

**Are we checking Body Mass Index in women at the time of Combined Oral Contraceptive prescribing to assess the risk of Venous Thromboembolism?**

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THANK YOU!

# Introduction

- OCP is the most popular method of contraception in the UK
- Used by 23% of women in the age range 16-49 years
- COC is associated with 3-5 x ↑ risk of VTE –confirmed by various studies.
- Other risk factors are pregnancy, obesity, immobility and clotting disorders

## Continued

- Obesity is increasing across the age ranges.
- Risk of VTE increases in obese women on COC
- Morbid obesity BMI  $>40$  Kg/m<sup>2</sup> independent risk factor for CVD and VTE
- All patients should have their BMI checked at the first prescription of COC and annually thereafter.
- Women with higher BMI should be offered to consider alternative methods of contraception.

# UK Medical Eligibility Criteria

- FFPRHC has produced UK version of WHOMECC – UK MEC
- BMI >30 –34 kg/m<sup>2</sup>. UK MEC 2 (benefit of COC use generally outweighs risks)
- BMI 35-39 kg/m<sup>2</sup> UK MEC 3 (risks of COC use generally outweighs benefits)
- BMI ≥ 40 kg/m<sup>2</sup>. UK MEC 4 (Unacceptable health risk)

# Standards

- Aim – Assessment of our practice regarding checking BMI in women on COC
- No national or audit standard
- A value of 80% was taken as a standard

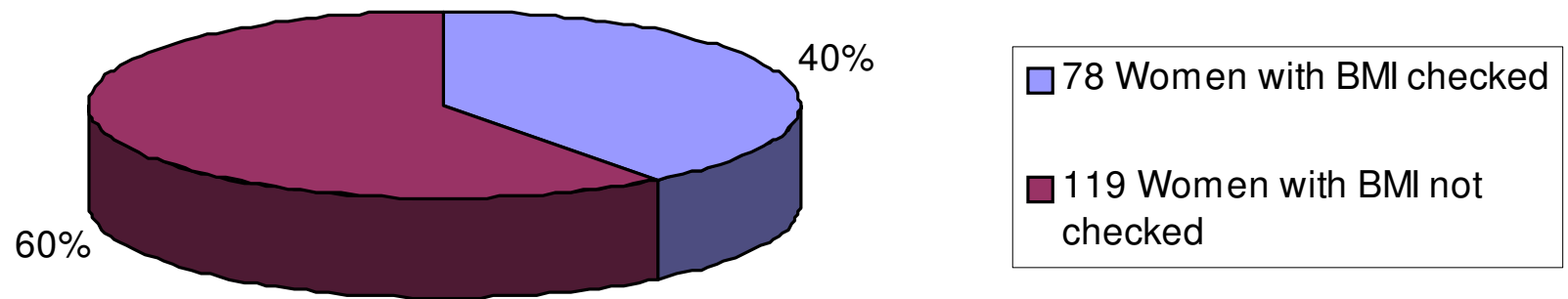
## Methods

- List of women who had COC prescribed between 20.09.05 to 20.12.05 was made
- All case records were checked to see if BMI was recorded within previous 12 months
- Cross checked with the paper notes
- No patients were excluded
- All the doctors and staff were informed regarding this audit

