

DEPO-PROVERA 150mg and 104mg

(Based on Managing Contraception Pocket Guide 2019-2020)

Effectiveness: 99.8% with perfect use; 94.0% with typical use

Action: Depo-Provera acts by preventing pregnancy.

Advantages/Benefits:

- Less menstrual (period) blood loss, anemia, or hemorrhagic (bleeding) corpus luteum cysts (50% of women do not have periods at all after one year of use)
- Decreased menstrual (period) cramps, pain and ovulation pain. May also decrease PMS symptoms
- Intercourse may be more pleasurable without worry of pregnancy; convenient
- Easier, do not have to remember to take a pill every day
- Significant reduction in risk of abnormal thickening of lining of uterus and of endometrial cancer
- *Reduction* in risk for ovarian cancers
- Decreases the risk for acute sickle cell crises by 70%
- Excellent method for women on seizure medicine (may actually decrease seizures, and effectiveness is not decreased)
- Improvement in endometriosis
- May be used by breastfeeding mothers
- Good choice for women who cannot use estrogen
- Private – no one else needs to know you are using Depo-Provera

Disadvantages/Risks:

- **Depo-Provera received a black box warning from the FDA in 11/04 due to an issue with Bone Mineral Density (BMD). ACOG and AAP recommend no limit to use and no BMD testing. Some reviewers of this book, “Managing Contraception” think this was too severe a warning.**
- **All DMPA users should have the warning clearly explained to them and a discussion of alternatives if they chose to change methods. Women who used DMPA for more than 2 years have significantly reduced bone mineral density of lumbar spine and femoral neck. But effect is largely reversible, even after ≥ 4 years of DMPA use, comparable to effect and reversal seen after lactation.**
- **All women using DMPA including teens should be taking in sufficient calcium in diet or be encouraged to take calcium supplements. Also encourage to exercise regularly and avoid smoking.**
- **Longitudinal studies of DMPA use in teens found a significant difference in BMD between DMPA users and non-users due to a decrease in users and an increase in nonusers. By 12 months after discontinuation, BMD of former users was the same as for non-users**

- Many women’s periods change on Depo – if this is unacceptable they should not start this method
- Spotting and bleeding may interfere with sexual activity
- Not a good choice for women who are afraid of needles
- *Possible* increase in depression, mood swings and/or irritability
- Long-acting, not immediately reversible (there is an average of 10 months before being able to become pregnant once Depo-Provera is stopped)
- Must return to the clinic every 11–13 weeks or 12-14 weeks for a shot
- Acne and/or excess hair growth or loss may develop

Disadvantages/Risks: (continued)

- May have a slight rise in blood sugar, "bad cholesterol" and a slight decrease in "good cholesterol"
- Progressive significant weight gain possible (average of 5.4 pounds the first year and 16.5 pounds after 5 years)

Weight Gain in a Woman on Depo: A Teachable Moment

When you see a patient who is in her first 6 months of using Depo and has gained more than 5% of her body weight, you have a teachable moment. **BE PREPARED FOR THAT TEACHABLE MOMENT AND SAY SOMETHING.**

Simple messages to share:

- 1. Eat less (small, frequent meals help some to lose weight); eat balanced diet with lots of fruits and vegetables and minimal saturated fats, chips, cookies, pasta and other carbohydrates**
- 2. Exercise more ... and every day**
- 3. Find patterns of eating and exercise that you enjoy! You won't do them for long unless you enjoy the process**
- 4. Drinking calories leads as quickly to obesity as eating them**
- 5. Drink 8-10 glasses of water daily. Avoid juice and sweetened drinks**

- Very rare, but serious allergic reactions have been reported (may want to wait in or near clinic for 20 minutes after an injection)
- No protection against STD's or HIV. If at risk must use condoms.

Instructions:

- Do not massage where shot was given for a few hours
- Expect irregular bleeding/spotting in beginning. Usually decreases over time. Return to clinic at any time, spotting or bleeding is bothersome
- It is not harmful or dangerous if you do not have periods while you use DMPA
- Be sure to take in 1000 mg (women over age 25) to 1200 mg (adolescent women) of calcium every day to build your bones.
- Review this sheet carefully and report any questions or concerns to your health care provider
- Return to the clinic every 11–13 weeks or 12–14 weeks (104 mg) for your shot