

## **Depo Provera**

### **What is Depo-Provera?**

Depo-Provera or Depo-Ravolera, are trade names for a long-acting synthetic hormonal contraception called medroxyprogesterone acetate; it is often called 'Depo' for short. It is similar to the female hormone progesterone, which is made by a woman's ovaries during each menstrual cycle and during pregnancy. Depo-Provera is given by injection and each dose lasts for twelve (plus or minus two) weeks as a contraceptive\*. It is sometimes used for the treatment of endometriosis.

### **How does it work?**

When used as a contraceptive, Depo-Provera works by:

- stopping ovulation (egg release)
- thickening the mucus at the entrance to the uterus, so that sperm cannot get through to fertilise the egg
- changing the lining of the uterus so that a fertilised egg will not grow

### **How effective is it?**

Depo-Provera is one of the most effective methods of contraception. If 1000 women were to use it for a year each, only one or two of them would become pregnant. i.e. it is 99.9% effective against becoming pregnant.

### **When should it be started?**

If Depo-Provera is started in the first 5 days of the period, it is effective immediately. It can also be started at other times but alternative contraception also needs to be used for the first seven days. Pregnancy should be excluded before starting Depo-Provera.

### **Advantages of using Depo-Provera**

Depo-Provera has many advantages apart from contraception, including reductions in endometriosis, cancer of the uterus (womb), thrush and infection of the tubes (pelvic inflammatory disease or P.I.D.).

Depo-Provera can be used safely in most women who are unable to use contraceptive methods containing oestrogen.

### **What are the main concerns about Depo-Provera?**

As with any drug, there are anxieties expressed about both immediate and long-term side effects and risks. Although there is a great deal of information available on Depo-Provera, studies are continuing to monitor any possible long-term problems or risks. To date, statistics of women using Depo-Provera show no increase in cancer of the breast, endometrium (lining of the womb), ovaries or liver. If pregnant when starting Depo-Provera there are some concerns about possible risks to the foetus. To date no serious abnormalities have been demonstrated.

### **What are the possible side effects?**

The main problem with Depo-Provera, as one injection lasts for 12 weeks, side effects may last for the entire 12 weeks or longer.

**Effects on period:**

All women given Depo-Provera will experience a change in their bleeding pattern. Some will stop having periods completely; this is not harmful, but some women do not like this experience. Others may have irregular bleeding. This may be infrequent and unpredictable. Unfortunately some women will have persistent bleeding or spotting that may be daily.

**Weight gain**

Women may gain or lose weight whilst on Depo-Provera. On average women gain 2 kg in the first year's use. Unfortunately a small percentage of women gain quite a large amount of weight. It is impossible to predict who will gain weight and who won't before commencing treatment.

**General problems**

Other problems that may arise include headaches, depression and loss of interest in sex. Some women experience anxiety and tension for the duration of treatment.

**Delay in the return to fertility**

There may be a delay in the return of normal periods and ovulation after using Depo-Provera, although there is no long-term permanent effect on fertility. It has been shown that more than 60% of former users who wished to have a baby were pregnant within 12 months, and more than 90% were pregnant within 24 months. How long a woman has used Depo-Provera and whether she has previously been pregnant, does not appear to affect the delay before her fertility returns.

**Loss of bone density**

Recent studies have linked the use of Depo-Provera with a small loss of bone density (thinning of the bones). The effect seems to be reversible when Depo-Provera is ceased. This decrease in bone density is thought to be most relevant in young women, especially those who have been menstruating for less than 3 years. This is a controversial area and requires further research. It is important that current users and those considering use, discuss this issue with their doctor.

**What medical supervision is required?**

At your first visit a full medical history will be taken and an examination will be performed including weight and blood pressure.

It is necessary to return for a follow up injection every 12 weeks (plus or minus 2 weeks). There are circumstances where you will be advised to have the injection every 10 weeks. However, usually the injection is not considered late until 14 weeks; one day over 14 weeks and you are not considered to be using reliable contraception.

*If you are later than this, it is extremely important that a back up form of contraception, such as condoms, is used until your next injection. Make the practitioner aware of the situation.*

**Safer Sex**

Depo Provera does not provide any protection against sexually transmissible infections (STIs). Remember your best protection against sexually transmissible infections is to use barrier protection such as condoms, female condoms and dams.

\*Emergency contraception can be used to prevent pregnancy after unprotected sex. To be effective, it must be taken within 120 hours of either failure of a condom, or failure to use a contraceptive. The sooner after unprotected sex it is taken, the more likely it is to be effective. Emergency contraception is available without a prescription over the counter from pharmacies. See the FPV Emergency Contraception pamphlet for more detailed information.



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