



C-Gyn 4

Depot Medroxyprogesterone Acetate (Depo-Provera)

Depot Medroxyprogesterone acetate (Depo-Provera or depot MPA) is a long-acting hormonal contraceptive which is usually given as an injection once every three months. It was given full approval by the regulatory authorities for its use as a contraceptive agent in Australia in 1994. Depot MPA was the first of the long-acting hormonal contraceptives and as such has focussed debate on a number of general issues related to this type of contraceptive approach (1, 2, 3).

It is now recognised that MPA is an effective and safe contraceptive for those women who are attracted by its particular advantages and who understand and accept its possible disadvantages which should, of course, be discussed with the patient.

Depot MPA is one of the most effective, reversible contraceptive methods currently available in Australia, with a number of substantial social and medical advantages that have led to its approval in 100 countries and current usage by around 15 million women worldwide. Its popularity continues to increase in spite of the availability of the newer and more long-acting methods such as Implanon and Mirena which are more readily reversible. Controversy mainly arose from the early interpretation of high-dose long-term animal toxicology studies, the findings of which have been superseded by World Health Organisation data from studies conducted on women (3).

Disadvantages include an invariable change in the menstrual cycle during treatment, usually with oligomenorrhoea or amenorrhoea, but sometimes with troublesome and irregular bleeding, especially in the first few months of use. An unpredictable but temporary delay in return of fertility usually follows treatment (4). Safety aspects have been reviewed thoroughly by several independent international bodies which have supported its use for contraception (5). There is an association between DMPA use and weight gain (mean of 3kg after 2 years of use [6].)

There is no evidence for serious long-term complications of treatment, although controversy remains about a possible small risk increase rate of bone loss in some women with long-term use (7). The bone loss has been reported to be reversible after depot MPA is discontinued in adolescent and older women (8,9). There is no long term data about fracture risk. Alternative methods of contraception should be considered in women at particular risk of osteoporosis (10). Controversy about a subtle influence on risk of detection of breast cancer is very similar to that pertaining to the combined oral contraceptive pill (11). There is increasing evidence for substantial protection against endometrial cancer, ovarian cancer, acute pelvic inflammatory disease, recurrent vaginal candidiasis and endometriosis (1,12,13). Reliable data relating to adverse effects of depot MPA is scarce but does not support a causal relationship between DMPA and mood change, libido or headache (10,14).

References:

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Links to other related College Statements

[C-Gen 2 Guidelines for consent and the provision of information regarding proposed treatment](#)

Patient Resources

none

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