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Expert Group Meeting on the Production and Distribution of Contraceptives in the Developing Countries (Sponsored by UNIDO in conjunction with UNFPA)

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DEPO-PROVERA® CONTRACEPTION: INTERNATIONAL EXPERIENCE IN OVER 20,000 CASES 1/

by

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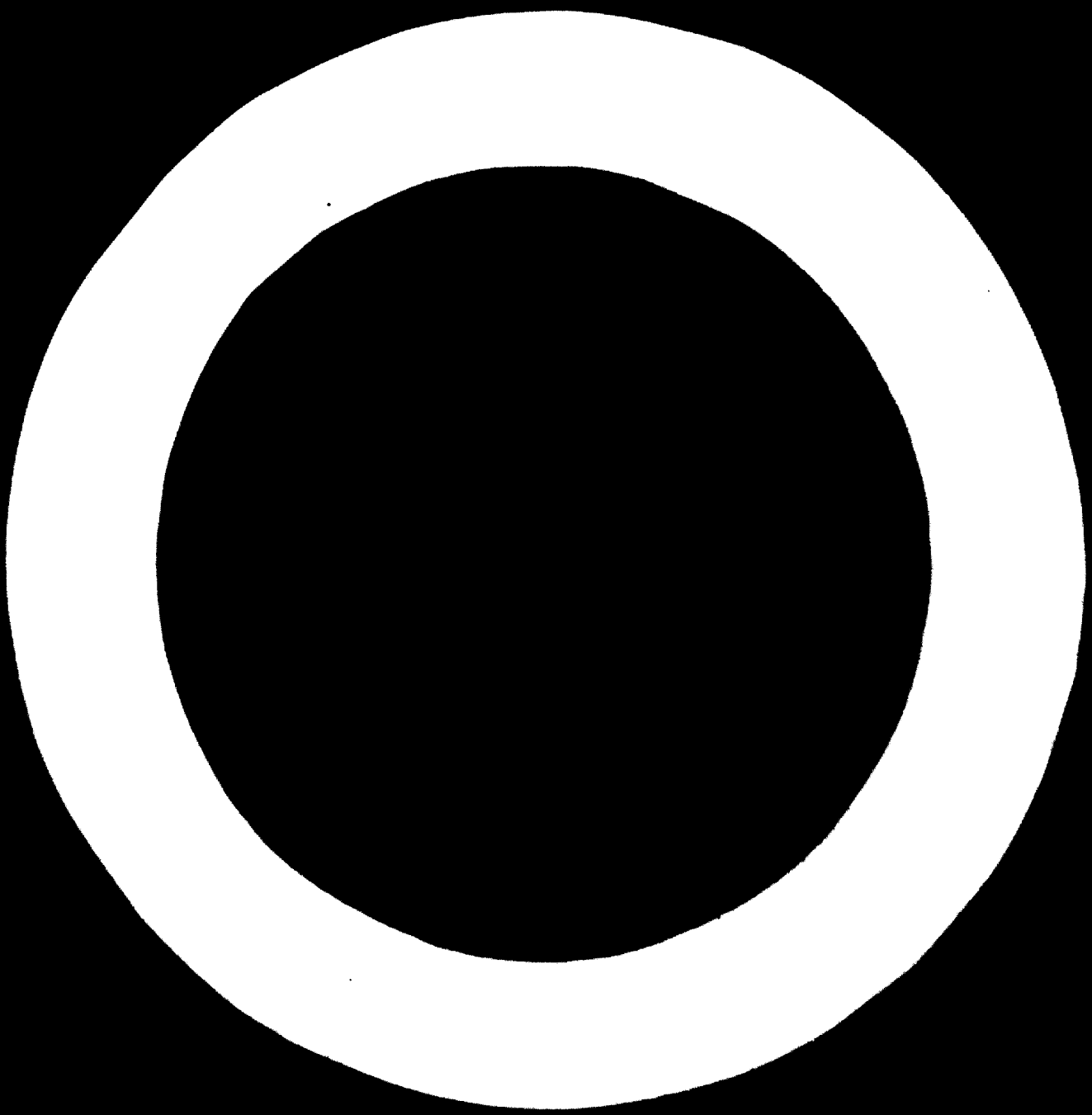
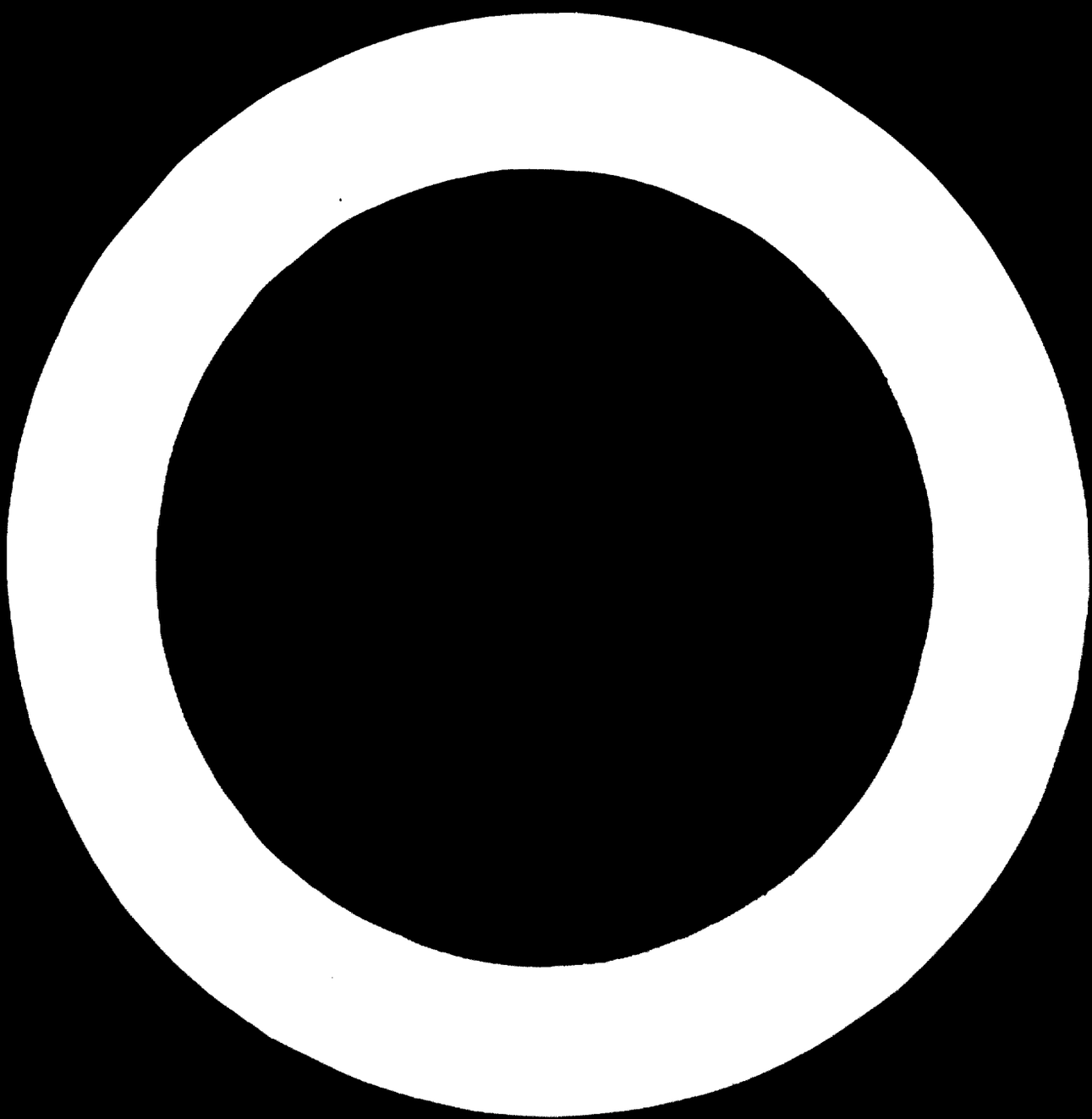
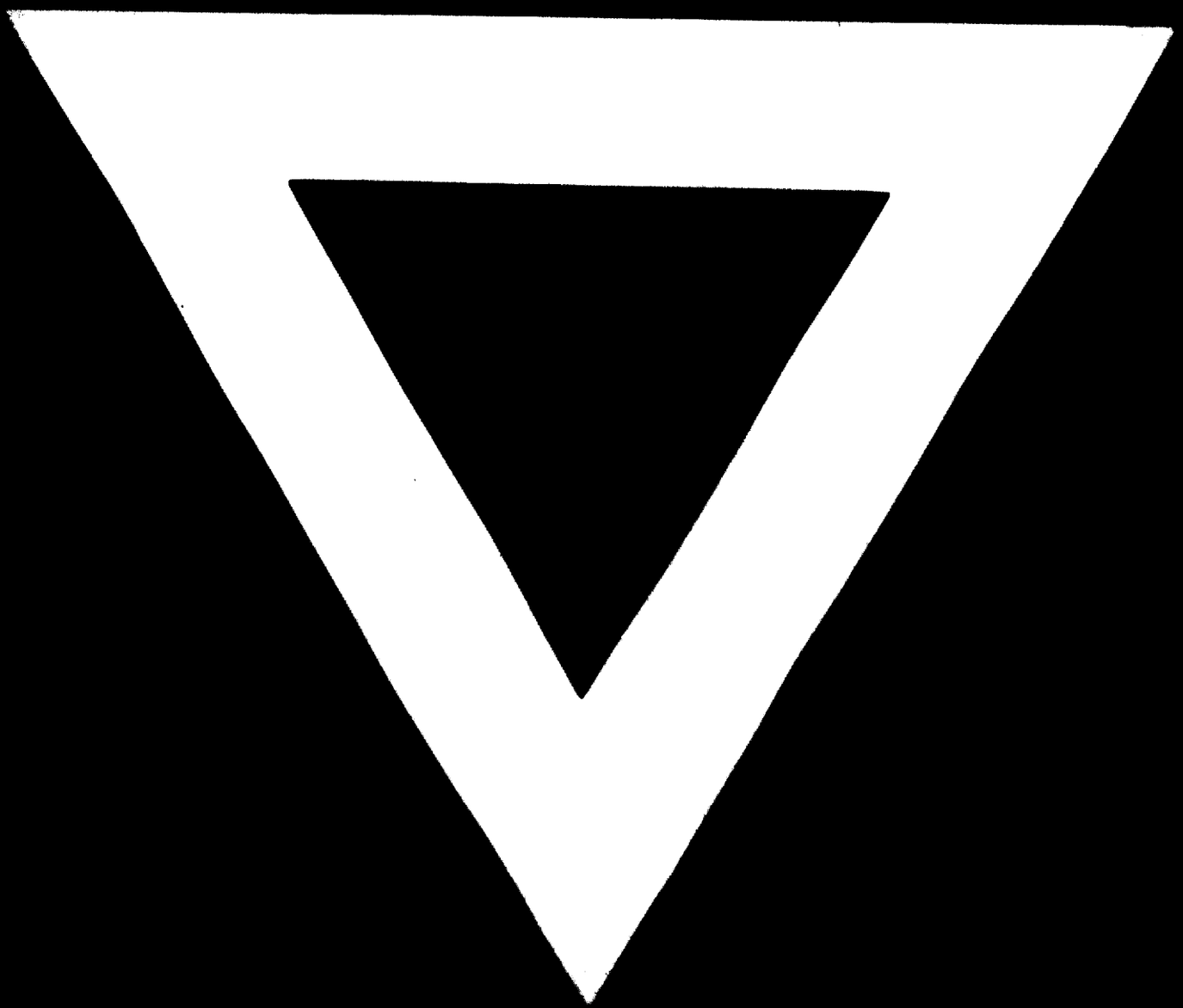




