Contraception

A User's Handbook

SECOND EDITION

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CHAPTER 4

Which Pill will Suit me Best?

What to do about side-effects

'It did seem silly, wanting to come off the pill because of a few spots on my face—but I had to live with them every day, every time I looked in the mirror.'

'What's the point of being on the pill when I'm not interested in sex while I'm using it?'

In this chapter we will consider the so-called 'minor' side-effects of the pill, which are of course not at all minor to those who experience them. Indeed, women often do stop the pill not because of worries about health risks, but precisely because they are fed up with some nagging, 'trivial' side-effect. So, in fact, these side-effects are of great importance. In most cases the balance of oestrogen and progestogen in a particular pill formulation is responsible: we saw in Chapter 1 that each of these hormones has its own specific effects in the body, although these are modified when the two are combined in the pill. Your experience of any given brand will depend on which of the two hormones is dominating the combination. Effects of oestrogen are:

- breast enlargement;
- breast tenderness;
- bloating;
- weight gain due to water retention;
- nausea;
- non-infective vaginal discharge;
- some headaches;
- chloasma (brown patches on the face);
- photosensitivity;

Effects of progestogen are:

- acne;
- greasy hair;
- hirsutism (excess hair);
- weight gain due to increased appetite;
- depression;
- loss of libido;
- vaginal dryness.

These effects are not caused, or are caused to a mu
the new progestogens: desogestrel, gestodene, an

It is not uncommon for two friends to be using dif
find that a swap does not suit either of them. Why
the first place every woman will react to the pill i
everyone has her own unique hormonal balance,
pill stops most of her own hormone production,
continues, in a balance specific to her body. Each
therefore accustomed to its own natural oestrog
progestogen dominance.

*'Jane was given Ovysmen and was absolutely fi
she commented how good her skin was. But whe
got such sore breasts I could hardly wear a bra.'*

Various things may happen if you change to an oes
pill after being used to a progestogen-dominant o
bias may cause you to develop breast tenderness,
pass off after a while. Feelings of bloating are anot
the positive side, you may discover that your ac
your hair is less greasy, and you have more interest
ation of positive and negative effects is also possibl

Equally, if you are used to being oestrogen domi
given a progestogen-dominant pill, certain char
occur. Your breasts may become less tender and yo
fewer headaches, but then after a few weeks you
spots. In many cases, these problems will disappe
body achieves a new sense of balance. About t
reasonable period to allow for such adaptation.

Side-effects may also occur during the first coupl

change from a relatively progestogen-dominant pill to a relatively oestrogen-dominant one, or vice versa. Consequently, if you are starting the pill for the first time or restarting after a long break, it is important to consider your personal characteristics. Do you often have tender breasts? If so, a progestogen-dominant pill might suit you better. On the other hand, if you have a tendency to acne or greasy hair, an oestrogen-dominant pill may improve them, though you may pay the price of some breast tenderness at first. Another factor that should be taken into account is your medical history. For example, a progestogen-dominant pill would be more appropriate for women with a history of benign (non-cancerous) breast lumps, endometriosis, or fibroids. Each woman's history and characteristics are different, so it is quite likely that you will be given a different pill from those of your friends and acquaintances.

'Years ago when I was on the pill I got a lot of bleeding. So they changed my brand, which stopped the bleeding, but then I got spots. So they changed it again and the spots went but my breasts were very sore. Will they ever find one that suits me? I'm getting so fed up.'

Any previous experience you have had of taking the pill will be valuable. If you can remember which pills you have taken, and what effect they had on you, it will be easier to decide what you should take in the future.

One important discovery has been the finding that there is a threefold variation in the way that different women absorb the pill. This means that if you give a group of women the same pill at the same time of day, there is likely to be a threefold difference between the ones with the lowest and highest blood levels when measured after the same time interval. These women will consequently experience varying side-effects, even though they are taking exactly the same pill. It may be better, as a result, to give the woman who has the highest blood levels a lower dose of pill, while the woman who has the lowest levels may need a higher dose of pill. Although these two women will then presumably have similar blood levels, they will in fact be taking different strength pills.

