



## Side effects and problem bleeding -evidence and management

Dr Mary Stewart

### Disclosures

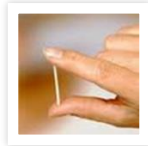
- Family Planning NSW has received funding to provide training in insertion of the contraceptive implant and the LNG-IUD from Merck Sharp & Dohme and Bayer Health Care
- Family Planning NSW has received sponsorship from Merck Sharp & Dohme and Bayer Health Care to provide education to healthcare professionals



*This education was developed independently*

## LARC

### Side effects and problem bleeding -evidence and management



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## Side Effects?

- Mood
- Libido
- Acne
- Breast tenderness
- Headache
- Hair changes
- Weight
- Vaginal discharge



- Bleeding

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## Mirena side effects?



**Emilyjayneoh**

16/02/17

I had the Mirena put in yesterday, insertion wasn't too horrible, I bled quite a bit but the pain was pretty bearable. The cramps and headache after though was almost too much! Felt like being in labour again. Anyway today everything is fine, no cramps, hardly bleeding, no headaches. I've just looked up reviews of it though and they all seem horrible! Most of the ladies say they gained weight, bled and cramped for months, mood swings ect. My OB didnt say anything about this. I'm praying I don't suffer from any of these side effects, mainly the weight gain! So anyway, ladies with the Mirena present or past, what side effects did you experience?

♥ 0



Share

**Reneeann78**

16/02/17

I don't have one but my best friend did- her mood swings were so bad she ended up having it taken out. I think the last straw was my wedding; she was my MOH and she was basically in tears ALL day! She cried walking down the aisle! I thought it was hilarious and adorable; she did not! Haha. Then she got super drunk and fought with her husband 😂

Reply

❤️ 2

**jnn27**

16/02/17

I have had my mirena for about 3 mths now. Initially had cramping for 3 weeks, then it all settled. Spotting here and there but rarely now. I have been grumpy but I have 3 kids under 3 and my husband is my only help (family overseas and interstate), so i think my mood is more from isolation and wrangling two challenging toddlers with little sleep. In terms of weight gain it hasnt affected me. They say to trystick with it for 6 mths and all the side effects will settle, if you do have any.

Reply

❤️ 0

nsw  
Health**Ems228**

16/02/17

I had Mirena for 7 years (first one replaced at 5 years) and after a couple of months of spotting here and there I stopped having periods and had no side effects. I'd put on a couple of KGs but I'm not going to use Mirena as my scapegoat - getting older, moving less, eating more is the culprit! Like all things on the web, people are more inclined to post about their negative experiences. I've had another one inserted since my bubs was born and have had a little spotting but nothing else. I've had other friends who have had / use Mirena and have all been positive experiences. Good luck!

Reply

❤️ 0

**Emilyjayneoh** | Original poster

17/02/17

This has given me hope ladies! I guess it was only the people who had negative side effects that bothered to write a review! Here's hoping the weight stays off and I don't get any cramps again like I experienced the other day.

Reply

❤️ 0

nsw  
Health

## Hormonal IUD

- May be associated with unscheduled bleeding particularly in the first 5 months after insertion
- May be associated with hormonal side-effects including acne but rates of discontinuation due to side effects are not significantly different from Cu-IUD users.
- Can be associated with functional ovarian cysts, most of which resolve spontaneously

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## Weight gain and IUDs

- Weight gain has been observed with use of both hormonal IUDs and Copper IUDs. There is no significant difference between hormonal and non-hormonal intrauterine methods and evidence to support a causal association is lacking.
- There is no known biological mechanism for weight gain with a Cu-IUD, suggesting that weight gain with IUC use is likely to be a consequence of confounding factors such as increasing age.

### FSRH Clinical Guidance on IUC

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## Copper IUD

- May be associated with heavier and more prolonged menses with an average of around 50% more blood loss
- May be associated with an increased risk of bacterial vaginosis with some studies showing an association



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## Implanon vs mirena



**Alea2015**

04/01/16

hi ladies

At my 6 week check up we discussed future methods for contraception. My Dr suggested the implanon, mirena or a pill. I was on the pill for 13 yrs with no problems, but the thought of using something that I don't have to remember to take seems quite appealing - especially now I barely know what day it is (!).

