
CONTRACEPTION AND MISCONCEPTIONS

CONTRACEPTION IN WOMEN WITH MENTAL ILLNESS

Dr Bavi Vythilingum

MBChB cum laude (Natal) MMed (Psych) cum laude (Stell) FCPsych (SA)

Specialist Psychiatrist



OVERVIEW

- Hormones and mood
- How mental illness impacts on contraceptive choice
- Ideal contraception
- Pro and cons of contraceptive methods in women with mental illness
- Hormonal contraception and mood

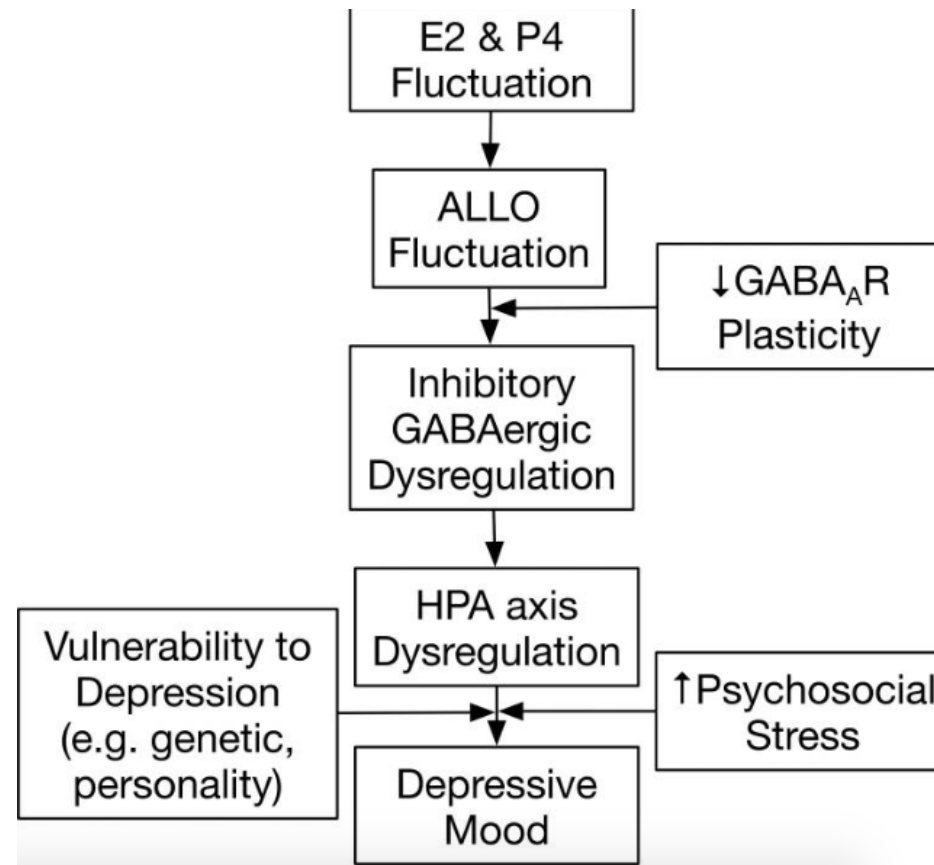
ESTROGENS

- anti-inflammatory
- neuroprotective effects of estradiol
- modulation of the limbic processing
- memory of emotionally-relevant information.
- estradiol “beneficially” modulates pathways implicated in the pathophysiology of depression, including serotonin and norepinephrine pathways

PROGESTROGENS

- Previously thought to be anxiogenic, depressogenic
- Breakdown products
- Depression – alpha hydroxy progestrogen breakdown products pro – inflammatory, anxiogenic