The personal preferences of your doctor introduce a further variable. Different doctors have their own 'favourite' pills with which

they are most familiar: after all, there is no
and doctors who do not specialize in fam
really familiar with the effects of each one.
better pills become available, or a doctor
ence, that a different pill gives fewer pr
favourites may change.

Your first time on the pill

Within certain limits it is not very importan
at first if you are a young, healthy non-smo
check that the pill prescribed for you doe
35 micrograms of oestrogen (unless there is
an interacting drug; see Chapter 5). As a r
'pill scare' you are now likely to be offered
pills as first choice, unless there is a rea
Chapter 3). It is likely that a common ch
Ovranette or Ovysmen/Brevinor, which ar
the older pills: their formulations are given

Microgynon/Ovranette	30 mcg. eth + 150 mcg.
Ovysmen/Brevinor	35 mcg. eth + 500 mcg

Each pill is made by two different ma
each one has two different names. Of
Microgynon/Ovranette gives better cyc
progestogenic, that is you are more likely t
or unwanted hair. Ovysmen/Brevinor is
and is therefore good for acne, but often g
through bleeding. In that case, Norimin o

If there is a reason why it would be bett
newer pills, you may be offered one of the

Cilest	35 mcg. ethinyloes + 250 mcg. norgest
Minulet/Femodene	30 mcg. ethinyloes + 75 mcg. of gestod
Marvelon	30 mcg. ethinyloes + 150 mcg. desoge

Mercilon	20 mcg. ethinyloestradiol + 150 mcg. desogestrel

The above list shows that Marvelon and Minulet/Femodene (which are identical, just made by different companies) contain 30 micrograms of oestrogen, in combination with different progestogens. The level of the dose of progestogen is not comparable, so it can be disregarded. In fact, the 150 micrograms of desogestrel in Marvelon are not quite as strong as the 75 micrograms of gestodene in Minulet/Femodene. Cilest has 35 micrograms of oestrogen, but the difference between 30 and 35 micrograms is so small as to be meaningless by the time the progestogen has been added. Cilest contains the latest of the new progestogens, norgestimate, which at this dose is probably more comparable in 'strength' to 150 micrograms of desogestrel than to the 75 micrograms of gestodene.

Mercilon contains only 20 micrograms of oestrogen, combined with the same amount and type of progestogen as Marvelon. You may wonder why you should not start with Mercilon, since it is a lower dose; in fact this is not always a good idea, for the following reasons. Many, if not most women when they first start the pill have side-effects. These are usually nausea, feeling a little bloated, odd aches and pains, some headaches. These are, you will realize, very similar to the problems women often have in early pregnancy; and this is hardly surprising, since, as we have seen, the pill works by making the brain think the woman is pregnant. Such problems usually settle down in a pregnant woman after the first two or three months, and this is equally true for the pill; but some women suffer great discomfort during the first couple of months, and whether they started off with 20 micrograms of oestrogen or 30 does not seem to make any difference. The significant factor is merely the adaptation process to being on the pill. You may also be a bit anxious when you first start the pill, since you do not know what to expect and tend to fear the worst. Whenever you have a headache, you may be uncertain whether it is due to the pill, and all this worry does nothing to help you tolerate side-effects.

