

Focus on women's health: The birth control pill

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For most women, oral contraceptives (OCs) are a safe method of birth control and when used correctly, very effective. The FDA previously restricted the birth control pill (bcp) in those older than 35 years, however in 1989 the FDA removed those restrictions and now approve the pill in healthy, nonsmoking females up to menopause.

In addition to birth control, women may desire to take these pills for other reasons, including menstrual cycle disorders (for example, heavy or painful bleeding), acne, endometriosis, and cancer reduction. There are various doses and types of administration of birth control. The pill, however, is one of the most common and popular forms of contraception.

The mechanism for the birth control pill is a suppression of the pituitary hormone that



encourages

ovulation. Most package inserts recommend starting the birth control pill the Sunday after menses, and recommend back-up contraceptive use the first month of taking it. When taken exactly as directed, the birth control pill is about 99.9 percent effective. However, the typical-use failure rate has about a 8 percent, usually due to missed pills. There has been no evidence proving that generic oral contraceptives are less effective

than branded ones. (1)When a woman misses a pill, it should be taken right away, and the next one still take as scheduled. If two pills are missed, the patient should take one of them as soon as noticed, then continue taking the rest as prescribed. Back up contraception is recommended if two or more pills are missed.If a patient accidentally takes two pills in one day, she should continue the normal schedule to avoid missing a day. In this case, the pack will be completed one day early.After stopping the pill, menses usually resumes within 30 days and fertility returns to normal within 90 days. (2) There are some continuous regimens whereby the typical seven-day pill-free period is eradicated for some cycles, usually three. Instead, only active pills are taken. These formulations have been used in the treatment of endometriosis and premenstrual dysphoric disorder, colloquially known as PMS. Many women like these schedules for lifestyle reasons as it creates less frequent menstrual cycles. Contraceptive efficacy appears to be the same as the monthly cycles, although breakthrough bleeding may be noticed when first initiating these pills.Possible side effects of oral contraceptives include breast tenderness, bloating, and nausea. OCs can cause a mild elevation of blood pressure, so screening for and monitoring hypertension occurs with prescribing these medicines. (3) Weight gain has not been shown to happen consistently with low-dose pills. A review of 49 trials did not show a causal relationship between OCs and weight gain. (4)There is a two to four times increased risk of blood clots, known as venous thromboembolism, for those on the bcp versus those not on the pill.(5)Patients with the following conditions are poor candidates for OCs:

- Over age 35 and smoker
- History of venous thromboembolism or known clotting disorder
- History of heart attack or stroke
- Systemic lupus erythrematosis
- Breast cancer
- Hypertension
- Cirrhosis
- Elevated triglycerides

Oral contraceptive use has been shown to decrease the likelihood of some cancers but increase the risk of others. Overall, the pill is not associated with an increased risk of cancer. This was demonstrated in a Royal College of General Practitioners' study of 50,000 women followed for 24 years. Compared with non-users, patients on the bcp have been found to have a lower risk of ovarian, endometrial, and colorectal cancer. (6) Studies have not shown any increased risk of breast cancer in OC users. (7) There does appear to be an increased risk of cervical cancer in patients who have taken the birth control pill. (8)

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The health information provided herein is not intended to replace the advice or discussion with a healthcare provider and is for educational purposes only. Before making any decisions regarding your health, speak with your healthcare provider.

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