

# Early studies of male birth-control pill show promise

March 23 2018, by Nicole Brodeur, The Seattle Times

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Well, well, well. The ball has been knocked roundly into your court, gentlemen.

Someday soon, you will be able to do more than just shrug on a raincoat and consider it doing your part to prevent [unwanted pregnancy](#).

A [birth-control](#) pill for men has (finally!) been developed, and could hit the market in five years.

UW School of Medicine endocrinologist Dr. Stephanie Page presented her research recently at the Endocrine Society's meeting in Chicago.

"My hero!" I told Page when we spoke.

"I like the sound of that," she said.

Page studied 83 men who took the oral contraceptive—called dimethandrolone undecanoate, or DMAU—for a month, which resulted in a drop in their testosterone levels, as well as two hormones required for sperm production. There were also few side effects, and liver and kidney functions weren't impaired.

Page made clear that this was "an early-phase study" that showed that when men took the prototype pill for a month, "We see the changes in their hormones that we think will be effective as we move along in the development.

"We haven't proved that over 10 years it is going to be safe," Page added. "But we are hopeful."

Participants had a slight decrease in their HDL, or "good" cholesterol, and—in a stroke of smirk-worthy karma—a slight weight gain.

This is much more acceptable than when the World Health Organization in 2016 commissioned a trial of a two-hormone injection designed to lower sperm count.

Even though the results were 96 percent effective in preventing pregnancies, the second stage of the trial was stopped after men suffered severe acne and mood swings. One man developed severe depression, and another tried to commit suicide.

So it was left to women to suffer sore boobs; [mood swings](#); [weight gain](#); inserting rubber cups filled with cold gel into ourselves; and having tiny metal objects implanted in our uteruses because, well, we're not babies. We just make them.

"That's your quote, not mine," Page said. Noted.

In the time she has been working on the pill—her report was co-authored by Christina Wang of Harbor-UCLA Medical Center in Torrance, California—Page has had plenty of people ask, "Are men going to use a birth-control pill?"

"There is a lot of misconception," she said. "Men are interested in contraception, but they just don't have the options."

There are men in stable relationships with partners who can't use birth control. Single men who want to control—how did Page put it? - "their own fertility."

There are married men who want to space their children, "and men who want to share the burden," Page said.

"I think we're selling men short when we say men don't want to do this," she said. "The only options men have are vasectomies and the condom, which was invented more than 300 years ago. They're great for sexual health, but they are not great contraceptives."

One of Page's goals is to develop a contraceptive for men that will give

them a health benefit, as women's have been shown to reduce the risk of uterine cancer.

"That would be ideal," she said.

My goal? That, when faced with men wanting birth-control pills, lawmakers will see the cruelty in having made it so hard for women to get them for so very long, beg for our forgiveness, and reimburse us for decades spent being responsible human beings.

Just last fall, the Trump administration announced a rule that allowed employers to opt out of paying for birth control through company insurance plans, effectively putting 62 million women at risk of unwanted pregnancy. The rule eliminated a provision in the Affordable Care Act that saw birth control as preventive health care.

It may just take men wanting birth-control pills for those in Washington, D.C., to see that paying for contraception doesn't mean underwriting orgasms.

Birth control is part of basic health care—for all.

"I think with regards to things like lawmakers and funding," Page said, "we have got to hope by the time this gets to the market, our lawmakers will be a little more forward-thinking in understanding what health is to our society.

"This is for our daughters and our sons," she said. "This is for our society. We're all in this together."

That's your quote, I told her. And mine.

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Citation: Early studies of male birth-control pill show promise (2018, March 23) retrieved 9 April 2024 from <https://medicalxpress.com/news/2018-03-early-male-birth-control-pill.html>

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