I just wanted to know everyone's experiences with each of these (good or bad) to help me decide which one to use.

thanks in advance :)

♥ 0



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**mummato2nearly3**

05/01/16

My doctor has suggested mirena but after researching it I don't think I'll go with that, implanon sounds not too bad worse comes to worse I'll probably go the pill. It's all very confusing

Reply

♥ 0

**Nickerockers**

05/01/16

I think I'm going to try the implanon as I don't have to remember a pill and it's super easy to remove if it causes issues or we are ready for bub number 2.

I find the idea of a mirena a bit off putting to be honest so probably won't go with that option.

There's good and bad stories with any kind of these contraceptions and unless you try them you'll never know how your body will react.

W  
clit  
FantW  
th**kieba09**

05/01/16

I just had my implanon put in again....bonus is they last 3 years, can use while breastfeeding, supposedly have minimal side effects, some women will get no menstraul cycle, mine is very irregular....around every 6-7 weeks I get 1. It will mess with your hormones for a bit though until your body settles....currently I've been getting pimples, non- stop bleeding and breast tenderness....however I know for me personally this will settle down after it's been in for a couple of months....its just got to balance your hormones. I love it tho....I fell pregnant on the pill and I've heard horror stories about the mirena

Reply

♥ 0



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## Contraceptive implant: bleeding patterns

- Results in changes in bleeding patterns in all users, ranging from amenorrhoea to frequent and/or prolonged bleeding
- bleeding or spotting episodes per 90 days:
  - 20% amenorrhoea
  - 35% infrequent bleeding, less than three episodes
  - 25% frequent bleeding (more than five episodes) and / or prolonged bleeding (an episode lasts more than 14 days)
  - 20% three to five episodes of bleeding per 90 days



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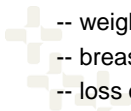
## The contraceptive implant: other side effects

- acne – may develop, improve or worsen
- functional ovarian cysts

Other side effects:

while many side-effects are attributed to hormonal contraception, direct evidence is limited. The following side-effects have also been reported by users:

- headaches
- mood changes including emotional lability
- weight gain
- breast tenderness
- loss of libido
- abdominal pain



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**KTB67**

05/01/16

There are a few different injections/implants so there would be varying responses, but for me, I reacted quite badly to the injection a number of years ago - I felt very depressed for the three months. I didn't link it to the injection until the last month, and then decided never again. Was myself again around the four month mark. The hormones weren't the right chemical mix for my body - too intense. Friends have had varying responses. Some swear by it, some hate it. Like any contraception, your body can react well or not so well. My injection wasn't the progesterone only one that you take when breastfeeding, mine was the standard contraception.

Reply

♥ 0



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## Contraceptive injection: side effects

- Amenorrhoea increases with duration of use. Around 50-70% of women become amenorrhoeic by 12 months. The initial bleeding pattern can include irregular, prolonged or frequent bleeding.
- Use of DMPA appears to be associated with weight gain. Studies suggest that early weight gain predicts later weight gain with the 20-25% of women who gained more than 5% of body weight in the first 6 months of use continuing to gain further weight after this time.

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## Contraceptive injection: side effects

- DMPA-associated bone loss is of potential concern in adolescents who have not yet attained peak bone mass and in women older than 45 years
- Many side-effects are attributed to hormonal contraception, however direct evidence is limited. The following side effects have been reported by users of DMPA but a causal association has not been demonstrated:
  - headaches
  - acne
  - mood change
  - loss of libido.

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## Mood / Depression

- The FSRH CEU recommends that women should be informed by their contraceptive provider that there is no clear evidence that hormonal contraception causes depression.
- It is recognised that some women report that they experience mood changes associated with hormonal contraception.
- This should be explained to women alongside other potential unwanted effects when they are considering contraceptive choices.
- Clinical experience is that women who find their mood adversely affected by a specific hormonal contraceptive preparation may not have the same problem with a different hormonal contraceptive.

