

DOI: <http://dx.doi.org/10.18203/2320-1770.ijrcog20202374>

Letter to the Editor

Depot medroxyprogesterone: the way forward

Sir,

India has a high rate of unintended pregnancies and abortions contribute to 8% of maternal mortality. The addition of injection depot medroxyprogesterone (DMPA) to the basket of contraceptives has allowed women to use a long-term contraceptive which does not require any user action to maintain efficacy and whose effect is easily reversible. Injectable progestins are now estimated to be used by 6% women globally.¹

Table 1: Characteristics of women using inj. DMPA as contraceptive.

Age of women (years)	Number (n=245)	Percentage
<18	1	0.4%
18-24	66	26.9%
25-30	121	49.3%
31-35	39	15.9%
>35	18	7.3%
Literacy level		
Illiterate	24	9.7%
Primary education	145	59.1%
Senior secondary	75	30.6%
Graduate	01	0.4%
Parity		
P0	11	4.48%
P1	51	20.8%
P2	113	46.1%
≥P3	70	28.5%
Timing of inj. DMPA		
Interval	178	72.6%
Post abortion	58	23.6%
Postpartum	9	3.6%
Side effects		
Amenorrhoea	124	50.6%
Irregular BPV	47	19.1%
Pain in abdomen	5	2.04%
Headache	13	5.3%
Weight gain >2kg	04	1.6%

Authors conducted a clinical audit of 245 women who opted for Inj DMPA as a contraceptive choice during the period from July 2018 to December 2019 (18 months). Majority of the clients (49.3%) were between the ages of 25 to 30 years and 46.1% were para 2; another 20.8% women used the method after their first pregnancy. Fifty-nine percent women had studied only till primary level and majority were Hindus. Seventy-two percent women

used inj. DMPA to space their pregnancies while 23.6% opted for it after undergoing evacuation for abortion; 9 women (3.6%) started it 6 weeks after childbirth. Side effects were seen in 78.7% women with amenorrhoea being reported by approximately half the women (50.6%), followed by irregular bleeding in 19.1%, headache in 5.3% and 4 women (1.6%) complained of weight gain more than 2 kg over 1 year (Table 1). Forty-seven percent women discontinued the injection and 50.4% did so after the first dose itself. The main reason for discontinuation were menstrual problems (31.6%), desirous of pregnancy in 17.09% and weight gain in 1.7%. Six women switched to other contraceptives and 42 women (35.8%) were lost to follow-up. Other studies have also found high discontinuation rates varying between 41 to 77% for inj. DMPA and this is mostly due to the side effects associated with the hormonal preparation, especially menstrual disturbances and weight gain.^{2,3} According to Cochrane review in which Lopez et al analysed 22 studies that examined women using progestin only contraceptive (POC) and he concluded that POCs do not cause a change in weight or body composition when compared to other contraceptives or no contraceptive.⁴

Client satisfaction is crucial for long term utilization of any contraceptive method. Concerns about side effects leads to premature discontinuation in many users of inj. DMPA and good and appropriate counselling will go a long way to improve patient adherence to its usage.

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Cite this article as: Mehta S, Kale E, Rashid F. Depot medroxyprogesterone: the way forward. *Int J Reprod Contracept Obstet Gynecol* 2020;9:2671-2.