What are the differences among birth control pills? [1]

Dear Alice,

What are the differences in birth control pills? I switched from Ortho-Tri cyclen to Alesse after asking my doctor for a lighter dose of estrogen, but have been told by friends that Nordette has the least amount and is the most effective. With all the news of hormones negatively affecting women's health, I'm very concerned.

Answer

Dear Reader,

No wonder you're confused? there are a variety of birth control pills on the market, and between the messages from advertisements, your friends, and your health care provider it can be difficult to distinguish what's best for you. Many people experience some sort of side effect related to birth control pills. In terms of long-term risk, research suggests that higher doses of estrogen increase the risk of breast and cervical cancers. That being said, its use can also lower the risk of getting ovarian, endometrial, and colon cancers. Learning more about the benefits and risks of different kinds of birth control pills can help you make the decision that is best for you!

Generally speaking, two different types of pills are being prescribed today:

- **Combination pill**: This is the most commonly prescribed type of pill, and it contains small doses of both estrogen and progestin in synthetic forms. Within this type there are monophasic pills, which has the same amount of each hormone throughout the whole cycle; and multiphasic pills, which contains varying amounts of the hormones in one cycle. These two subcategories are further segmented based on whether it contains more estrogen or progestin. Ortho Tri-Cyclen is a common brand of combination pills; the two others you mentioned, Alesse and Nordette, have since been discontinued and are no longer available on the market.

- **Progestin-only pill**: Also called the minipill, this is usually prescribed to decrease some of the side effects associated with estrogen or if there are health conditions or life changes, such as needing to breastfeed, that no longer allow for synthetic estrogen as an option. Progestin-only pills may initially cause more irregular menstruation, decreasing the number of periods for the first year. Other progestin-only contraceptive options include the contraceptive shot and some intrauterine devices (IUDs).
Because each of these has a different amount and type of synthetic estrogen and progestin, it makes comparing pills complicated. However, most birth control pills nowadays contain less estrogen than previous versions, with current formulas containing about 20 to 30 micrograms, compared to pills of the past which may have had more than 50 micrograms. Additionally, some pills are taken in 21-day or 28-day cycles, while others, called extended-cycle birth control pills, are taken in 84-day cycles. This increases the amount of time between each period of withdrawal bleeding, occurring only every three months, compared to every month. Just as pills can have different amounts of hormones, the number of days the pill is taken in a cycle may also affect comparisons.

Most pills have some reported side effects—changes in acne, weight, or mood, to name a few. People who take the pill may experience some side effects to different degrees. Many of these effects may be mitigated by a change in dosage. For instance, an increase in acne might be countered by a higher dose of estrogen and less progestin, while persistent headaches might be mollified by lower doses of both. Because of the many factors that come into play when choosing a pill, it's wise to take note of any symptoms you're experiencing that are related to the pills. That way, you can work with your health care provider to determine the best contraception option for you. It's not uncommon for people to try out several different formulations of the contraceptive pill or other hormonal methods to determine which works best for them or has the least amount of disruptive side effects.

Synthetic hormones are a much debated topic, especially as it relates to estrogen and breast cancer. Some studies have indicated a 20 percent increase in the risk of breast cancer for those who use birth control pills. The risk of cervical cancer also increases after using oral contraceptives for five years or more, but the risk can decline when they aren't used anymore. However, just as the risk for breast and cervical cancers can increase from oral contraceptive use, it can also reduce the risk of other cancers. Endometrial cancer is reduced by about 30 percent, and the protective factors continue even after it's no longer being used. Additionally, the risk of ovarian cancer can be reduced about 30 to 50 percent, and like endometrial cancer, lasts long after it's no longer used. Finally, they can reduce the risk of colorectal cancer by 15 to 20 percent. Given its ability to both increase and reduce different types of cancers, it's ultimately about finding what works for you and based on you and your health care provider's evaluation of the pros and cons associated with oral contraceptives.

All in all, kudos to you for taking control of your health and seeking more information about what you are putting in your body.

Alice!
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