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Is the Pill right for you?

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The promise of an effective contraceptive pill has been an irresistible convenience for a great many women over the last half century. With more than 300 million of us having at some time been on the Pill and a hundred million plus currently taking it the Pill is clearly a very popular drug.

If you're fertile, sexually active, and at a stage of life you don't want babies, or more babies, or not just yet anyway, then the issue of contraception is a BIG one. You don't want to get pregnant, you'd rather not face an abortion and you may be willing to make compromises just to feel secure. With a feeling of security about your contraception it's easier to relax and enjoy your sex life.

However, most women who have ever been on the Pill have been aware of side-effects to a greater or lesser degree. That's why Pill-use peaks in women in their early to mid-twenties, and tapers off as they find other means to regulate their fertility.

The Pill is a drug

The Pill is a unique drug in that it's designed to interfere with one of your normal bodily functions—with fertility itself—and the only prescription drug used long term that does so. Different to all other drugs the Pill is taken by healthy young women whose only problem is their fertility. While it's often used for menstrual problems the Pill wasn't initially designed to deal with these kind of health issues.

A great many of the commonly experienced side-effects of the Pill are disconcertingly similar to some of the more unpleasant symptoms that can accompany pregnancy. This is not surprising really. To be an effective contraception the Pill induces a biochemical state in the body more like pregnancy than normal fertility. It does this by stopping ovulation, making cervical mucus impenetrable and the lining of the uterus unreceptive to implantation by an embryo.

Biochemically speaking, the Pill induces a state similar to pregnancy *so that you won't get pregnant*.

Many girls and women using hormonal contraception will have several side-effects at the same time. Most commonly these include mood swings, depression, appetite changes, weight gain and loss of sex drive. As far as your body and contraception are concerned, we encourage you to listen closely and take note. Take the time to observe and trust your own perceptions and reactions. This will help you to know what effect the drug does or does not have on *your* body. Also, take the time to learn about other methods so that you have real options and alternatives.

Some side-effects are a direct result of introducing synthetic chemicals to your body, which mimic but are not identical to the hormones you naturally produce. These synthetic hormones are approximately four times stronger than your natural hormone levels. While the influence of a mechanical contraceptive procedure or device is more likely to be limited to a specific area of your body chemicals are distributed throughout your body via your bloodstream and affect all organs and processes. *All* the drugs we take have side-effects, the Pill is no different the big question we all struggle with is whether the side-effects are worth the benefits.

Often the risks and side-effects of the Pill are weighed against the health risks and side-effects of pregnancy. This would be valid if there were no other way to avoid an unplanned conception, but there are many. And, the good news is that there are lots of alternatives which don't interfere with your biochemistry. Later we'll look at different approaches to contraception, and how to find out what's most suitable, and will work best, for you.

Depression

Professor Jayashri Kulkani, a psychiatrist at The Royal Prince Alfred Hospital in Melbourne, says that, 'depression is one of the most prevalent and debilitating illnesses affecting the female population today'. In her research into the effects of the Pill on mood Professor Kulkani found that women taking the Pill were *almost twice* as likely to be depressed, compared to those not on the Pill. The women in the study were over

eighteen, none were pregnant or breastfeeding, they had no clinical history of depression and none had been on antidepressants in the previous twelve months. ⁱⁱⁱ

A government body set up to gather and provide information about adverse psychiatric reactions to drugs has hundreds of case–studies of women who said they suffered depression, mood swings and self-harm while on one leading oral contraceptive, which is also used as a hormone treatment for acne and excessive hair growth. ⁱⁱⁱ

Anna found that while she was on the Pill, ‘emotional flare-ups and depression placed a lot of stress on my relationship. My husband was very supportive, but couldn’t really understand why I would just cry and have periods of anger and depression.’

Health profession journals regularly publish information about the negative effects women have while on the Pill. In these articles oral contraceptive use has been associated with increased rates of depression, divorce, tranquilliser use, sexual dysfunction and suicide. Several studies have shown that women taking the Pill, or other hormonal contraception, were also found to have higher rates of anxiety, fatigue, neurotic symptoms, compulsion, anger and negative menstrual effects. ^{iv}

Given the sheer weight of research and women’s experiences which connect the Pill to depression, we have to wonder: why don’t we have much stronger checks and balances around prescribing girls and women the Pill?

