

## **DEPOT MEDROXYPROGESTERONE ACETATE (DMPA)**

### **Recommendations for Administration at Capital Health Birth Control Centre**

Depot medroxyprogesterone acetate (DMPA) should be considered as an appropriate contraceptive option at the Birth Control Centre. In the absence of contraindications, DMPA may be considered for women seeking a reliable, reversible method of contraception or women who require an estrogen-free method of contraception or for women who wish to take advantage of its non-contraceptive benefits.

DMPA may be suitable to the following women<sup>1</sup>:

- adolescents
- women with known contraindications or sensitivity to estrogen
- women over the age of 35 who smoke
- women with migraine headaches
- women who are breastfeeding
- women with endometriosis
- women with sickle cell disease
- women taking anticonvulsant medications

As with other forms of contraception, a discussion of the risks and benefits should occur so the patient can make an informed choice.

#### **Benefits**

- “DMPA is an appealing method for adolescent girls because it is easy to use (IM injection at 12 week intervals) and can be used in private with no evidence of pills or patches.<sup>2</sup>”
- failure rate less than 0.3% per year
- eliminates need for daily medication

#### **Non-Contraceptive Benefits<sup>1</sup>**

- amenorrhea with associated reduction in dysmenorrhea and anemia
- reduced risk of endometrial cancer
- reduction in symptoms of endometriosis, premenstrual syndrome and chronic pelvic pain

#### **Side Effects**

- menstrual cycle disturbance
- progesterone related side effects
- weight gain
- depression and fatigue
- decreased libido
- headache

#### **Risks**

- delayed return of fertility
- reduction in bone mineral density

### **DMPA Use in Breastfeeding**

- can be used in pregnancy and does not decrease breast milk supply
- can be initiated immediately post partum

### **Recommendations for Counselling on DMPA and Bone Mineral Density**

1. For all patients, discuss the importance of adequate calcium intake (1200 mg for adolescents) and Vitamin D (400 IU). Also discuss the importance of weight-bearing physical activity and decreased caffeine and alcohol consumption for long term bone health.
2. All patients should be advised that there is potential for reduction in bone mineral density with use of DMPA which may increase with longer duration of use. They should also be informed that a similar decrease in bone mineral density occurs with pregnancy and breastfeeding and that these changes have been shown to be substantially reversible after discontinuation of the medication. There should be no restriction of DMPA use based on this concern but patients should consider the risks and benefits related to their own health history.
3. DMPA use should be reviewed every 2 years to discuss the benefits and risks of continued use of DMPA.
4. There is no indication for routine bone mineral density testing prior to the use of DMPA.

Bone mineral density testing may be considered in patients at risk for developing osteoporosis such as:<sup>2</sup>

- low body weight (BMI  $\leq$  16)
- physical immobility
- medical conditions such as renal disease, cystic fibrosis, anorexia nervosa, malabsorption, hypertheroidism;
- medication use: chronic corticosteroids and other immunosuppressive drugs.

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