

Marker helps predict thrombotic risk of hormonal contraceptives

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For women taking hormonal contraceptives, sex hormone-binding globulin is a useful marker to estimate the risk of venous thrombosis, according to research published in the June issue of the *Journal of Thrombosis and Haemostasis*.

(HealthDay) -- For women taking hormonal contraceptives, sex hormone-binding globulin (SHBG) is a useful marker to estimate the risk of venous thrombosis, according to research published in the June issue of the *Journal of Thrombosis and Haemostasis*.

To assess whether SHBG is useful as a marker for thrombotic risk, Marjolein Raps, M.D., of the Leiden University Medical Center in the Netherlands, and colleagues conducted an observational study involving 262 users of different contraceptives. SHBG levels were measured and compared with normalized activated protein C sensitivity ratio (nAPCsr) values and thrombosis risks reported in the literature.

The researchers found that, compared with users of combined contraceptives containing [levonorgestrel](#), which have a lower thrombosis risk, higher SHBG levels were seen in women taking [hormonal contraceptives](#) containing desogestrel, cyproterone acetate, or [drospirenone](#), or using a transdermal patch, all of which carry a higher risk of venous thrombosis. SHBG levels were highest in users of the patch. SHBG levels correlated positively with both the nAPCsr and with thrombosis risks reported in recent literature.

"In conclusion, our data support the idea that SHBG could be a useful marker for estimating the risk of venous thrombosis of a new hormonal contraceptive," the authors write. "Preferably, the effect of a new hormonal contraceptive on SHBG should be compared with the effect of the combined hormonal contraceptive with the lowest reported risk of venous [thrombosis](#)."

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