The ITP Support Association Platelet Reprint Series

No. 20 – Women's Questions

Platelet questions and answers reprinted from: **1998 -2011**

Title: **Women's Questions Answered**

Questions answered by **Prof I.A. Greer**, **Prof A.C. Newland and Prof Sir John Lilleyman**

Q My daughter has chronic ITP and takes the pill to prevent unbearably heavy periods. I understand that there are many forms of "the pill", including injections and patches. Is any type particularly recommended for ITP?

A *The oral contraceptive pill used to suppress periods is usually the combined pill containing oestrogen and progestogen. Injections used for contraception contain only progesterone and as these can lead to irregular periods and menstrual upset might not be ideal for patients with ITP. Patches and pills are available for hormone replacement therapy given to women who are post menopausal in order to prevent problems such as vascular disease and osteoporosis, as well as suppressing the menopausal symptoms. Generally, for young women with ITP and heavy periods, the combined oral contraceptive pill containing oestrogen and progestogen can be employed.*
An alternative for some women would be the Mirena intrauterine system. This is a contraceptive coil inserted into the uterus, but which contains progesterone which is released very slowly into the lining of the womb and which will result in the majority of women having no periods while the coil is in place. This would not usually be employed in women who have not had children.

Q I have read that epidurals can cause thrombocytopenia. It was not clear whether this referred to the destruction of platelets as in ITP, or a suppression of platelet production. Would you advise women who have previously suffered ITP not to have an epidural?

A *Epidurals do not directly cause thrombocytopenia. Epidural anaesthesia is generally a very safe mode of pain relief in labour, however, certain conditions have to be met prior to insertion of the epidural. Perhaps, the most important contra-indication is an underlying tendency in the patient to bleed. Thus patients with coagulation defects, including severe thrombocytopenia, should be advised to avoid epidurals and most anaesthetists would be reluctant to use epidural anaesthesia in this situation. This is because bleeding can occur into the spinal channel which can lead to severe problems, with neurological damage. However, a patient with a history of ITP and a normal platelet count with no other contra-indication would not normally be advised against an epidural – but women with ITP who have a low platelet count would be advised to avoid this.*
The precise level of platelets which would lead to an epidural being contra-indicated varies from one anaesthetist to another but, in general terms, if the platelet count is above 100, problems are unlikely and many anaesthetists would be happy to employ an epidural at even slightly lower levels than this. If during the course of treatment for ITP, the platelet count returns to normal and is expected to remain in the normal range during labour, then epidural anaesthesia would not be contra-indicated.

Q I read a newspaper article in which doctors appeared to disagree as to whether HRT caused blood clots or thinned the blood. This is of great importance to the ITP sufferer so could I have your opinion please?

A *Hormone Replacement Therapy may be associated with an increased risk of thrombosis (blood clotting). This is related to the oestrogen component of the pills, and they should be avoided in any patient with a previous history of venous thrombosis or embolism. Hormone Replacements are often used in patients with ITP to control menstrual blood loss, and there is no contra indication to their use.*

Q I was diagnosed as having ITP when I was 8 months pregnant, but successfully gave birth to a daughter. However it was discovered from my medical records that my platelets had been low for 3 years. During that time I have had 2 miscarriages and a hydatidiform mole. Could ITP have been the cause, or could these have caused the ITP?

A *A platelet count may fall during pregnancy and is known as gestational thrombocytopenia. The fall is usually minor and often corrects between pregnancies and very rarely reaches levels where there is likely to be a clinical problem. Certainly, it is never associated with miscarriages or other complications during pregnancy. This is not true ITP as the count corrects between pregnancies. True ITP is also unlikely to have been associated with the miscarriages unless the platelet count was so low that bleeding ensued, in which circumstances treatment would almost certainly have been involved and the patient aware of her condition. I am not aware that hydatidiform mole is associated with ITP and I suspect that problems during pregnancy and low platelet count were not related.*

Q Is there a greater chance of miscarriage in a mother who has ITP?

A *There does not appear to be a strong relationship between ITP and miscarriage. Other causes of low platelet count, such as systemic lupus erythematosis (where thrombocytopenia may also occur) can have a strong relationship to miscarriage, as*
can antiphospholipid antibody syndrome which is also associated with a low platelet count.
continued overleaf

Q I have had ITP for ten years but now that I have reached the menopause I have been recommended to take HRT. Might this make the ITP worse?

A *Many people consider hormone replacement therapy important in the woman who has reached menopause although there are many arguments both for and against this. In general, those on long term steroids will be more prone to osteoporosis (which commonly also occurs in the menopause) that may be delayed or prevented by the use of regular HRT. Its use can certainly not make the ITP worse and should be considered on its own merits.*

Q Although I have now recovered from ITP I am worried about having children. Is childbirth dangerous for me, is the ITP likely to return in pregnancy and might I have a baby with ITP?