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## Guidance for management of troublesome vaginal bleeding with progestogen-only long-acting reversible contraception (LARC)



### Initial consultation

- **Provide accurate information about expected bleeding patterns, emphasising that troublesome bleeding is likely to improve with time:**  
**Implant:** 1/5 amenorrhoea, 3/5 infrequent, irregular bleeding, 1/5 frequent or prolonged bleeding; approximately 1/2 with frequent or prolonged bleeding will improve after three months.  
**Hormonal IUD:** frequent spotting/bleeding common in first 3-5 months; either amenorrhoea, light irregular or light regular bleeding common after six months.  
**DMPA injection:** 1/2 amenorrhoea, 1/6 infrequent irregular bleeding, 1/3 frequent/prolonged bleeding; amenorrhoea increases over time.
- **Be proactive in offering management advice for troublesome bleeding**  
 Actively encourage review of troublesome bleeding.

#### Contraindications include:

- <sup>1</sup>migraine with aura, personal and family history of venous thromboembolism, risk factor for cardiovascular disease and smoking >35 years of age, active breast cancer. For other conditions see: [www.fsth.org/pdfs/UKMECSummarySheets2006.pdf](http://www.fsth.org/pdfs/UKMECSummarySheets2006.pdf)
- <sup>2</sup> upper gastrointestinal inflammation or ulceration, renal conditions
- <sup>3</sup> active thromboembolic disease and subarachnoid haemorrhage
- <sup>4</sup> active thromboembolic disease and subarachnoid haemorrhage
- <sup>5</sup> at high risk of venous thromboembolism, ischemic heart disease or stroke
- <sup>6</sup> active breast cancer

### Management of troublesome bleeding

1. **Exclude other causes**  
 Pregnancy, sexually transmitted infections (STIs) including chlamydia, liver-enzyme inducing medications (implant only) and vaginal, cervical or uterine pathology
2. **If no suspicion of another cause for bleeding**  
 Reassure this is 'normal' and not harmful
3. **Advise medication management**  
 Ensure no contraindications and explain risks and side effects
4. **Advise that the implant or hormonal IUD can be removed any time or the depot medroxyprogesterone acetate (DMPA) injection discontinued.**

#### First line options:

- A combined hormonal contraceptive<sup>1</sup> taken continuously or cyclically for three months
- Five day course of NSAID<sup>2</sup> such as mefenamic acid 500mg bd-tds
- Five day course of tranexamic<sup>3</sup> acid 500mg bd, particularly if bleeding is heavy

#### Second line options

With low level, anecdotal or conflicting evidence:

- Tranexamic<sup>3</sup> acid 500mg bd for five days for lighter bleeding
- Norethisterone<sup>4</sup> 5mg tds for 21 days
- Levonogestrel<sup>5</sup>, progestogen only pill, 30 mg bd for 20 days
- Early removal and replacement of implant or hormonal IUD, or shortening interval between injections from 12 to 10 weeks

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## Explaining bleeding with progestogen only LARC

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# Management of troublesome bleeding

## 1. Exclude other causes

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## 2. If no suspicion of another cause for bleeding

Reassure this is 'normal' and not harmful

## 3. Advise medication management

Ensure no contraindications and explain risks and side effects

## 4. Advise that the implant or hormonal IUD can be removed any time or the depot medroxyprogesterone acetate (DMPA) injection discontinued.

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## Summary


- Health professionals should counsel about side effects when discussing options
- Health professionals should encourage women to come back
- Side effects should be appropriately investigated, especially bleeding
- Remember there's a balance between side effects and effectiveness and non contraceptive benefits
- Just because there isn't evidence for it doesn't mean it isn't real for the woman

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**Funny Implanon removal**

## Resources

- Guidance for Management of troublesome vaginal bleeding with progestogen only LARC card
- Fact sheets from your FPO
- FSRH Clinical Guidance
- Contraception: An Australian clinical practice handbook

