BÖLÜM
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ACİL HORMONAL KONTRASEPSİYON

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Giriş

Korunmasız ilişki sonrası 120 saat içerisinde acil kontrasepsiyon kullanılması gebelik olasılığını azaltmaktadır. Acil kontraseptif metodlar; özel patentlenmiş oral ilaçlar, kombine oral kontraseptifler ve bakırlı rahim içi aracı (RİA) içerir (1).

Acil kontrasepsiyon seksüel ilişki sonrası gebelik riskini azaltmak için uygulanan metodları içerir. Sentetik steroidlerin postkoital kontrasepsiyonda kullanımı konusu ile ilgili ilk verilere 1967'de yayınlanan Uluslararası Tıbbi Aile Planlaması Bülteninde rastlanmaktadır (1). 5 günlük yüksek doz östrojen metodu (ABD'de diethylstilbestrol (DES), Hollanda'da etinil estradiol) kitlesel olarak kullanılan ilk postkoital kontraseptif tedavidir (2, 3). Acil kontraseptif ilaçlar Food and Drug Administration (FDA) tarafından onaylanmış özel preperatlar (UPA ve Levonorgestrel içeren haplar) ve 1974 yılındaki literatürde Albert Yuzpe tarafından tanımlanmış şekilde kullanılan oral kontraseptifleri içerir (4). Sadece progesteron içeren yöntemler 1975'te tanımlanmıştır (5). Aynı yıl bakırlı RİA kullanımı da postkoital kontrasepsiyon için tanımlanmıştır (1). Danazol 1980'lerin başlarında Yuzpe rejimine göre daha az yan etkisi olması nedeniyle denenmiş, ancak etkisiz olduğu saptanmıştır (1). Bu nedenle 1980'lerde Yuzpe metodu birçok ülkede postkoital kontrasepsiyonun standart tedavi yöntemi olmuştur (1). Takip eden yıllarda sadece progesteron içeren metodlar tercih edilir hale gelmiştir (1). Daha sonraki yıllarda yapılan çalışmalarda progesteron reseptör modulatörleri geliştirilmiştir (1).

Acil kontraseptif metodlar şunlardır :

(1) Ulipristal asetat (UPA, selektif progesteron reseptör modülatörü);
(2) Levonorgestrel (LNG, oral progestin);
(3) Yüksek doz kombine oral kontraseptif (Yuzpe rejim);
(4) Mifepriston (RU486);
(5) Bakırlı RİA;

Acil kontrasepsiyon yöntemleri korunmasız cinsel ilişki sonrası ilk 120 saatte uygulanırsa gebelik riski azaltılabilir. Hormonal acil kontraseptif ilaçların korunmasız ilişki sonrası uygulama zamanı kısaldıkça etki oranları da artmaktadır (6).

Günümüzde 19 yaş itibariyle adölesan yaş grubunun üçte ikisinin cinsel aktif olduğu sap-

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- Bakırlı RIA uygulaması en effektif yöntemdir.
- Acil kontrasepsiyon öncesi gebelik testi gerekli değildir.
- Acil kontraseptif müdahale korunmasız cinsel ilişkiden sonraki olabilen en kısa sürede başlanmalıdır.
- Acil kontraseptif ilaçlar ya da RIA'ya hastalar ilk 5 gün içerisinde ulaşabilmelidir.
- Obez hastalarda hormonal kontraseptiflerin etkinliği azalabilmektedir. Bu hastalarda RIA öncelikle önerilmekle beraber arzu halinde hormonal kontrasepsiyon etkin şekilde kullanılabilir.
- Hormonal kontrasepsiyon gerektiğinde aynı siklusta bile birden fazla kullanılabilinir.
- Mifepristonun abortif etkisi nedeniyle Dünya genelinde kullanımı kısıtlı olmakla beraber yüksek kontraseptif özelliği mevcuttur.

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