

**MHRA
QUESTIONS AND ANSWERS RELATED TO THE EFFECT OF DEPO-
PROVERA ON BONES**

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QUESTIONS AND ANSWERS RELATED TO THE EFFECT OF DEPO-PROVERA ON BONES

1. What is Depo-provera?

Depo-provera is a long-acting, progestogen-only contraceptive that is administered by injection every 12 weeks. It is particularly suitable for women who cannot use oestrogen or who find it difficult to remember a daily pill.

2. How does Depo-Provera act as a contraceptive?

Depo-Provera causes contraception by slowly releasing the progestogen (medroxyprogesterone acetate) from the site of injection into the body. This causes levels of oestrogen and other female hormones to fall and stops your ovaries releasing an egg each month (ovulation). It also thickens mucus from the neck of the womb (making it more difficult for sperm to penetrate) and makes the lining of the womb thinner.

3. How much is Depo-Provera used?

Depo-Provera accounts for less than 3% of all prescription contraceptives that are used in the UK.

4. Why is the government issuing advice to GPs and family planning clinics about Depo-Provera now?

Depo-Provera is a very effective, safe and convenient contraceptive injection but one potential side effect, which has been recognised for several years, is slight thinning of the bones. The Committee on Safety of Medicines has recently considered new information about this effect, particularly in young women, and has updated the guidance on the use of Depo-Provera.

5. What does this new research show?

Women who have used Depo-Provera tend to have lower bone mineral density (slightly thinner bones) than women who have not used Depo-Provera. The effects of Depo-Provera on bone are greatest during the first 2-3 years of use. Following this, the levels of BMD tend to stabilise and there appears to be some recovery when Depo-Provera is stopped. Research is being carried out to show whether the bones recover completely after long-term use of Depo-Provera or whether this effect increases the risk of osteoporosis (weak bones) and fractures in later life.

6. Why has the research looked particularly at teenagers?

The bones of healthy teenagers are growing rapidly and the increases in BMD that occur in teenage years are important for maintaining healthy bones during adulthood, and providing protection against the development of osteoporosis in later life. The use of Depo-Provera in teenagers is associated with a reduction in BMD at a time when it should be increasing. For this reason it is important to consider other methods of contraception before using Depo-Provera at this age.

7. Should I be worried? Does Depo-Provera cause osteoporosis/bone fractures?

There is no need to stop using Depo-Provera on the basis of this updated advice. There is currently no evidence to suggest that the effect of Depo-provera on bones is associated with an increased risk of osteoporosis and bone fractures in later life for women of any age, but research is ongoing to look into this further. If you are concerned, you should discuss this with your health professional/doctor/nurse.

8. What does low bone mineral density/thinning of the bones mean?

Low bone mineral density (BMD) means that bones are slightly thinner, or weaker, than normal. This might potentially lead to an increased risk of fractures, but there is no evidence of this for Depo-Provera.

9. I am less than 19 years old. Should I consider Depo-Provera for contraception?

Treatment with Depo-Provera may reduce your BMD at a time when it should be increasing. Bones start to recover when Depo-Provera is stopped, but it is not yet known whether the reduction in BMD recovers completely. If you are thinking of using Depo-Provera, it is important that you also know about all the other choices of contraception first to see if another method might be more suitable for you. Talk about this with your health professional/doctor/nurse.

10. I am less than 19 years old. Would using Depo-Provera affect the height I grow to?

It is not known whether use of Depo-Provera affects the adult height of growing teenagers.

11. I am 19 years old (or over). Should I consider Depo-Provera for contraception?

Depo-Provera is a safe and effective contraceptive injection but it may make your bones slightly thinner in the first few years of use. However, your bones gradually return to normal when you stop using it and may be no different from non-users after a few years. Depo-Provera is most suitable for women who cannot use oestrogen or who find it difficult to remember a daily pill.

12. How long is it safe to continue using Depo-Provera?

There is no need for you to stop using Depo-Provera injections on the basis of the new information. The effect of Depo-Provera on bones will be different in each person, depending on their lifestyle and medical history and so we cannot recommend a maximum duration of safe use. However, if you wish to continue using Depo-Provera for more than 2 years the person who provides your contraception and who knows your medical history may wish to make sure that this is still the best option for you.

13. I have used Depo-Provera for more than 2 years. Should I stop now?

There is no need for you to stop using Depo-Provera injections on the basis of the new information. However, you may wish to discuss this with the

person who provides your contraception to make sure that this is still the best option for you.

14. What are the best ways to avoid bones thinning?

There are several things you can do to help your bones including regular exercise, a healthy diet (including adequate calcium and vitamin D) and cutting down on smoking and drinking alcohol.

15 I am taking other medicines. Is it still OK to use Depo-Provera?

Certain medicines such as high dose glucocorticoids (steroids), anti-epileptics, and thyroid hormones can increase your risk of developing osteoporosis (weak bones). Tell your health professional/doctor/nurse if you are taking these or any other medicines - they may recommend a more suitable method of contraception.

16. I used to have 'depo' injections when I was a teenager or over xx years ago. Should I worry now?

There appears to be some recovery of the bones when Depo-Provera is stopped. However this process may be slower, the longer that Depo-provera has been used.

17. I am approaching the menopause and have used Depo-Provera. Will I need to take medicines to prevent osteoporosis?

There is currently no evidence that use of Depo-Provera increases the risk of osteoporosis in women who have gone through the menopause. Bones start to recover when Depo-Provera is stopped, but the rate of recovery may be slower in women who have used Depo-Provera for a long-time. If you are concerned, you should discuss this with your health professional/doctor/nurse.

18. Where can I go for more information and advice?

The person who normally provides your contraception and who is familiar with your medical history is best placed to discuss any particular concerns about contraception with you.