

## Depo-Provera (The Shot)

Depo-Provera was approved for use in the United States as a contraceptive method by the FDA in 1992. It has a history of use in over 80 countries by an estimated 30 million women. Although Depo-Provera is a highly effective method for birth control, it DOES NOT protect a woman from STDs or HIV/AIDS. Condoms must be used with every sexual encounter to protect against these.

### How does it work?

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Depo-Provera (medroxyprogesterone acetate or DMPA) is an injection administered to a woman every 12 weeks which inhibits ovulation (the maturation and release of an egg). This causes the lining of the uterus to thin, which acts to prevent attachment of the egg to the uterus. By these means, pregnancy is avoided 99% of the time. Studies indicate that the pregnancy rate with use of DMPA is as low as 0.3-1%. Depo-Provera is effective if the first injection is administered within 5 days of a woman's period, however, a back-up method will be needed for one week after the first injection to protect a woman from pregnancy.

### Pros?

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- Effectiveness of injections is long-lasting and only requires visits every 12 weeks.
- Risk of complications from blood clots is lessened, therefore it may be used in some situations where oral contraceptives are not recommended and/or for women with history of headaches or who are breast-feeding.
- May cause a cessation of menses (55% in the first year and 68% by the second year).
- May decrease menstrual pain and flow and may reduce the chance of anemia in some women.
- May decrease the risk of endometrial (uterine lining) cancers.

### Cons?

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- DMPA causes a change in menstrual cycles in most users (from no menses to irregular cycles) which may inconvenience some women.
- Possible delays in return of fertility after cessation of use. Fertility returns within 12 months in 68% of women and by 18 months in 93% of women. DMPA is not recommended for women who are planning a pregnancy within the next year.
- May increase a woman's rate of bone loss (osteoporosis).
- May decrease women's motivation to use condoms and spermicide which may increase the risk of sexually transmitted diseases.
- Increased risk of low birth weight babies born to women whose accidental pregnancies occurred within 1-2 months of receiving DMPA.
- Possible weight gain, depression, and heavy vaginal bleeding.

### What are the danger signs?

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The following side effects are uncommon but have been reported by some women using Depo-Provera. Should any of these symptoms occur, contact your medical provider immediately. Remember the word "ACHES". It stands for:

- A** Abdominal or pelvic pain (severe)
- C** Chest pains, coughing blood, breathlessness
- H** Headaches (severe)
- E** Eye problems (blurred, double or vision loss)
- S** Severe leg pain, swelling, numbness or tingling

## Usage

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Women who are interested in using Depo-Provera should contact their medical provider to assess their eligibility.

*If a woman has experienced any of the following, she is NOT a candidate for Depo-Provera:*

- \* *Are pregnant or think you might be pregnant*
- \* *Ongoing liver disease (i.e. hepatitis)*
- \* *Unexplained vaginal bleeding*
- \* *Breast cancer*
- \* *History of blood clots in the legs, lungs, or brain*

The first injection must be given within 5 days of the start of a woman's menstrual period. A woman should return every 12 weeks for another injection as long as she would like to be protected against the possibility of pregnancy. A non-hormonal method of birth control, such as latex condoms, will be needed as a back-up method for the first week of initial use. If you are late for your injection and concerned that you may become pregnant, contact your health care provider as soon as possible to ask about emergency contraceptive pills (ECPs). You may want to keep ECPs at home... just in case. Ask your provider about an advanced prescription for ECPs.

## Warning!

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Use of Depo-Provera Contraceptive Injection may cause you to lose calcium stored in your bones. The longer you use Depo-Provera Contraceptive Injection the more calcium you are likely to lose. It is possible that the calcium may not return completely once you stop using Depo-Provera Contraceptive Injection although studies indicate that the calcium loss may be at least partially reversible.

Loss of calcium may cause weak, porous bones (osteoporosis) that increase the risk of fractures, especially after menopause. It is not yet known whether your risk of developing osteoporosis may be greater if you are a teenager when you start to use Depo-Provera Contraceptive Injection.

The decrease of calcium in your bones is of most concern if you are young or have the following risk factors:

- regular alcohol and/or tobacco use
- anorexia nervosa (an eating disorder)
- a family history of osteoporosis
- chronic use of drugs that can lower the amount of calcium in bones (e.g. some epilepsy drugs and steroids such as those used in certain asthma medicines)
- metabolic bone disease

## For More Information:

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Health Promotion.....619-594-4133  
Visit Our Website at ..... shs.sdsu.edu  
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