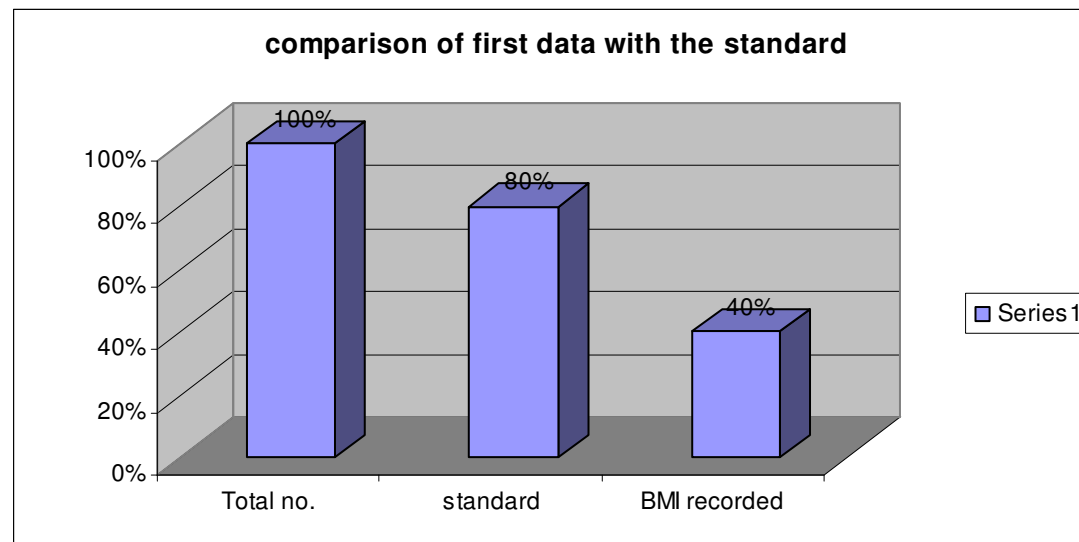
# First data collection

- Was performed on 20.12.05
- Total no. 197
- Weight checked            197            100%
- BMI checked                78            40%
- BMI not checked            119           60%