Absorption of nutrients are disrupted by taking the Pill, in particular Vitamins B1, B2, B6 and B12 levels are reduced leading to deficiency, and the zinc/copper balance is disturbed—all of which can lead to depression and mood disorders. Similarly the synthetic hormones in the Pill effect testosterone levels in women and research has found that diminished testosterone has a significant correlation with depression.

For those fortunate women whose doctors quickly see the connection their suffering can be short lived. For many others the suffering goes on year after year

Ella was on the Pill for nineteen years. During this time her mood swings were severe. ‘Some doctors were quite sympathetic’, Ella recalls, ‘others said the moods were

completely unrelated to the Pill.’ Irena had the same side-effects to battle. She was on the Pill from sixteen to twenty-three, and had terrible mood swings and premenstrual symptoms. ‘I was teary, angry and very emotional. The main positive was the availability of sexual expression without condoms or diaphragms’, she admits, ‘I loved the spontaneity. But the moods were scary stuff. I got my repeat scripts over the phone without any review.’

Loss of libido – is that how it works?

The Pill can look like a real boon to your relationship. It promises worry-free sex and control over messy periods so that they don’t interrupt your sex life. Initially a woman may feel freer and certainly for men, who don’t have the emotional and physical side-effects, the Pill seems to offer all pluses.

While effective contraception is of course the primary reason women go on the Pill, and faith in their contraception does help a woman relax and enjoy her sex life, she may also be damaging her capacity for deep sexual pleasure.

When we consider the side-effects that many women experience on the Pill—like mood swings, depression, weight gain, headaches or migraine—we find that these impact a woman’s self-esteem and in turn her capacity to establish or maintain a healthy sexual relationship.

Many women who take the Pill and whose libido plummets along with their fertility have wondered, ‘is *that* how it works?’ If we take a medication that alters the natural cycle of our primary reproductive hormones, perhaps we should *expect* this to impact our sexuality as well.

Professor Lorraine Dennerstein, from the Key Centre for Women’s Health at Melbourne University, speaking on television in 2004 noted that it’s strange that we have pharmaceutical companies spending millions of dollars trying to develop a pill that improves women’s sexual interest or arousal, while at the same time we liberally distribute the oral contraceptive pill, which suppresses women’s sexual function—with about one third of women on the Pill experiencing adverse effects on their sexuality from it.

Perhaps the most definitive research about the effects of the Pill on libido was by Dr Irwin Goldstein and Dr Claudia Panzer. They found that taking the Pill for as little as six months could potentially destroy a woman's sex drive forever. The Pill dramatically reduces the levels of testosterone, which is vital to both female and male libido, and simply stopping taking the Pill doesn't necessarily reverse this effect.

Doctors Goldstein and Panzer studied 125 women: 62 were on the Pill, 40 had taken it in the past and 23 had never taken it. Those on it and those who had taken it in the past had been on it for at least six months. The women were tested every three months for a year, measuring their levels of Sex Hormone Binding Globulin, a protein which binds with testosterone and takes it out of circulation. They found that levels of this hormone binding globulin were *seven times higher* in Pill users than in those who had never taken it. Among those who had taken it in the past but not currently, levels were still three to four times higher—effectively removing testosterone and crippling libido indefinitely.

Other research has found the effects of the Pill on sexual enjoyment and libido includes diminished or complete loss of sexual interest and arousal, muted or non-existent orgasms, decreased frequency of sexual intercourse and significantly more sexual pain reported by women taking the Pill compared with those who had never taken it.^v Similarly the Pill can lead to sore and cystic breasts, secretions from the breast, vaginal discharges and a much greater tendency for vaginal thrush, vaginal dryness, period pain, spotting and breakthrough bleeding, cervical erosions, systemic Candida infection, a greater tendency for genital warts and Chlamydial infection, all of which can affect libido and sexual pleasure.

