The Association of Hormonal Contraception with Depression

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ASSOCIATION OF HORMONAL CONTRACEPTION WITH DEPRESSION

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The Community Health Centers of Burlington
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Hormonal oral contraceptives (OCPs) are widely used by women during their reproductive years.

OCP use, especially among adolescents, is associated with subsequent use of antidepressants and a first diagnosis of depression, suggesting depression may be a potential adverse effect of hormonal contraceptive use.

Description of need:

Health care providers should be aware of newer literature showing the effect of hormonal contraceptive on mood so they can address mood changes and intervene appropriately.
Hormonal oral contraceptives (OCPs) are widely used by women during their reproductive years:

- 17% of women in the US ages 15-44 currently use OCPs\(^2\)
- 11.6 million American women use oral contraceptive pills as their primary contraceptive method\(^3\)
- 82% of sexually active women in the USA will use OCPs at some time during their reproductive years\(^4\)

Annually in the US:

- Office visits for contraception management total $100 million in medical costs (CDC, 2012)\(^5\)
- Depression affects up to 9 percent of patients and accounts for more than $43 billion in medical care costs\(^6\)
- Because of the association between OCP use and depression, many of these costs are overlapping
Interviewed multiple providers following the educational presentation:

- OCPs are not the most commonly prescribed birth control method at CHCB, compared to intrauterine systems and Nexplanon implants

- Multiple providers have previously observed that intrauterine systems and Nexplanon implants are removed more frequently than inserted, but this observation was not assessed to be related to mood or depression

- Current practices at CHCB do not include screening women on OCPs for depression beyond the recommendation by USPSTF for all adults to be screened for depression using the PHQ-2, and if that is positive, to then administer the PHQ-9

- Additional research was discussed by another provider about the incidence of OCP use and suicidality and suicide completion
**Intervention:**

- This project focused on educating health care providers at the Community Health Center of Burlington, VT (CHCB) about the association of depression and oral contraceptives

- Providers then had an open discussion regarding prescribing habits at CHCB for OCPs and current follow-up procedures with patients after starting OCPs

**Methodology:**

- Reviewed literature on the incidence of OCPs and their association with depression, mood, suicidality, and neuroanatomic changes and present research to providers at CHCB
SLIDE 6: RESULTS

HOW DO ESTROGEN AND PROGESTERONE INFLUENCE BEHAVIOR AND THE BRAIN?

Pamela Derickson, MS-3

DO HORMONAL CONTRACEPTIVES INCREASE A WOMAN’S RISK OF DEPRESSION?

- Figure 1, Skovlund, et al. 2016
- Rate Ratio of First Use of Antidepressants by Contraceptive Type
- Includes all women in Denmark aged 15 to 34 years
- Use of most types of hormonal contraceptives is compared with nonusers by
- Error bars indicate 95% CIs.

- Figure 2, Skovlund, et al. 2016
- Rate Ratios of First Use of Antidepressant and First Diagnosis of Depression
- Rate ratios are stratified by length of hormonal contraceptive use

- Figures 2, 5 from Lisofsky, et al. 2016
- LEFT: Individual change scores for gray matter (GM) volume in the amygdala and anterior parahippocampal gyrus between OCP and control group. Negative values represent change in GM volume and positive values an increase in GM volume.
SLIDE 7A: EVALUATION OF EFFECTIVENESS

• Information was provided through an in-person presentation to providers and circulated via email to all providers at CHCB, ensuring all providers had access to the presentation
• A survey will be distributed to assess effectiveness of the presentation to providers at CHCB
  • The survey includes any change in prescribing practices, so it will be issued in a one-month interval
  • The survey also includes any change in follow-up screening for depression in women on OCPs
SLIDE 7B: EVALUATION OF LIMITATIONS

- Not all providers at CHCB could attend the presentation, and the information distributed in an email may not be as effective as an in-person presentation.
- The literature provided was for clinicians at CHCB, and not for patients. This may dilute the amount of information provided to patients regarding symptoms of depression with OCP use.
- Physician apprehension to change their current practices of prescribing OCPs due to their ability to prevent unwanted pregnancy, ease of use, and relative cost-effectiveness.
More studies with more robust study designs to further correlate relationships between OCPs, mood, depression, suicidality and neuroanatomic changes especially in our community

Future research will focus on women’s PHQ-9 and GAD-7 (two validated scoring systems to quantify symptoms of depression and anxiety, respectively) before starting OCPs and at 3-month, 6-month, and 1-month follow up appointments pending IRB approval

Age-matched women not on OCPs will be used as controls with PHQ-9 and GAD-7 scores recorded at 3-month, 6-month, and 1-month follow up appointments


