



PRECONCEPTION COUNSELING FOR WOMEN WITH RHEUMATIC DISEASE IN CHILDBEARING AGE – A NECESSARY CONCERN

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BACKGROUND

Rheumatic diseases (RDs) have frequent onset during the reproductive age in women. Many drugs used to treat RDs are teratogenic and the discussion of reproduction issues with female patients is an important question. Also, the best time to become pregnant is with the disease in remission and sometimes this is not the reality. The objective of this study was to evaluate the characteristics of the patients of our department who became pregnant.

MATERIALS AND METHODS

This is a case series study that analyzed data from the first consultation of rheumatic patients attended at the specific Pregnancy Outpatient Clinic at the Rheumatology Department from Jan/18 to May/19.

RESULTS

Data from 49 patients whose average was 31.7 ± 3.5 years are showed. Systemic lupus erythematosus (SLE) was the most frequent RD 17/49 (34.7%) followed by rheumatoid arthritis 14/49 (28.6%). The frequency of other RD is described in table 1. Almost 30% of the patients were using teratogenic drugs in the conception time and the disease was active (moderate/severe) in 12/33 (36.3%). The disease duration average at the time of pregnancy was 9.5 years. Most of the patients became pregnant without planning. The preconception data are shown in table 2.

CONCLUSION

The optimal scenario is that the rheumatologist and the patients decide together the best time for pregnancy, considering the taken drugs and the disease activity. Despite of the clarifications during the consultation regarding contraceptive methods, teratogenic drugs, and the ideal time for pregnancy, there are social and communicative difficulties to solve in the management of women with rheumatic disease in childbearing age.