

Knowing the potential risks of hormonal birth control can help college women make informed choices for their well-being

October 23 2018, by Heidi Toth



Credit: Northern Arizona University

There is a Bermuda triangle of sorts for college women—the convergence of several factors that can be a detriment to their

educational careers. And the points on that triangle are alarmingly common.

Sean Gregory, an assistant professor of politics and international affairs and director of the new Interdisciplinary Health program at Northern Arizona University, recently completed a study that found an association between the use of hormonal birth control among college women, increased risk of [depression](#) or mood disorders and increased risks for academic performance issues.

These risks were elevated among younger women initiating [hormonal contraception](#) therapy, such as those who were 18 or 19 years old—just as they leave home and take on new responsibilities in college. Add to that the mental [health](#) crisis already happening on college campuses across the country and the increasing number of women who are enrolling in college and graduate school, and there may be a problem.

But, Gregory is quick to add, this isn't bad news. Rather, it's an opportunity for women to talk to their health care providers about this potential risk and how they can weigh the risks and benefits of treatment.

"The point I was trying to make was not that hormonal contraception is bad, and not even that the family planning benefit needs to be vetted against the risk of depressive symptoms," he said. "I simply was saying that nowhere in the literature do we find recommendations for joint decision-making between clinicians and their patients concerning hormonal contraception, or any discussion of how to communicate the risks of depression or mood disorders, even though it's the No. 1 reason women discontinue hormonal birth control."

The study, published in *Psychiatry Research*, used National College Health Association data collected from 350 universities throughout the

United States (including NAU). Gregory looked at women who use hormonal contraception, their age, reports of depression and anxiety and several measures of academic performance. What he found was that use of hormonal birth control increased a woman's risk of reporting depression or related symptoms, and the younger a woman initiated hormonal contraception, the greater risk she had of developing these symptoms—an increase in risk by several percentage points, in fact.

What followed the increased risk of depressive symptoms for college-age women was a greater likelihood of experiencing academic performance issues.

"You put all those together, you see that hormonal contraception is likely a risk factor for academic issues, and the risks seem to be associated with depression or mood disorders that are a known side effect of hormonal contraception," he said. "The idea is if the pathway really is associated with depression, attending to the depressive symptoms may be a way to get ahead of the academic performance issue."

This is not an indictment of hormonal birth control. For women who want to take control of their family planning, birth control does the job quite effectively, and he suspects many women, if they weighed the risks and benefits, would still choose to use these types of birth control. What he hopes comes from this study, and others like it, is a recognition of the increased risk of depression among women using hormonal birth control, so clinicians can discuss it with their patients and make a plan to identify and treat depression or related symptoms if they arise. Therapy, medication and other treatment options all can help mitigate the symptoms of depression.

In addition to raising awareness, the study raised another question in Gregory's mind—that of health equity and why women carry the burden of preventing pregnancy. Two years ago, two contemporaneous findings

were published: a study in *JAMA Psychiatry* using data from Denmark found that hormonal birth control increased the risk of depression, and a trial for male hormonal birth control was discontinued early because subjects reported higher than expected levels of depression and mood disorders, the same symptoms that are part of the status quo for women taking birth control.

"I think there's a real health equity issue here," Gregory said. "In addition to the historical burden of family planning placed on women, we owe [women](#) the same level of information and joint decision-making concerning the risks and benefits of any treatment, and certainly those where there is an associated behavioral health risk."

Future research questions may include whether the different types of hormonal contraception—[birth control](#) pills, intrauterine devices, shots, etc.—carry different levels of risk for depressive symptoms. More importantly, Gregory said, his work in this regard includes collaborating with Campus Health Services to ensure college students have access to this type of care; discussing ways to re-engineer college campuses and programs to decrease the risk to mental and behavioral health of all students; and keeping better tabs on mental well-being and community health.

More information: Sean T. Gregory et al. Hormonal Contraception, depression, and Academic Performance among females attending college in the United States, *Psychiatry Research* (2018). [DOI: 10.1016/j.psychres.2018.09.029](https://doi.org/10.1016/j.psychres.2018.09.029)

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