

## ORAL CONTRACEPTIVE PILLS MISUSE, FACTORS TO THINK ABOUT IN THE IRAQI POPULATION

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Article Received on 25/10/2019

Article Revised on 15/11/2019

Article Accepted on 06/12/2019

### ABSTRACT

**Background:** Combined oral contraceptive pill (OCP) is a commonly used method among Iraqi women. Inconsistency of using this method contributes to various factors. Side effects remain the main factor behind it. **Methods & aim:** A chart review and Health survey was done on a sample of (150) women who used OCP at least once in their lives. The survey was done at a primary care clinic in Baghdad, and was retrospectively analyzed to determine the factors that lead to OCP noncompliance. Aim of the study, to prove that OCP side effect is a factor of the OCP miss use. Results: OCP side effect is a risk factor for the miss use and discontinuation of this method. Mood changes, especially Anxiety and Abnormal Uterine Bleeding (AUB) were more frequent among the other side effect. Conclusion: Side effects of OCP are the main risk factor behind the miss use of the medication.

**KEYWORDS:** Oral contraceptives, Women, Side effects.

### INTRODUCTION

Oral contraceptives (OCs) are one of the most prevalent forms of reversible contraceptive methods used among women of reproductive age worldwide. But typical failure rates for oral contraceptives remain much higher than other methods.<sup>[1]</sup>

Side effects are one of the main reasons behind the miss use and method discontinuation, and many women fail to immediately substitute a new contraceptive and/or adopt a less reliable contraceptive.

Most psycho-vegetative symptoms are: headache, sweating, heart disorders, gastrointestinal tract (GI) disorders, nausea, and sleep disturbance.<sup>[2]</sup>

Psychological symptoms include increased irritability, impulsiveness, affective lability, anxiety, depressive feelings. Unconscious and ambivalent feelings about wanting a child and problems with the partner can result in forgetting to take the pill.

Young women with elevated depression and stress symptoms appear to be at risk for inconsistent contraceptive use patterns, especially for the most common methods that require greater user effort and diligence.<sup>[3]</sup>

Breakthrough vaginal bleeding and spotting is common between expected periods in women who are taking the OCP. This usually resolves within 3 months of starting to take the pill.

During spotting, the pill is still effective, as long as it has been taken correctly and no doses are missed.<sup>[4]</sup>

There is a significant association between headache and use of estrogen-containing OCPs in premenopausal women, both for migraine and non-migraine headache. Which occurs during early cycles of oral contraceptive use tends to improve or disappear with continued use.<sup>[5]</sup>

Weight gain also occurs during OC use. That is due to increase in body fat and not in volume of body water, and it is not associated with changes in fat distribution.

Current Oral contraceptives had a significant, moderately increased risk of hypertension. Risk decreased quickly with cessation of oral contraceptives, and past users appeared to have only a slightly increased risk.<sup>[6]</sup>

OCP is also a risk factor of other side effects as venous thrombosis and even decrease Thyroid hormone activity.

## PATIENTS AND METHOD

A survey and chart review were done on 150 women who used the OCP once on their life time. The participants visited Al Edrisy primary clinic in

Baghdad/Iraq, as part of the Family Planning program. They were verbally consented to get the information. All data are confidential. The questionnaire was designed as the following.<sup>[7]</sup>

Age	0-1	1-5	>5
Purpose of OCP use	Contraception	Menstrual regulation	Fasting
Pills use consistency	Yes	No	

## RESULTS

Total of 150 women participants, their ages ranged from 20-50, mean.<sup>[35]</sup>

