Sexual and Reproductive Health

How to manage side effects from contraception

Contraceptives reliably prevent pregnancy, but they can also have side effects. The following are possible side effects that may occur and plausible ways to manage them with your patients as you prescribe for contraception.

	Side Effects	How to Manage
1	**Acne**	• Switch patient to combined oral contraceptives with antiandrogenic activity, such as ethinylestradiol (EE) 30 mcg/drospirenone 3 mg, EE 20 mcg/drospirenone 3 mg and/or • Switch patient to a lower progestin-containing combined oral contraceptives, such as products that contain EE 20 mcg/levonorgestrel 0.1 mg.
2	**Amenorrhea**	• Rule out pregnancy if the onset is new. • Reassure patient that amenorrhea is common with depot medroxyprogesterone acetate (DMPA) injection, etonorgestrel (ENG) implant, intrauterine system (IUS), continuous use regimen of combined oral contraceptives (COCs) and continuous use regimen of vaginal ring.
3	**Breakthrough bleeding**	• Rule out sexually transmitted infection (STI) if bleeding is new in onset or persists despite changing the regimen or if there are additional reasons to suspect an STI. • Reassure patient that it often diminishes with continued use (3–6 months). • If related to a COC, select a different COC with a higher estrogen content up to a maximum of 35 mcg EE or change the type of progestin in the COC. • If it occurs with continuous regimens, the pills can be stopped for 3–4 days/cycle, then restarted.
4	**Breast tenderness**	• Select COC with 20 mcg or less of estrogen, e.g., EE 10 mcg/norethindrone 1 mg, EE 20 mcg/norethindrone 1 mg, or EE 20 mcg/levonorgestrel 0.1 mg. • Select the vaginal ring with EE 15 mcg and ENG 120 mcg per day.
5	**Headaches**	• Reassure patient that headaches are self-resolving and usually occur within the first cycle. • Consider switching to extended or continuous use of COCs.
6	**Heavy menstrual periods**	• Consider contraceptives that contain both estrogen and progesterone. • Consider switching to extended or continuous combined hormonal contraceptive.
7	**Hirsutism**	• Avoid progestin-only contraceptives. • Consider switching patient to COCs with antiandrogenic activity, such as EE 30 mcg/drospirenone 3 mg or EE 20 mcg/drospirenone 3 mg. • COCs with minimal androgenic effects and those containing the antiandrogens cyproterone and drospirenone are beneficial.
8	**Loss of bone density**	• Avoid long-term use (>2 years) of DMPA injection. • Assess and evaluate risk at least once every 2 years.
9	**Mood swings**	• Progestogen-only contraceptives should be used with caution in patients with past or current depression. However, if a contraindication to estrogen-containing contraceptives exists, consider progestogen or barrier methods. • Change the progestin component of the contraceptive.
10	**Sexual dysfunction**	• Consider switching to a different hormonal contraception.
11	**Weight gain**	• If weight gain is caused by DMPA injection or ENG implant, consider switching to another hormonal contraception.

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