Depo-Provera is a sterile aqueous suspension of medroxyprogesterone acetate which has been in use as a long-acting progestational agent since 1960. In 1963 pilot trials were begun using it as a contraceptive agent, which demonstrated its feasibility and resulted in the selection of a dose of 150 mg. every three months. To date, published and unpublished reports have been received from 53 investigators or groups comprising 24,233 patients, with an additional 10 groups reporting on other regimens in 2,405 patients. These studies have come from 36 countries for the three-month regimen and eight countries for the other regimens. Efficacy was determined from 30 pooled studies comprising 16,902 women and 124,692 woman-months. Twenty-five pregnancies occurred, yielding a pregnancy rate by the Pearl formula of 0.24 per 100 woman-years.

The major disadvantage of Depo-Provera contraception is the loss of the normal menstrual bleeding pattern and its replacement by an unpredictable type of bleeding ranging from intolerably frequent bleeding and spotting in some women to complete amenorrhea in others, with most women showing oligo amenorrhea. The average number of days of bleeding and spotting in each injection interval decreases progressively with time. A few cases have shown heavy bleeding, eight authors reported a total of 37 D and C's for bleeding in this survey. Despite this drawback, various authors report acceptance of the method in from 3 to 33% of women desiring contraception at their clinics. One author recommends the routine use of supplementation with an oral estrogen such as ethinyl estradiol, 0.05 to 0.10 mg. for seven days out of the month, and it has been shown that such therapy tends to regularize the menstrual bleeding pattern. However, this has been used in only a small proportion of the patients studied. Estrogens are used, however, for the control of troublesome bleeding. Side effects other than bleeding include weight gain, and decreased libido in a few women. Reports are also received of nausea, vomiting, headaches and irritability, etc., but it is questionable whether these are related to Depo-Provera use. Thrombotic episodes were recorded in six women in these reports.

Continuation rates compared favourably with those in patients using the oral contraceptives or IUD's in the same clinics. The effect of Depo-Provera carries on for variable number of months after the recommended three months interval due to the slow and variable release of Depo-Provera from the site of injection. The curve of cumulative pregnancies in women discontinuing Depo-Provera to become pregnant runs parellel to that of women discontinuing the diaphragm, with an average delay in the return of fertility of five months compared with the diaphragm.



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