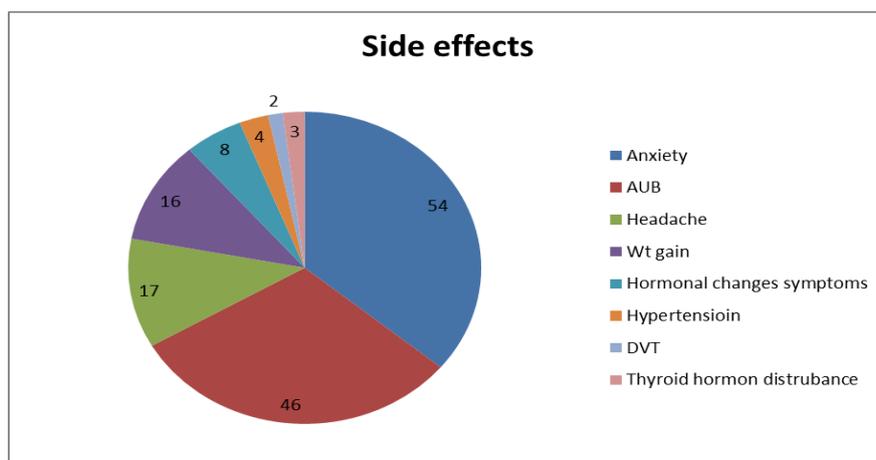
All participants used combined OCP with a duration ranged: 0-1 year, 41(27.3%). 1- 5 years, 81(54%) and finally >5 years 28 (18.7%).<sup>[8]</sup>

129 (86%) of women used OCP as contraception method, while 13 (8.7%) used it as a menstrual period regulation therapy and 8 (5.3%) used it to postpone their menstrual period for fasting purposes as part of their religious rituals.

97(64.7%) of the participants were compliant with the regular OCP use while 53(35.3%) missed used the medication.<sup>[9]</sup>

Total of 129 participants stopped using the OCP.

**Figure (1):**



80(62%) was because of the side effect of the pills, while 31 (24%) discontinued the medication because of getting pregnant and 18 (14%) stopped taking the pills for other reasons.<sup>[10]</sup>

### See Table (1)

Different side effects were experienced by all the 150 women. 54(36%) suffered from Anxiety and mood changes, while 46(30.7%) developed Abnormal Uterine Bleeding (AUB). 17(11.3%) had headaches and 16(10.7%) noticed unwanted weight gain. 8(5.3%) females had symptoms as a result of hormonal changes, including Nausea, vomiting, acne, Hirsutism, and breast tenderness.<sup>[11]</sup>

While only 4(2.7%) developed hypertension. There were other side effects also noticed by 5 (3.3%), like DVT and Thyroid hormone disturbance. See Figure (1).

Table (1):

Duration	Numbers	Percentage (%)
0-1	41	27.3
1-5	81	54
>5	28	18.7
Reasons of OCP intake		Number
Contraception		129
Period regulation		13
Fasting		8

Continued/Discontinued OCP use	Numbers	Percentage (%)
Continued	21	14
Discontinued	129	86

OCP discontinuation causes	Number	Percentage (%)
Side effect	80	62
Pregnancy	31	24
Other	18	14

Causes of OCP discontinuation	Numbers	Percentage (%)
Side effects	80	62
Pregnancy	31	24
Other	18	14

## DISCUSSION

Inconsistent use of oral contraceptives (OCs) exposes women to risks of unintended pregnancy. This study explored reasons for missed OC pills experienced by the participants. Side effects of the medication were a main reason for OCP noncompliance, then discontinuation and finding another contraceptive method. This result is similar to other studies that were done.<sup>[12]</sup>

In our study Anxiety and mood disturbances were the highest among the rest of the side effects. Physicians should consider women's psychological and emotional status when helping patients with contraceptive decision-making and management.

The second major side effect that led to OCP miss use was AUB, including intermenstrual spotting. This side effect was also a common factor behind the miss use of the pills. This factor should be discussed with the participant as this side effect usually fades away, and it depends on how much the participant is ready to handle that issue.<sup>[13]</sup>

Patient with Hypertension needs medical evaluation and close follow up as the OCP can cause elevated blood pressure as seen in our study.

Gaining weight is another concern for the OCP which led to method noncompliance in this study, which also needs to be discussed with the woman and watched carefully, especially with women who are already overweight.

Thrombosis, hormonal changes was less frequently seen in our study. But Thyroid hormone disturbance was

noticed.

## CONCLUSION

Side effects of OCP are the main risk factor behind the miss use of the medication.

Clinicians should consider women's psychological including depression, and anxiety, as well as physical status that include history of hypertension, migraine, venous thrombosis and overweight, when helping patients with contraceptive decision-making and management.

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