

No, your birth control won't cause depression

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Women who struggle with mental illness often don't take the most effective birth control methods because they worry the hormones in these contraceptives can trigger depression and suicide, a myth that has been perpetuated by recent studies.

A new Northwestern Medicine study has found hormonal contraceptives—the pill, IUDs, vaginal rings, etc.—do not cause depression, and women should feel free to choose from the wide variety of effective birth control methods available.

"This is a very common concern," said senior author Dr. Jessica Kiley, chief of general obstetrics and gynecology at Northwestern University Feinberg School of Medicine and a Northwestern Medicine gynecologist. "For some patients with [anxiety disorders](#), when you discuss a [contraceptive](#)'s potential side effect, they get very worried. We're hoping to encourage women to focus on their contraceptive needs and learn about options that are unlikely to cause depression."

The study is the first to provide guidance in the official journal of the American Psychiatric Association on the choice of contraceptives for women with depression and other psychiatric disorders. The study is a comprehensive review of published research of contraceptives for women with psychiatric disorders. The authors' goal is to help women plan pregnancy for when they can manage both their mental and reproductive health. It will be published November 10 in the *American Journal of Psychiatry*.

"When you review the entirety of the literature and ask, 'Do hormonal contraceptives cause depression?,' the answer is definitely no," said corresponding author Dr. Katherine Wisner, the Norman and Helen Asher Professor of psychiatry and behavioral sciences and obstetrics and gynecology at Northwestern University Feinberg School of Medicine and the director of the Asher Center for the Study and Treatment of Depressive Disorders.

Common concern: Hormones in the pill, IUDs, vaginal rings, etc. cause depression

Debunking the myth

"While contraceptives don't cause depression, there is an association with depression and contraceptive use," Kiley said. "But even saying that is controversial because association is not the same as cause, and it isn't found in all studies. The lack of data on this topic is quite challenging, which is why we were so motivated to conduct this study."

Clinical studies and randomized placebo-controlled trials of women with psychiatric disorders have reported similar rates of mood symptoms in hormonal contraceptive users compared with nonusers, Wisner said. In some cases, hormonal contraceptives may even help stabilize or reduce the rates of mood symptoms in women with psychiatric disorders, the study found.

Avoiding unintended pregnancies, which trigger more depression

The mental and physical stress of an unintended pregnancy could trigger a new and recurrent bout of depression, including postpartum depression, Wisner added.

"Women should know they always have access to many types of birth control, regardless of their history or likelihood of [mental illness](#)," Wisner said. "They shouldn't feel like they're out there flailing on how to not get pregnant."

The [highest prevalence of mental illness \(22.3%\)](#) is in women in their prime reproductive years (age 18 to 25), yet psychiatrists don't typically receive enough training in contraceptive management to properly counsel these women on the choices of birth control for them, the authors said. The study authors hope the findings will lead to better

collaboration between gynecologists and psychiatrists, so they can work together to help women decide what contraceptive is best for them.

"Psychiatrists should feel well versed and comfortable talking with patients about their goals for fertility, pregnancy planning and starting a family down the road," Kiley said. "The default should not be, 'I just told her to use condoms.' It should be that there are a lot of safe and effective options out there. We should also develop better communication systems between psychiatrists and gynecologists, who care for the same patients."

"Contraceptive care should be viewed as preventative health, so women can make active and deliberate decisions about timing of pregnancies. It's a novel concept to some, though."

Women should be screened for [depression](#) at routine appointments, as is recommended by the American College of Obstetrician and Gynecologists, Wisner said. They also should bring up contraceptive and family-planning questions with any provider, including their psychiatrists.

It is important to get a baseline sense of a woman's mental health before taking a contraceptive, so her psychiatrist can monitor her symptoms after starting it, Wisner said. This is especially critical for [women](#) with bipolar disorder, who have mood fluctuations around their menstrual cycle.

Although interactions between [psychotropic drugs](#) and contraceptives are infrequent, doctors need to be aware of important exceptions, such as clozapine (an antipsychotic drug), lamotrigine, valproic acid and carbamazepine (for bipolar disorder and seizures), which can sometimes interfere negatively with certain contraceptives, Wisner said. Additionally, natural compounds such as Echinacea and St. John's Wort may decrease the effectiveness of [hormonal contraceptives](#).

More information: Leanne R. McCloskey et al. Contraception for Women With Psychiatric Disorders, *American Journal of Psychiatry* (2020). [DOI: 10.1176/appi.ajp.2020.20020154](https://doi.org/10.1176/appi.ajp.2020.20020154)

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