

While the Pill is taken by most women and girls at some stage in their lives, few realise it is not without side-effects.

Clear links have been made to depression, nausea, headaches and migraines, as well as a loss of libido. Contrary to what most of us believe, it is not a failsafe contraception. Around 2 in 10 women do conceive while taking the Pill. Others experience difficulties conceiving after coming off this drug. There are also nutritional concerns, which can affect the health of subsequent children long after you have stopped taking it.

So what is the Pill, how does it work and what does it do to your body? If not the Pill, then how else can you control your fertility in casual or long-term relationships? Are hormonal implants and injections any better? If you're about to come off the Pill, what are the best ways to reclaim your health and wellbeing? And what can you look forward to when your body returns to its natural rhythm?

Accessible, informed, inspired, *The Pill: Are you sure it's for you?* provides you with a wealth of case studies and information that will help you make the choice you want for your body.



Cover design: Nada Backovic Designs
Cover image: Getty Images

HEALING & HEALTH

ALLEN & UNWIN

ISBN 978-1-74175-079-9



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www.allenandunwin.com

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CHAPTER 5

FEELING DEPRESSED?

According to the World Health Organization, one in four women experience clinical depression in their lifetime as compared with one in six men. While not a happy statistic on any level, depression in men and women is also the fourth leading contributor to the global burden of disease. Experts suggest that by 2020 it will become the *second* leading contributor.¹

Professor Jayashri Kulkani, a psychiatrist, says that, 'Depression is one of the most prevalent and debilitating illnesses affecting the female population today.' In her research into the effects of the Pill on mood Professor Kulkani found that women taking the Pill were *almost twice* as likely to be depressed compared to those not on the Pill. The women in the study were over eighteen, none were pregnant or breastfeeding, they had no clinical history of depression and none had been on antidepressants in the previous twelve months.^{2 & 3}

I was never diagnosed as depressed but I was often suicidal, withdrawn, crying, angry and aggressive.

MADELINE, 35

A government body set up to gather and provide information about adverse psychiatric reactions to drugs has hundreds of case studies of

women who said they suffered depression, mood swings and self-harm while on one leading oral contraceptive, which is also used as a hormone treatment for acne and excessive hair growth.⁴

Madeline was on the Pill for contraception and irregular cycles for fifteen years, from age eighteen. 'Overall I believe the Pill contributed to my mood swings,' she confessed. 'I was never diagnosed as depressed but I was often suicidal, withdrawn, crying, angry and aggressive.' And Anna found that while she was on the Pill, 'Emotional flare-ups and depression placed a lot of stress on my relationship. My husband was very supportive, but couldn't really understand why I would just cry and have periods of anger and depression.'

Health profession journals regularly publish information about the negative effects women have while on the Pill. In these articles oral contraceptive use has been associated with increased rates of depression, divorce, tranquilliser use, sexual dysfunction and suicide. Several studies have shown that women taking the Pill, or other hormonal contraception, were also found to have higher rates of anxiety, fatigue, neurotic symptoms, compulsion, anger and negative menstrual effects.⁵

A review of multiple studies into the Pill found the side-effects of combined oral contraceptives included depression, nausea, vomiting, headaches, urinary and lower genital tract infections.⁶ And in a large ongoing study of 23 000 oral contraception users over a third of the women on the Pill stopped taking it *because of depression*.⁷ Furthermore, a study of 139 girls whose average age was sixteen and who were on the Pill for contraceptive and therapeutic reasons, revealed that their most common side-effects were weight gain, an increase in their breast size, fatigue and *depression*.⁸ Given the sheer weight of research and women's experiences connecting the Pill to depression, we have to wonder: why don't we have much stronger checks and balances around prescribing girls and women the Pill?

In Chapter 11 when we consider the complex mix of the Pill's disruption of our normal ability to process nutrients, we can see why so many

women experience these distressing symptoms. In particular absorption is disrupted in Vitamins B1, B2, B6 and B12 leading to deficiency, and the zinc/copper balance is disturbed—all of which can lead to depression and mood disorders.