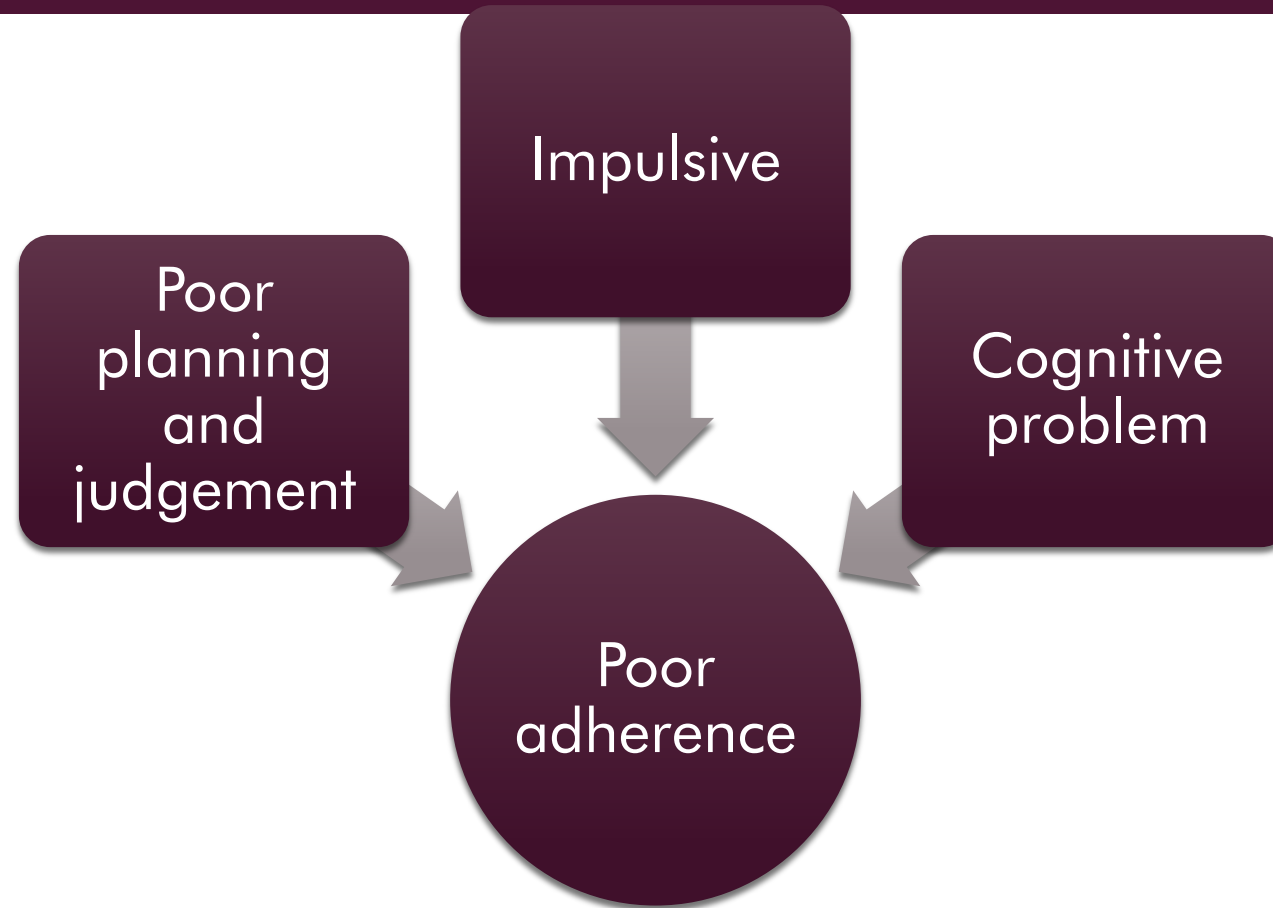
HORMONES AND MOODS – COMPLEX INTERPLAY



MENTAL ILLNESS AND CONTRACEPTIVE CHOICE

- Effect of mental illness on contraceptive choice
- Effect of contraceptive choice on mental illness
- Drug interactions

EFFECT MENTAL ILLNESS ON CONTRACEPTIVE CHOICE



IMPULSIVITY

By the time I figure out
what I'm gonna do...



I've already done it!

COGNITION



POOR JUDGEMENT



THAT SPEEDING CAR IS 10 FEET AWAY?



I CAN MAKE IT

LETS NOT FORGET SUBSTANCES.....

