!

The most important side effects include a higher risk of thrombosis, heart attack and stroke. Compared to women who do not take the "pill", there is:

- 5 - 6 times higher risk of thrombosis in the first 6 - 12 months of use, thereafter 2 - 4 times higher risk
- approx. 2 times higher risk of heart attack
- approx. 2 times higher risk of stroke

Which other factors increase the risk of cardiovascular disease?

- Smoking
- High blood pressure
- Obesity
- Higher amounts of cholesterol in the blood
- Diabetes mellitus
- Advanced age

Which other factors increase the risk of thrombosis?

- Smoking
- Significant obesity (Adipositas, BMI > 30 kg/m²)
- Operations on the stomach or on the lower limbs
- Immobilisation or confinement to bed due to a leg injury or severe illness
- severe diarrhoea, high fever (dehydration)
- Long-distance flights (> 4 hours)
- Advanced age
- Condition after previous vascular occlusion
- congenital, hereditary (genetic) risk factors (familial predisposition to vascular occlusion before the 50th birthday)

What are the most common congenital risk factors?

- Factor-V (5)-Leiden-gene mutation
- Factor-II (2)-gene mutation (Prothrombin gene mutation)

In those carrying the mutation, this can lead to slightly more amplified hypercoagulability of the blood.

Increased risk of thrombosis:

- When there is proof of Factor-V-Leiden gene mutation approx. 5 times higher than usual – with pill intake approx. 16 times
- When there is proof of Factor-II-gene mutation approx. 3 times higher than usual – with pill intake approx. 6 times

Less common coagulation disorders can be investigated independently of the family case history.

What is the significance of smoking for you?

Smoking increases the risk of thrombosis, heart attack and stroke many times over. You have been explicitly informed about these risks and you were asked to give up smoking in favour of the "pill".

How can I know whether I am a carrier?

An examination as to whether you are a carrier of a blood clotting (coagulation) disorder is only useful if there is suspicion of a hereditary blood clotting disorder in your family or if you yourself have ever suffered from thrombosis.

In such a case a blood test is sufficient. Depending on the individual circumstances, your doctor will then decide as to which blood clotting factors should possibly be examined in addition to the two mentioned above.

To carry out this examination, your doctor will need your signature in accordance with the Genetic Diagnosis Act.

If there is an indication for this test, the examination will then be considered a service component of the statutory health insurance.

What consequences arise from the results obtained?

The doctor treating you will then suggest a suitable contraceptive for you and inform you of other preventive measures.

Please talk to your doctor!

Your doctor will advise you accordingly and also answer any unanswered questions.

Questions before prescription of the pill

a) Do you take any medicines regularly? ☐ Yes ☐ No
If yes, which medicines?

b) Have you ever had thrombosis (blood clots)? ☐ Yes ☐ No

c) Has there been thrombosis in your family? ☐ Yes ☐ No

If yes, did this occur among women who were pregnant and in the days following childbirth or in those who were taking the pill?
☐ Yes ☐ No

d) Did any of your relatives have a heart attack before the age of 50?
☐ Yes ☐ No

e) Did any of your relatives have a stroke before the age of 50?
☐ Yes ☐ No

f) Are you, your parents or your siblings known to have high levels of blood lipids (fats)? ☐ Yes ☐ No

g) Are you known to have diabetes? ☐ Yes ☐ No

h) Do you have high blood pressure? ☐ Yes ☐ No

i) Do you or have you suffered from any liver disease? ☐ Yes ☐ No

j) Do you smoke? ☐ Yes ☐ No
If yes, how many cigarettes per day?

k) Have you ever taken any type of contraceptive pill and did you have any unpleasant side effects? ☐ Yes ☐ No

l) Do you suffer from migraine? ☐ Yes ☐ No
If yes, with aura?

m) Do you suffer from depression? ☐ Yes ☐ No

Which side effects with which pill?

