

Progestin-only Injectables: Managing Any Problems

Problems Reported as Side Effects

May or may not be due to the method.

- y Problems with side effects affect women's satisfaction and use of injectables. They deserve the provider's attention. If the client reports side effects, listen to her concerns, give her advice and support, and, if appropriate, treat. Make sure she understands the advice and agrees.
- y Offer to help the client choose another method—now, if she wishes, or if problems cannot be overcome.

No monthly bleeding

- y Reassure her that most women using progestin-only injectables stop having monthly bleeding over time, and this is not harmful. There is no need to lose blood every month. It is similar to not having monthly bleeding during pregnancy. She is not infertile. Blood is not building up inside her. (Some women are happy to be free from monthly bleeding.)
- y If not having monthly bleeding bothers her, she may want to switch to monthly injectables, if available.

Irregular bleeding (bleeding at unexpected times that bothers the client)

- y Reassure her that many women using progestin-only injectables experience irregular bleeding. It is not harmful and usually becomes less or stops after the first few months of use.
- y For modest short-term relief, she can take 500 mg mefenamic acid 2 times daily after meals for 5 days or 40 mg of valdecoxib daily for 5 days, beginning when irregular bleeding starts.
- y If irregular bleeding continues or starts after several months of normal or no monthly bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see Unexplained vaginal bleeding, p. 91).

Weight gain

- y Review diet and counsel as needed.

Abdominal bloating and discomfort

- y Consider locally available remedies.

Heavy or prolonged bleeding (twice as much as usual or longer than 8 days)

- y Reassure her that some women using progestin-only injectables experience heavy or prolonged bleeding. It is not harmful and usually becomes less or stops after a few months.
- y For modest short-term relief she can try (one at a time), beginning when heavy bleeding starts:
 - 500 mg of mefenamic acid twice daily after meals for 5 days
 - 40 mg of valdecoxib daily for 5 days
 - 50 µg of ethinyl estradiol daily for 21 days
- y If bleeding becomes a health threat or if the woman wants, help her choose another method. In the meantime, she can use one of the treatments listed above to help reduce bleeding.
- y To help prevent anemia, suggest she take iron tablets and tell her it is important to eat foods containing iron, such as meat and poultry (especially beef and chicken liver), fish, green leafy vegetables, and legumes (beans, bean curd, lentils, and peas).
- y If heavy or prolonged bleeding continues or starts after several months of normal or no monthly bleeding, or you suspect that something may be wrong for other reasons, consider underlying conditions unrelated to method use (see Unexplained vaginal bleeding, next page).

Ordinary headaches (nonmigrainous)

- y Suggest aspirin (325–650 mg), ibuprofen (200–400 mg), paracetamol (325–1000 mg), or other pain reliever.
- y Any headaches that get worse or occur more often during use of injectables should be evaluated.

Mood changes or changes in sex drive

- y Ask about changes in her life that could affect her mood or sex drive, including changes in her relationship with her partner. Give support as appropriate.
- y Clients who have serious mood changes such as major depression should be referred for care.
- y Consider locally available remedies.

Dizziness

- y Consider locally available remedies.

New Problems That May Require Switching Methods

May or may not be due to the method.

Migraine headaches (see Identifying Migraine Headaches and Auras, p. 436)

- y If she has migraine headaches without aura, she can continue to use the method if she wishes.
- y If she has migraine aura, do not give the injection. Help her choose a method without hormones.

Unexplained vaginal bleeding (that suggests a medical condition not related to the method)

- y Refer or evaluate by history and pelvic examination. Diagnose and treat as appropriate.
- y If no cause of bleeding can be found, consider stopping progestin-only injectables to make diagnosis easier. Provide another method of her choice to use until the condition is evaluated and treated (not implants or a copper-bearing or LNG-IUD).
- y If bleeding is caused by sexually transmitted infection or pelvic inflammatory disease, she can continue using progestin-only injectables during treatment.

Certain serious health conditions (suspected blocked or narrowed arteries, serious liver disease, severe high blood pressure, blood clots in deep veins of legs or lungs, stroke, breast cancer, or damage to arteries, vision, kidneys, or nervous system caused by diabetes). See Signs and Symptoms of Serious Health Conditions, p. 384.

- y Do not give next injection.
- y Give her a backup method to use until the condition is evaluated.
- y Refer for diagnosis and care if not already under care.

Suspected pregnancy

- y Assess for pregnancy.
- y Stop injections if pregnancy is confirmed.
- y There are no known risks to a fetus conceived while a woman is using injectables (see Question 12, p. 95) or to a woman who receives an injection while pregnant.