# Continued



# Comparison with standard

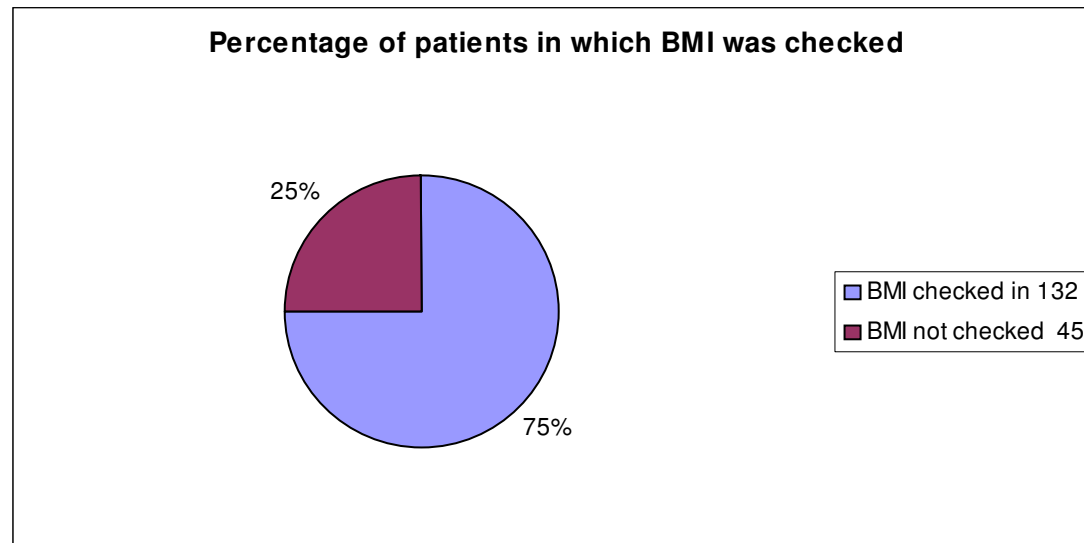


## Actions taken

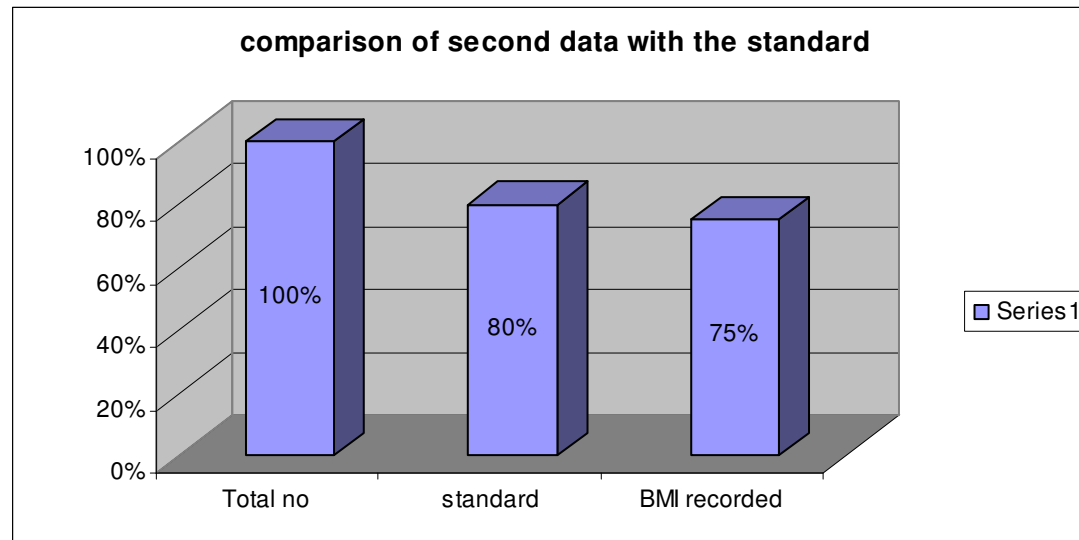
- Message alert
- Memorandum was circulated – results, request to check BMI, risk assessment, counselling
- BMI included in the COC template
- No issue of repeat prescription if the patient's weight has not been checked within a year.
- Women were invited to see a doctor or nurse.

# Second data collection

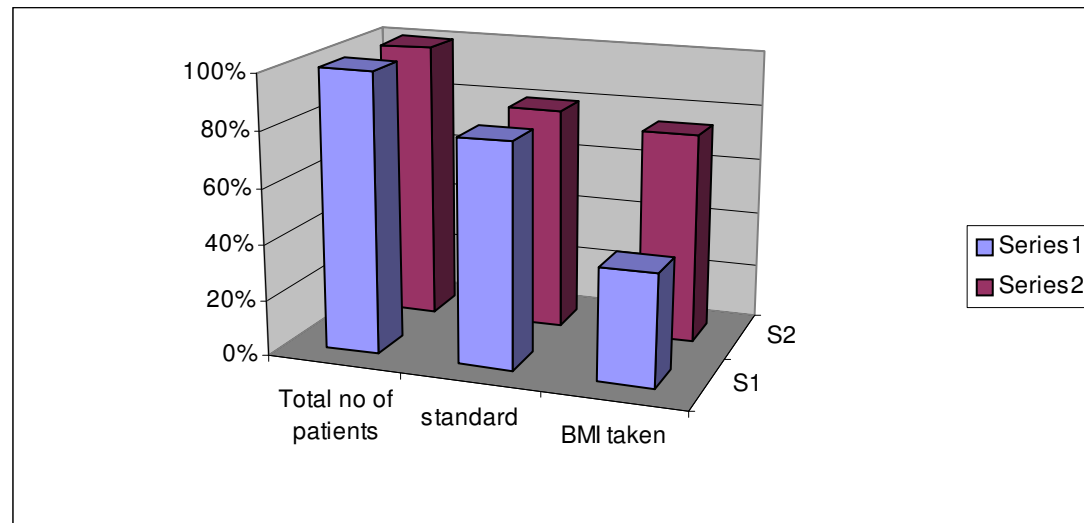
- Total no. 177  
BMI checked 132



# Comparison of 2<sup>nd</sup> data with the standard



# Graph comparing both sets of data



# Recommendations

- Universal use of COC template by all involved  
clear documentation of BMI
- Information and counselling, offer choices with special reference to BMI.
- Written information – to help choose
- BMI > 30 offer alternative options.  
However, can be given if they choose.
- Reaudit

# Recommendations

- BMI  $\geq 40$  kg/m<sup>2</sup> - COC should not be given
- Lifestyle advice to obese women
- No prescription processing if no record of BMI within a year.
- Warning signs of VTE to obese women
- Risks of obesity - general, and with COC

# Conclusion

- **Worthwhile exercise**
- **Raising awareness increased the likelihood of inclusion of weight during coc initiation**
- **Record of BMI is a good medical practice**
- **Opportunity for lifestyle**

# ANY QUESTIONS ?



# *THANK YOU!*