Of course a great many factors can affect our sexual desire and the ebb and flow of our sexuality can seem, at times, an impenetrable mystery. Nonetheless the research on the Pill and libido offers us some very clear indicators. Although not all women on the Pill will experience the change in their Sex Hormone Binding Globulin levels or their hormonal cycle as diminished libido it is clear that many will.

I've seen this [loss of libido] for years in many patients on the Pill, and was very happy to learn of this new research. Dr Christiane Northrup

Not fat and happy

Mena had always been happy with her weight before having a contraceptive implant inserted into her upper arm. Even though her eating and exercise routine didn't change, she gained fifteen kilograms in just six months. Although she was glad to have reliable contraception, Mena began to feel upset and self-consciousness about her weight and this quickly had repercussions on her relationship. She wished the likelihood of weight gain had been explained to her, 'I wouldn't have chosen the implant if I'd had any idea this would happen,' she admits. Now, some years after having the implant removed, Mena is still working to regain something close to her previous weight.

Weight gain is one of the *most* common side-effects of the Pill. Not only can this effect our body-image, self-esteem and general health, but it may also cascade into a whole string of health problems, including eating disorders, overweight, obesity and diabetes. Occasionally a woman loses weight on the Pill, however this is usually the case for women who least want it.

Predictable weight gain

For women using Depo-Provera™ *predictable weight gain* in the first year of use is 2.5 kilograms. Then after two years it's 3.7 kilograms. After four years this rises to 6.3 kilograms. If you are considering using this form of contraception you may also want to think about whether or not you want to gain weight.

Ironically if you are overweight or obese chemical contraception will be less effective for you. A recent study found that women on the Pill who weighed 70 kilos or more were 60 per cent more likely to have an unplanned pregnancy. All forms of hormonal contraception have been shown to cause weight gain and increase your tendency to deposit cellulite, even the mini-Pill.^{vi} They do this through suppressing thyroid function, inducing testosterone deficiency and insulin resistance. The later increases the risk of cardiovascular disease, diabetes and Polycystic Ovarian Syndrome.^{vii} It may be worth remembering that synthetic oestrogens are fed to beef cattle to *make* them gain weight.

Down to the brittle bones

Contrary to what we believed about hormone replacement therapy and expected from the Pill—a protective strengthening of our bones—researchers have found that the oral contraceptive pill, as well as the injectable contraception Depo–Provera, actually causes significant *loss* of bone mineral density and that this may not be completely reversible when a woman stops taking the Pill.^{viii ix}

A large study that investigated fractures among 46,000 women who had ever used the Pill found that the incidence of fracture was *significantly higher* than for women who had never used it.^{x xi} Clearly the Pill is not going to help us maintain strong bones and live out our bolshy–adventurous old lady fantasies.

What! Another headache?

Kate went on the Pill at eighteen to treat her irregular and painful periods. Unfortunately it didn't make a difference to her monthly pain but she stayed on it for contraceptive purposes. While on the Pill she started having migraines during the week before each period as well as mood swings, crying jags and feeling tired and light-headed. Kate asked her doctor, 'could the migraines be caused by the Pill?' He didn't think so. Finally when she was 25 Kate took herself off the Pill and she hasn't had a single migraine since.

A recent large population–based study found that women who take oral contraceptives containing synthetic oestrogen have increased chances of suffering from both migraine and non–migraine headaches. Migraines were found to be 40 per cent more common and non–migraine headaches 20 per cent more common among Pill users. The relative quantity of oestrogen didn't seem to make any difference. Researchers thought this was because even the lowest dose of synthetic oestrogen is still four times a woman's natural level. The migraine and non–migraine headaches mainly occurred during the placebo–pill days—triggered by the sharp drop in oestrogen levels. Effectively the headaches are monthly drug–withdrawal symptoms.^{xii}

If you are on the Pill, or any of its relatives, and any of these women's stories sound familiar, please consider that it may be the synthetic hormones you're taking that are causing your distress. Whether you're taking the Pill for menstrual problems, skin problems, or for contraception, consider switching to one of the very good alternatives available to you for each of these purposes.

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Also at: <http://www.livingnow.com.au/advertise/articles/18-health-and-healing/3161-is-the-pill-right-for-you-part-1>

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