CONTRACEPTION AND MISCONCEPTIONS

CONTRACEPTION IN WOMEN WITH MENTAL ILLNESS

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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

Impulsive

Poor planning and judgement

Cognitive problem

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

I've already done it!
COGNITION

- Unsure
- Bewildered
- Unclear
- Lost
- Confused
- Disoriented
- Perplexed
POOR JUDGEMENT
THAT SPEEDING CAR IS 10 FEET AWAY?

I CAN MAKE IT
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.
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.

OTHER STUDIES?

- European review – infrequent effects on moods
- Keyes study – reduced frequency depressive symptoms
- Risk unplanned pregnancy


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