In the next chapter we'll look in detail at research that found a hormone-binding globulin that is seven times higher in women on the Pill and four times higher in women *who have ever taken it*, compared to those who haven't. This globulin binds with testosterone and takes it out of circulation. Studies have shown that when there's a change, up or down, to normal testosterone levels in women, it can cause depression. Oral contraception clearly causes a decline in women's testosterone levels resulting in depression and mood disorders for many women.⁹

When I was on the Pill I loved the spontaneity [of sexual expression] but the moods were scary stuff.

IRENA, 26

Given the vast number of women on the Pill and the proportion of those who experience depression, mood swings and other psychological and emotional disturbances from the drug, we can see that there's a *significant* proportion of the population who are both on the Pill and depressed because of it. It's sobering to realise that use of the Pill adds considerably to the total number of women suffering depression in our community and globally. Many of these remain on the Pill for years despite their symptoms, either because neither they nor their doctor have connected the depression to the drug, or because they don't feel they have any alternative. For any individual this is painful and life-draining. Society-wide it's an unnecessary tragedy and may amount to gross neglect.

For those fortunate women whose doctors quickly see the connection, like Carmela, their suffering can be short-lived. For many others like Kim, the suffering goes on year after year. As women we need to know

the Pill can have a profound impact on our choices, our relationships and family life, our career, our self-esteem and our health. Too often women struggle with many issues that the Pill creates assuming it's all 'them'. For the many women who start taking the Pill as teenagers by the time they're adults they only know themselves on the Pill. It's often only years later when they go off the Pill that they're able to connect the dots and see the symptoms that it caused.

If you are on the Pill, or any of its relatives, and any of these women's stories sound familiar, please consider that it may be the synthetic hormones you're taking that are causing your distress.

After six months on the Pill I had nausea for the first three or four hours every day, was depressed and just wanted to cry all the time. My doctor thought this was because I was studying psychology. I decided to stop taking the Pill and felt much better.

TONI, 28

Ella was on the Pill for nineteen years. During this time her mood swings were severe. 'Some doctors were quite sympathetic,' Ella recalls, 'others said the moods were completely unrelated to the Pill.' Irena had the same side-effects to battle. She was on the Pill from age sixteen to 33, and had terrible mood swings and premenstrual symptoms. 'I was teary, angry and very emotional. The main positive was the availability of sexual expression without condoms or diaphragms,' she admits. 'I loved the spontaneity. But the moods were scary stuff. I got my repeat scripts over the phone without any review.'

If you are on the Pill, or any of its relatives, and any of these women's stories sound familiar, please consider that it may be the synthetic hormones you're taking that are causing your distress. Whether you're

taking the Pill for menstrual problems, skin problems, or for contraception, consider switching to one of the very good alternatives available to you for each of these purposes.

*I was amazed. I woke in the morning feeling refreshed, awake
and alive. I had a feeling of happiness and an absence from depression
that I was very unfamiliar with!*

KIM, 37

CHAPTER 6

LOW LIBIDO —IS THAT HOW IT WORKS?

The Pill can look like a real boon to your relationship. It promises worry-free sex and control over messy periods so that they don't interrupt your sex life. Initially a woman may feel freer, and certainly for men, who don't have the emotional and physical side-effects, the Pill seems to offer nothing but pluses.

Feeling totally confident about their contraception can be a powerful aphrodisiac in itself for many women. For Susie, 'Being able to have unprotected sex with my partner was great. I felt closer to him.' And Helena enjoyed having 'No threat of babies. We could have sex anytime with no restrictions.'

While effective contraception is of course the primary reason women go on the Pill, and faith in their contraception does help a woman relax and enjoy her sex life, she may also be damaging her capacity for deep sexual pleasure.