'When I started taking the pill I was pretty worried and it wasn't helped by my mother telling me how unhealthy it must be to take artificial drugs. In the first month I had quite a lot of headaches

and I felt bloated. Then in the second ing, not heavy, but enough to have to merged with my period when I stoppe the third packet it seemed better for a and occasionally I had some spotting. up, I thought the pill was supposed to

When you go and see the doctor, how w reassured that things are likely to im months? Some women grit their teeth a they can no longer stand the side-effect the pill. They want a change to somethi *now*. At this point, changing 'downward quite rapidly. You feel better quickly and ally and psychologically. If, however, yo you might well be feeling the same as what option would you have? You could Marvelon, and there is no lower-dose would have no choice but to put up with

What about those women who are giv have no problems with it? You may wond on a higher dose. There is in fact no evide Mercilon in the long term than to take M pills on blood fats, sugars, and clotting possible that once a certain dose level ha lower it further, there is no difference in are extremely small). Many women may more 'oestrogenic' pill, since this is like complexion. (If, of course, they develop s can always then change to Mercilon.) H ommend changing to Mercilon for wom on the pill, simply because it seems reas est dose possible, despite a lack of any re

Whichever pill you start with, you months, and preferably three, to discove suit you. If you are not happy your next the particular side-effects which still trou common ones first.

Breakthrough bleeding

This is bleeding which occurs other than during the pill-free week, when you have your period. It may sometimes be heavy or it may be just spotting. One cause of anxiety among women seems to be the appearance of dark, apparently old blood. This is quite meaningless and does not have any sinister implications.

What causes breakthrough bleeding?

The usual cause of this is that there is an insufficiently high level of hormones present in the blood to keep the endometrium (lining of the womb) firmly under control; but it is not an indication that you are at risk of pregnancy. Higher hormone levels are needed to keep the endometrium 'quiet' than those required to prevent ovulation, so there is sufficient hormone present to avert pregnancy, even if breakthrough bleeding does take place. However, the latter is a sign that you have a smaller margin for error, so, if you should then forget to take pills, or take interacting medicines, you might well be at risk of pregnancy.

What causes your hormone levels to be insufficiently high? The most obvious explanation is that your pill is not strong enough for you. As was stated above, there is a threefold variation in blood levels between different women, which means that in some women either less is being absorbed from the gut or more is being destroyed in the liver. Absorption may be reduced if you have a stomach upset, or if you take broad spectrum antibiotics like penicillin or tetracycline. (A detailed discussion of this appears in the next chapter.) Certain bacteria in the gut normally help to increase the amount of oestrogen which is absorbed, but broad spectrum antibiotics are designed to kill as many bacteria as possible, regardless of whether they are helpful or malevolent ones, so these helpful gut bacteria disappear along with the rest. It is interesting to note that vegetarians also seem to have fewer of these bacteria, so they sometimes require a stronger pill to give adequate blood levels. Additional contraceptive precautions should be taken if you have a stomach upset or are taking a course of antibiotics; Chapter 5 contains full instructions for this eventuality. Breakthrough bleeding resulting from such causes will stop when you are recovered or have finished the antibiotics.

Forgetting to take one or more pills is a
less hormone being absorbed. Breakthrou
this often occurs several days, or even a w
missed; forgetting a single pill can lead t
bleeding. When high-dose pills were being
several pills without either bleeding or bec
this was at the cost of side-effects and he
very low-doses of hormones produce fewe
little margin for error. What you should d
cussed fully in Chapter 5.

It is not uncommon for breakthrough bl
first start a new pill. Unless the condition
should try to wait for it to settle down—a c
enough. If things do not improve, and ther
you are absorbing too little hormone, it is
getting rid of it rather fast.

***'My friend Sue and I have both been give
been absolutely fine on it but I've been g
in the last week of the packet.'***

The enzymes in the liver which destroy the
in different people. It is, however, impos
whether a woman has fast enzymes or slow
mal; but if a woman has fast enzymes she
hormone to achieve the same blood level
enzymes. Even though she may take a high
from more side-effects or health risks, si
able to use the same amount as a woman w
but has slower enzymes.

Certain medicines, especially those us
tuberculosis, can cause an artificial acceler
Women to whom this applies will need to
This is discussed fully in Chapter 5.

***'I went to the doctor because I was sudd
with my pill. I've been on it three years u
I couldn't understand what had gone w
about taking them every day. And the ir***

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