

Editorial

Acceptable Consequences??? What Providers and Patients Need to Know Before Taking the “Opill” (The Newly FDA-Approved Over-the-Counter (OTC) Mini- Pill”)

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DEAR EDITOR,

Most providers are supportive of women having access to safe and effective birth control options. However, before any woman starts a birth control regimen, it is important for them to understand all the risks and ramifications. The newly FDA-approved over-the-counter mini-pill (the Opill), is one such option, and patients should understand that taking this pill is not without considerable medical consequences. And these consequences can adversely affect a woman's quality of life and put her at risk for many chronic medical illnesses [1].

In both the general public and in the medical community, there is a huge lack of understanding of how **ALL** birth control pills work. Most providers just go to their sample closet and give birth control samples to patients without understanding the differences or overall mechanism of action [2].

Birth control pills are made of synthetic hormones (synthetic estrogen and progestins) that are given in a daily dose, which provides enough of a blood level that the brain senses it has enough of these hormones and prevents the ovaries from making more. In essence, the ovaries “stop working.”

When this happens, the ovaries stop making eggs (hence nothing to impregnate), and the important natural hormones it makes [3]. Every day, the ovaries are responsible for making not only estradiol, but progesterone (half of the menstrual cycle) and testosterone. To many patients' and providers' surprise, testosterone is the most abundant hormone a woman's body makes during her reproductive life.

Testosterone is responsible for libido; sugar metabolism;

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weight control; mood; energy; cognition; bone and heart health; and increasing data shows prevention of breast cancer [4,6].

When the ovaries are “shut down,” all three of these hormones are shut down.

Birth control pills usually give back adequate amounts of estrogen and progesterone (synthetic versions), but ZERO testosterone. All birth control pills cause 100% testosterone deficiency in women, and the resulting effects are devastating.

Women with testosterone deficiency begin to feel apathetic, experience mood swings; have new onset panic or depression/anxiety; develop muscle aches and pains; lose their desire for sex; gain weight; and worst of all, develop insulin resistance, which can lead to diabetes and increase risk of heart disease. However, providers dole out birth control pills like candy every day, without regard to any of this.... *At least patients will not get pregnant.*

The Opill takes this risk to another level, as this pill will only replace the progesterone (synthetic) in a woman's body and cause a 100% estrogen deficiency. Patients taking the Opill will struggle with estrogen deficiency symptoms of insomnia; hot flashes; night sweats; vaginal dryness; dry skin and hair; heart palpitations; bone loss; and increased risk of high blood pressure and cardiovascular events. They will essentially be put into a menopausal hormonal state.

To make matters worse, patients will then struggle with progesterone excess symptoms (as that is the only hormone being replaced) of weight gain and insulin resistance; fatigue; mood disorder; and edema, to name a few.

The progestin-only birth control pills are one of the worst things medical providers can prescribe to women, and now women have full access to them OTC, without understanding how to manage these consequences or avoid them altogether.

Researchers have studied birth control pills for men, which were designed to work the same way as in women. These pills are usually made with low-dose progesterone (synthetic), which tricks the man's brain into "shutting down" the testicles so they will not make sperm. However, it also prevents the testicles from making testosterone. This leads to all the same symptoms women experience with testosterone deficiency, which also leads to erectile dysfunction – which men do **NOT** accept as a side effect [6].

One should ask, "Why is it OK to induce testosterone deficiency in women, but NOT in men?"

Women have been expected to deal with this inequity because of their desire to control their own reproductive health. And to make matters worse, when women complain about the symptoms of testosterone deficiency from taking oral birth control pills, they are most often dismissed, labeled as crazy, or told they have fibromyalgia. This then prompts the prescription for antidepressants and a whole host of other drugs.

When men have these symptoms, they are given proper consideration, given their testosterone, or in this case, ***not forced to accept consequences of a drug that women take every day.***

When it comes to birth control, there are other good options,

such as progesterone IUDs, which allow a woman's ovaries to function normally. However, if a patient really wants to utilize birth control pills to prevent pregnancy, then she needs to work to rebalance her hormones by replacing some estrogen and testosterone. This can be done in conjunction with a medical professional who understands hormones and the unique needs of women.

Taking the medical expert out of the picture and placing this level of responsibility on women, without proper education about the consequences, is negligence, and women deserve better.

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