

## Member's Evidence Request response

**Request Reference: ED20/150**

**Received: 25/05/20**

**Completed: 28/05/20**

### A: Question

I was wondering about new starts of CHC in the current covid 19 situation. There seems to be an increase in clots when patient have covid 19 . I am not aware of incidence in those not admitted to hospital but for those who are seriously unwell there seems to be an increased risk. For women starting a CHC the first year seems to be when the highest risk of VTE. Is there some caution we should be taking with starting CHC at this current time when there is an increased risk of contracting Covid 19 ? . Should we be more careful in those women with a higher BMI who may not be contraindicated to CHC ? in smokers ? Would it also be more of concern in those women who are shielding who may have more of a concern that covid may be more severe in them ? . I know there is probably no great evidence at this time but wondered what the thought of the faculty are on the best evidence available.

### B: Response

Evidence is indeed emerging relating to Covid19-associated thromboembolism. Most of the evidence relates to critically ill individuals in ITU and indicates very significantly increased risk. See for example, review by Tal et al. (2020) [1] and a news analysis in the BMJ by Wise (2020) [2]. However, risk amongst individuals with more minor symptoms or none is not clearly established.

There is no direct published evidence relating to thromboembolic risk associated with the combination of both current Covid19 infection (or resolving Covid19 infection) and combined hormonal contraception[CHC] (or indeed any hormonal contraceptive). Known increased risk of VTE associated with stopping and restarting CHC and with pregnancy must be considered.

In the absence of evidence of either overall harm or overall benefit associated with use of CHC by the general population during the Covid-19 pandemic, FSRH CEU can make no recommendation to change from the existing guidance relating to assessment of VTE risk when prescribing CHC to asymptomatic individuals. As usual, assessment of VTE risk factors should be made on an individual basis, VTE risk with CHC explained to the user and alternative effective contraception that is not associated with increased VTE risk offered as an option.

It is likely that clinicians managing individuals who are hospitalised with Covid19 would consider that CHC should be stopped. Recognising the potential ongoing increased VTE risk during recovery at a time when intercourse could resume, FSRH CEU would suggest that alternative effective contraception that is not associated with increased thrombotic risk (eg. a desogestrel progestogen-only pill [POP]) could be provided prior to or at the time of discharge.

There is inadequate evidence to make any recommendation regarding use of CHC by **individuals with Covid19 who are not in hospital**. For CHC users with symptomatic Covid19 who are not in hospital, individual clinicians may wish to consider on a case-by-case basis whether immediate switch to a desogestrel POP is appropriate. Such a decision would require there to be no risk of pregnancy from prior intercourse if CHC was stopped, consideration of whether it is logistically feasible for the self-isolating individual to be supplied with POP, and consideration as to whether POP is acceptable to the individual in the short term (ie will they take it).

The length of time after Covid19 infection after which switching back to CHC would be appropriate in terms of thrombotic is not informed by published evidence: FSRH CEU can make no recommendation in this regard.

FSRH CEU will monitor the published literature for emergence of relevant evidence and update guidance as appropriate.

**C: Evidence-Based Medicine Question** (which guided our literature search strategy)

<b>Population:</b>	<i>WRA with Covid19 infection</i>
<b>Intervention:</b>	<i>Use of CHC</i>
<b>Comparison:</b>	<i>No use of CHC</i>
<b>Outcome:</b>	<i>Risk of VTE/VTE outcomes</i>

## D. References

1. Tal, S., Spectre, G., Kornowski, R. and Perl, L., 2020. Venous Thromboembolism Complicated with COVID-19: What Do We Know So Far?. *Acta Haematologica*, pp.1-8.
2. Wise, J., 2020. Covid-19 and thrombosis: what do we know about the risks and treatment? Available online here [<https://www.bmj.com/content/369/bmj.m2058>] (accessed 27/05/2020)

Checked by SMRH

Enquiry response by SMRH/EZC

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