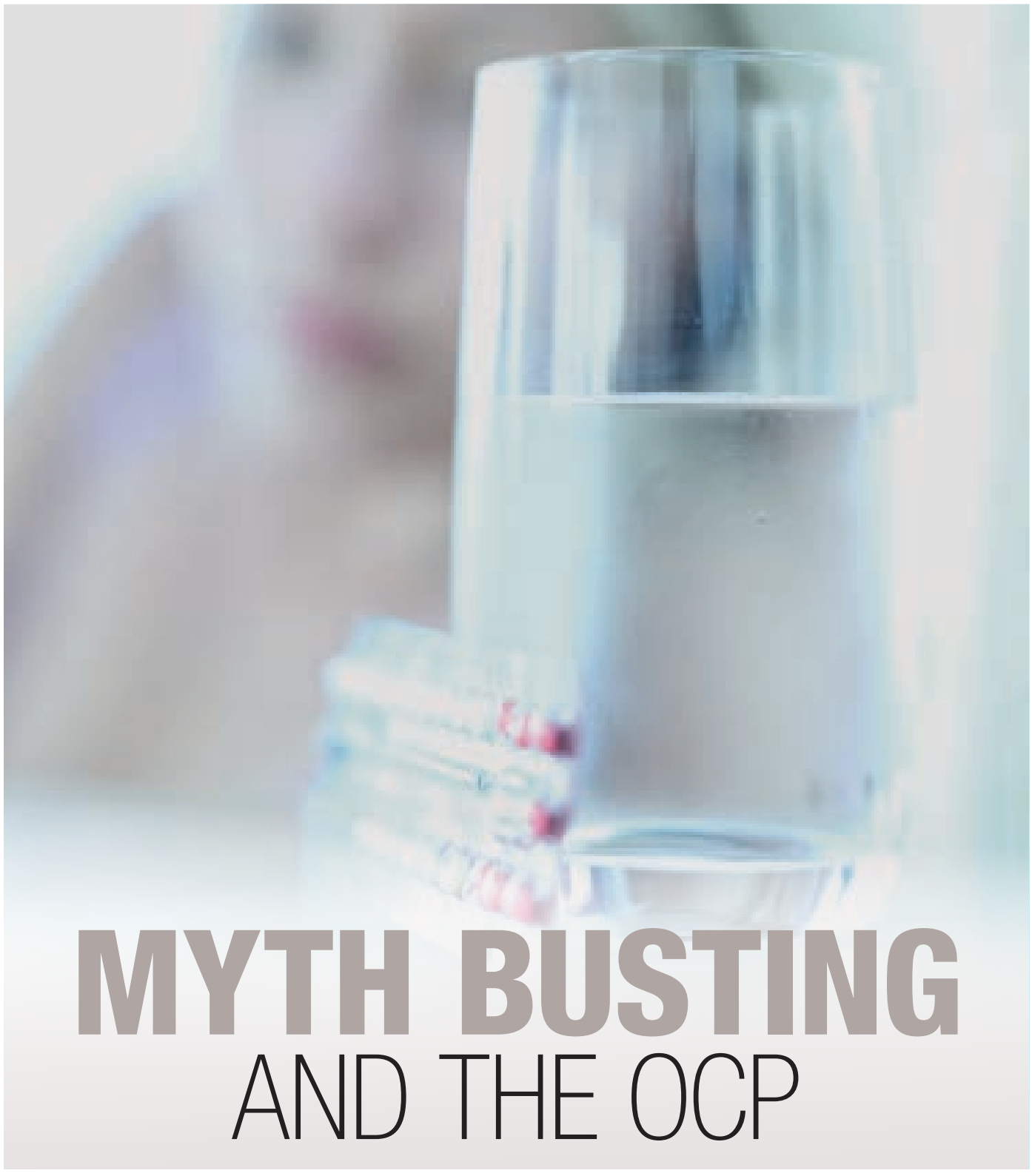

MYTH BUSTING AND THE OCP

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Addressing women's concerns about OCP side effects early can prevent premature cessation.

THE combined oral contraceptive pill (OCP), in use since 1960, has an estimated 100 million users worldwide. It is an extremely effective form of contraception, with a failure rate of about three pregnancies per 1000 women per year when used as intended, or an actual failure rate of about 90 pregnancies per 1000 women per year.

Besides contraception, other benefits of the OCP may include management of hirsutism, acne, dysmenorrhoea, irregular or heavy bleeding, endometriosis and PMS and a reduction in risk of endometrial and ovarian cancer.

In addition, the OCP may be used as hormone therapy in those with premature or early menopause or in the perimenopause, with a recommended age of cessation of 50 years.

In Australia we are fortunate to have a variety of OCPs available. These range from low- to high-dose oestrogen, monophasic or multiphasic preparations, and while they have limited variety in terms of oestrogen, there is considerably more variety in the progestogen.

Some women will be disenchanted with their experience of taking various OCP preparations, and this may be due to idiosyncratic reactions to either the dose or type of oestrogen or progesterone contained with the OCP.

Early common side effects, such as nausea, breast tenderness, headaches, fluid retention and altered mood or bleeding pattern, are common in the first month as the body adjusts to the introduction of synthetic hormones and the altering of endogenous hormone secretion. These generally settle in most women over successive cycles.

Longer-term OCP use can be associated with a variety of adverse effects in some women. These reactions for the most part cannot be predicted, but may be amplified in women with underlying anxiety. Common fears for women considering OCP use include weight gain, lowering of mood, headaches or migraines, risk of cancer, and risk of adversely affecting future fertility.

Here we review the evidence for some of these situations with the aim of being able to discuss these with women concerned about potential OCP side effects.

WEIGHT GAIN AND THE OCP

Many women are reluctant to consider the OCP due to concerns about weight gain. Studies considering weight gain and OCP use have mostly been limited by failure to include a placebo or non-hormone group and other factors that may affect weight over time. A recent Cochrane database review has determined that although the studies were insufficient, overall "no large effect was evident" in terms of the OCP inducing weight gain.

OCP AND MOOD

Prospective trials suggest 4–10% of women experience lowered mood while on their OCP preparation. However, these studies lacked placebo-control or non-hormone groups.

One research group suggested mood symptoms may be more pronounced in the non-active pill part of the cycle, and that OCPs containing anti-androgenic progestogens such as desogestrel or drospirenone may be more favourable for mood, compared with progestogens with a more androgenic profile, such as levonorgestrel or norethisterone.

They also concluded the data supported a more favourable effect on mood of lower-dose ethinyloestradiol preparations.

OCP AND FUTURE FERTILITY

Many women find the OCP convenient and remain on it from their teens until pregnancy is desired, often into their 30s.

Some are concerned about the long-term effects of the OCP on fertility. While it may take the body up to nine months to restore the normal hypothalamic-pituitary-ovarian axis, in the absence of pathological situations such as early menopause, PCOS or hypothalamic amenorrhoea, most reproductive-aged women who previously had regular cycles will return to regular cycles at some point following OCP cessation.

Studies comparing different forms of contraception also conclude that 79–96% of women who desire pregnancy will achieve this goal within one year of cessation of the OCP, and this rate is comparable to women who have previously used barrier methods or no contraceptive method.

CONCLUSION

Unfortunately some women will abandon the OCP as a contraceptive method due to their adverse experience with one or more agents. This at worst could result in unintended pregnancy in those women in whom the OCP is otherwise well suited as a form of easy and affordable contraception.

In most cases women will be able to take an OCP preparation with success if they are given support, guidance and education as to the expected side effects and duration, and if they know that other options are available should they experience a significant adverse effect.

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