A *The relationship between ITP and pregnancy is quite complicated. Some pregnant women, who do not have ITP, may have a slight fall in their platelet count during pregnancy, but this rarely reaches low levels. Some patients with ITP prior to pregnancy, may see their count fall during pregnancy but it is very unusual for this to reach a level where it is dangerous for the baby or the mother. It is important that the obstetrician and haematologist liaise over the pregnancy, which can usually be handled quite easily. The baby may sometimes be born with a low platelet count but this is transient and is usually simply treated with immunoglobulin although on many occasions no treatment at all is required. The baby cannot develop ITP long term from the mother.*

Q I have very heavy periods because of ITP and always feel very tired. Do you advise women to take iron and mineral supplements?

A *Periods may be very heavy because of the low platelet count in ITP, but also the platelet count may drop if bleeding is particularly heavy because of poor regulation of the menstrual cycle. Many women may feel tired at this time which may not be related to any specific deficiencies, although chronic bleeding can lead to iron deficiency which itself may cause tiredness, even without anaemia. Iron supplements will not help if iron deficiency is not present. Although there is quite a strong feeling that some mineral supplements may improve immunity and general well-being, in particular zinc and vitamin C supplements, there is no hard and fast evidence that any of these are definitely effective. It is important before embarking on any long term supplements that these are discussed with your medical adviser.*

Q My daughter is in her twenties and having had a splenectomy a year ago has been on antibiotics ever since. She has had a lot of problems with thrush and is now getting married and wants to go on the pill. As antibiotics affect the function of the pill, could she safely leave off the antibiotics?

A *There is a particular risk of infection in the first three years after splenectomy, primarily relating to chest infections, but occasionally associated with meningitis. Therefore any patient undergoing splenectomy should be immunised before or after surgery for pneumococcus, hæmophilus influenzae and meningococcus. They should also take prophylactic antibiotics, usually Penicillin V or Amoxycillin, unless they are allergic to Penicillin where another antibiotic should be used. The use of these broad spectrum antibiotics may be associated with thrush (fungal infection caused by candida, usually in the mouth or vagina), and this can often be reduced or prevented by taking live yoghurt, but can also be easily treated. A full dose of antibiotics may affect the absorption of the contraceptive pill and reduce its efficacy, however at the dose of Penicillin V usually taken this may not be a problem, but it should always be discussed with the prescribing doctor. It would be inadvisable to stop the prophylactic antibiotics at this stage, post splenectomy, and the latest recommendations from the Department of Health are that prophylaxis should be continued indefinitely.*

Q We have a 12 yr old girl with chronic ITP and she has had first menstural cycle which lasted 35 days. As her platelet count remains at about 10, we are very worried about what the future holds for her.

A *This young girl has resistant thrombocytopenia, and has had a heavy period as her introduction to the joys of womanhood. This happens. It is best controlled with progesterone or some contraceptive pill taken under the supervision of a gynaecologist. This will give more effective control than measures to treat the ITP. It will not affect her fertility long-term but pregnancy and severe chronic ITP do not mix well anyway. It is not unusual for first periods to be poor predictors of what happens subsequently - in other words the next one may not be so bad, or things may settle over a few months.*

Q I have had ITP twice, at the age of 9 and then again at 22. The second time my count went down to 1, but the cause was never found. Suggestions included stress (death of my father in law), antibiotics etc., but fortunately with the help of steroids and Sandoglobulin my count increased to a good level and has remained there so far, (touch wood!). I currently use Microgynon to control my periods but I still find they're very heavy and a friend has suggested the contraceptive injection Depoprovera and I wanted to ask if this is safe for ITP prone people since my local GP has little awareness of the condition.
I ask this because I was advised against taking 'Pondstan' type medication for period pain relief after my 2nd bout of ITP and of course taking anything Aspirin based. Also, I took an over-the-counter remedy for stomach cramp a few days before I went down with ITP. I mentioned this to the doctors at the time and they said it wouldn't have been a cause. The idea of the injection sounds wonderful – is it possible for you to advise me on this?

A *There is no problem in using Depoprovera as a depot injection for controlling periods if other measures haven't worked. It is always useful if at all possible to control period bleeding as it can in itself 'use-up' platelets and lower the count. Ponstan is a very different drug. As a non-steroidal anti-inflammatory agent it can affect platelet function and therefore is contra-indicated as previously discussed. This is not the case with the hormone preparations.*