Student Raises Concerns About Alleged Side-Effects of Depo-Provera

William Wolfe-Wylie
CUP Atlantic Bureau Cheif

TORONTO (CUP) -- Bone density and calcium intake aren't things that most women in their twenties think about on a daily basis. But for a second-year student at Mt. Allison University, the concerns have become legitimate and she's blaming an easy and convenient form of birth control: Depo-Provera, a drug which is already involved in a class-action suit in the Ontario Superior Court of Justice.

Depo-Provera is manufactured by Pfizer Inc. and is a powerful form of birth control administered by injection.

Once administered, Depo-Provera "stops the ovaries from releasing eggs" and "causes the cervical mucus to thicken and changes the uterine lining, making it harder for sperm to enter or survive in the uterus," according to the Feminist Women's Health Center (FWHC) in Washington.

But the convenience of only worrying about birth control four times per year comes with a cost, according to the lawsuit being launched in Ontario.

Plaintiffs in Ontario, British Columbia, and Newfoundland are seeking millions of dollars in reparations after being "diagnosed as having various bone mass density (BMD) problems, which among them include: bone density loss, fractures, hip and spine problems, avascular necrosis, osteoporosis and other low bone density injuries which they each attribute to the use of Defendant's product," according to a release from the law firm hired by the defendants.

Janet Logan, born and raised in Nova Scotia and now attending university in New Brunswick, first became suspicious of the drug and its possible side effects when she heard rumours of lawsuits coming out of the U.S. Her doctor was reluctant, at first, to give her a bone scan because of her age and high activity level.

"I drink milk a lot and like to work out," said Logan, who has been taking Depo-Provera since she was in grade ten.

But due to her concern about side effects after several years on the drug, she pressed on and was eventually scheduled for a scan. When her doctor reviewed her results several weeks later, Logan was advised to discontinue her use of the drug.

"In the first week of December I would have had to take another shot," she said. But Logan isn't out of the woods yet. According to the (FWHC) it can take between six and twelve months for a woman to return to fertility after she has stopped taking Depo-Provera. During that period of detoxification, she may also experience "weight gain, depression, breast tenderness, allergic reactions, and menstrual irregularities" for several months.

But the length of time it takes for bone density to return to normal is unknown and some studies have suggested that it might be irreversible.

Logan is not planning on joining in the class action suit which is being launched in Ontario. But she is trying to spread the word to women who are using the drug that there might be some problems they are not even aware of.

"I never believed the rumours," said Logan. "One of my friends has been on it for a year and isn't planning on quitting yet."

According to Cindy Crossman, Mt. Allison University's nurse educator at the student health center, between eight and ten per cent of the women who go to the health center with birth control questions are using, or thinking about using, Depo-Provera.

For students who are interested in checking their bone density, appointments can be scheduled through a family doctor. The process is non-invasive and painless, taking between five and ten minutes. Patients lie on a bed, remaining perfectly still, while a scanner moves above them.

"I'd definitely advise anyone on Depo to get out and get a bone density scan," said Logan.

For now, Logan is not taking any form of birth control and is taking daily calcium pills and drinking lots of milk to try and rebuild her bones. Another scan is scheduled for the summer to see if there has been any improvement.

U of A Researcher Highlights Dangers of Aspirin

Iris Tse
The Gateway (University of Alberta

EDMONTON (CUP) — It's quite common for today's doctors to recommend aspirin to those suffering from heart and blood-vessel disease. However, the latest research has shown that while aspirin is effective at preventing heart problems, it may also increase the risk of gastric ulcers and subsequent bleeding.

Alan Thomson, a University of Alberta researcher and professor in gastroenterology, in conjunction with scientists from Australia, Spain and the United Kingdom, has discovered that ulcers associated with the use of non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin, remain a major clinical problem.

"Aspirin and other arthritis treatment medications have been known for a long time to cause indigestion, and in others may cause complications such as bleeding," explained Thomson.

"Often times when we're on call and we see patients in the emergency room and they're vomiting blood, we find that they're on aspirin or arthritis treatment medications."

In an article published in the November issue of Alimentary Pharmacology and Therapeutics, Thomson and his colleagues noted the significant increase in ulcer prevalence and incidence in those who were given aspirin therapy.

"What we found was that eleven per cent of people on vascular protective doses of aspirin have an ulcer. That's one in ten," said Thomson, adding that the vascular protective dose in this case was defined as 75–325 mg daily, which is considered to be a low dosage. "Now that may not seem like a lot, but if you consider that literally tens of thousands of Edmontonians are taking aspirin—either under a doctor's prescription for protection against stroke or heart disease, or just taking aspirin just because of headaches and sore joints—that's a lot of people out there who are having ulcers," he said.

The research also looked at people who didn't have ulcers and followed them over a period of three months to see if they developed ulcers while taking aspirin. The study showed that seven percent of them got ulcers in that time frame.

While the correlation between ulcers and aspirin is not a new discovery, the frequency of it is quite remarkable. Previous animal studies have shown similar correlations as well, and it has been hypothesised that the ulcers might be a result of change in protective prostaglandin levels, changing the mucous layer in the stomach and reducing blood supply.

"We used to think that ulcers were caused by stress, but we now know that the two main causes of ulcers these days are Helicobacter pylori infection or aspirin and NSAIDs," said Thomson.

"So in this study, we also looked at people who are both infected by H pylori and are taking aspirin, and found that they're more likely to have ulcers in this case, which is not surprising.

"About one in three Canadians has a Helicobacter infection," he added. "So a lot of us have this infection. We don't necessarily know we have an infection, but if you do, and you're taking aspirin, you're at an even higher risk for developing ulcers."

While it's now known that the low dosage of aspirin can still cause ulcers, Thomson believes that this knowledge is unlikely to radically change current clinical practices.

"This will, however, mean that when physicians place their patients on aspirin, they have to caution them of the risks, and that there's a one in ten chance of developing an ulcer and that ulcer can potentially bleed. So people need to be informed of the risks and benefits of taking aspirin," Thomson said.

"The implication of this is that because this is so common, and because there is medication available to protect against this, then we have to be aware that this is a common problem and institute protective therapy."