Weekend Forecast: mild alcoholism with a 75% chance of poor judgement moving to poor decisions.. Followed by an increasing chance of a hangover, Not forgetting the heavy downpours of regret on Sunday morning

some **ee** cards
user card



TYPES OF CONTRACEPTION

- No method
- Non hormonal
 - Condom/Femidom
 - Diaphragm
 - Non hormone containing IUCD (Copper T)
- Hormonal
 - COC
 - POP
 - Mirena
 - Evra Patch
 - Nuva Ring
 - Implant

ORAL CONTRACEPTIVES

- POP – avoid
 - Same time every day
- COC
 - Pros
 - Effective
 - Reduction PMS – monophasic estrogen dominant pill eg Femodene, Yaz, Nordette
 - Cons
 - Drug interactions
 - Pill burden
 - Daily dose

EVRA PATCH

- Weekly patch
- Transdermal system: 150 mcg/day norelgestromin and 35 mcg/day ethinyl estradiol.
- No first pass metabolism – can use with AED
- Not at state facility



DEPOT PROGESTERONE

- Depo Provera – 12 weeks
- Can be given immediately post delivery
- No effect on lactation
- ? Effect on mood
- Weight gain, decreased libido

MIRENA

- IUD releases levonorgestrol
- Lasts for 5 years
- Effects cease on removal
- Little systemic progesterone release
- ?effect mood
- Less weight gain, effect on libido



CONTRACEPTIVE IMPLANT

- Implanon – lasts 3 years
- Flexible plastic rod about the size of a matchstick
- Effects cease on removal
- Systemic progestogens ?Impact on mood



PSYCHIATRIC MEDICATION AND CONTRACEPTIVES



ANTIEPILEPTIC MEDICATION – MOOD STABILIZERS AND COC

- Carbamazepine (Tegretol, Degranol) – risk of pregnancy 25 x higher, poorer seizure control
- Lamotrigine
 - Levels lowered during hormone pills, raised during placebo
 - Possible risk of decreased contraceptive efficacy
 - ? Clinical significance
- Na Valproate
 - no contraceptive interaction but teratogenic + + +
 - NOT FOR USE IN WOMEN OF REPRODUCTIVE AGE
- Modafinil
 - Increased risk pregnancy - avoid

OTHER MEDICATION

- TCA's – OCP may raise blood levels
- Benzo's - OCP may raise blood levels
- CYT P450 – may reduce effectiveness
 - Avoid fluvoxamine

MOOD DISORDERS AND HORMONAL CONTRACEPTION

- Skovlund et al. 'Association of hormonal contraception with depression'
- Users of combined oral contraceptives had an RR of first use of an antidepressant of 1.23
- 0.5% of women who began hormonal contraception developed depression who might not have developed it otherwise.

- Skovlund CW, Mørch LS, Kessing LV, Lidegaard Ø. Association of Hormonal Contraception With Depression. *JAMA Psychiatry*. 2016 Nov 1;73(11):1154-1162

OTHER STUDIES?

- European review – infrequent effects on moods
 - Keyes study – reduced frequency depressive symptoms
 - Risk unplanned pregnancy
-
- Schaffir J, Worly BL, Gur TL. Combined hormonal contraception and its effects on mood: a critical review. *Eur J Contracept Reprod Health Care*. 2016Oct;21(5):347-55.
 - Keyes KM, Cheslack-Postava K, Westhoff C, Heim CM, Haloossim M, Walsh K, Koenen K. Association of hormonal contraceptive use with reduced levels of depressive symptoms: a national study of sexually active women in the United States. *Am J Epidemiol*. 2013 Nov 1;178(9):1378-88

THE IDEAL CONTRACEPTIVE ??

- Effective
- Easy to use
- Long acting
- No drug-drug interactions



Pain

Bleeding

TAILOR CONTRACEPTION TO THE PATIENT

- Carry out a biopsychosocial assessment of the woman
- Provide a choice of contraceptive methods, including the use of different progestogens
- Ask proactively about side effects, including questions about sexual function and affective symptoms
- Discuss changing the contraceptive method or changing the type of hormonal contraceptive. Ask not only about bleeding or physical symptoms but also about mood and sexuality.

CONCLUSION

- Complex interplay hormones, mood, mental health
- Individualise approach to contraception
- Awareness mental issues
- Ask our patients mood, quality life, sexual health