

Effects of Medroxy Progesterone Acetate (Inject-able Contraceptive) on Serum Cholesterol level of Female adult Albino rats.

Soofia Nigar¹, Aisha Abdul Haq¹, Sahar Mubeen², Sarwat Jabeen¹, Afrina Raza³, Dureshewar Rehman⁴

ABSTRACT

Objective: To analyze the effects of Medroxy Progesterone Acetate (Injectable contraceptive) on serum cholesterol level of adult female albino rats.

Study Design: An experimental study.

Place and Duration: At Department of Anatomy, Dow University of Health Science from 1st March 2012 to 30th August 2012.

Methodology: Total Seventy-two female albino rats Wister strain were used which were further divided into three groups, named Group A, Group B and Group C. These groups were then subdivided into three subgroups depending on the duration of treatment. Treatment was given for one, two and three months. Group A (n=24) animals were served as controls. Group B as treated (n= 24) and were given MPA (3mg/ kg) according to body weight of rat. Group C treated group (n= 24) was given double dose of MPA (6 mg/ kg). At the beginning of the experiment only one dose of Injections (MPA) was given to both treated groups; B and C. After 1, 2 and 3 months the animals were dissected and 2cc blood was obtained from the intracardiac puncture for the measurement of serum cholesterol level.

Results: Serum cholesterol level showed significant rise in all treated groups B and C, when it was compared with control group A. Serum cholesterol level in control group A was 53.87 mg/dl \pm 13.26, in treated group B was 52.50 mg/dl \pm 8.29 and in group C was 66.75 mg/dl \pm 8.81. When the two groups A and C were compared (p-value < 0.046) the significant increase in serum cholesterol level was observed in group B and C.

Conclusion: Raised Serum Cholesterol level in this study may lead to cardiovascular problems like ischemic heart disease (IHD) and cerebro-vascular-accidents (CVA).

Keywords: Albino rats, Progesterone acetate, Serum cholesterol. Ischemic heart disease, Cerebro-vascular-accident.

How to Cite This:

Nigar S, Haq AA, Mubeen S, Jabeen S, Raza A, Rehman D. Effects of medroxy progesterone acetate (Inject-able Contraceptive) on serum cholesterol level of female adult albino rats.. *Isra Med J.* 2021; 13(1): 52-55

This is an Open Access article distributed under the terms of the Creative Commons Attribution-Noncommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Contraception is to prevent pregnancy by intervening with the

1. Associate Professor of Anatomy, Dow Medical College (DUHS) Karachi.
2. Assistant Professor of Anatomy, Dow Medical College (DUHS) Karachi.
3. Lecturer of Pharmacology, Unaizah College of Medicine Qassim University, Saudi Arabia
4. Lecturer of Anatomy, King Saud Bin Abdul Aziz University, Saudi Arabia

Correspondence:

Soofia Nigar

Associate Professor of Anatomy,
Dow Medical College (DUHS) Karachi.

Email: drsoofianigar71@hotmail.com

Received for Publication: January 01, 2019

1st Revision of Manuscript: January 01, 2020

2nd Revision of Manuscript: July 12, 2020

Accepted for Publication: February 24, 2021

physiological process ovulation, fertilization, and implantation¹. Rapid increase in population and increase mortality rate is a problematic situation for developing countries. Therefore, systematic endeavors are conducted to investigate acceptable methods of birth control that are cheaper, reliable and effective for women^{2,3}. However, despite the advancement in contraceptive technology, the ideal contraceptive has not yet been discovered as methods have their own hazards⁴. Hence, the objective of this experimental study is to evaluate the hazards associated with the contraceptive injections.

Injection MPA contains 150 mg Medroxy Progesterone Acetate (MPA) that is steroidal in nature⁵. MPA inhibits the production of gonadotropin hormone which prevents ovulation^{6,7}. MPA is well known progesterone contains contraceptive injection that is extensively used worldwide and highly effective. This study pointed out towards the adverse consequences of drug⁸. Numerous family planning centers are functioning in Karachi where the drug is easily available without informing any hazards of the injection⁹. It is expected that lack of awareness of side effects will emerge as a major community health burden in coming years. This research will provide public awareness about the adverse effects of contraceptives injections on women's health and will have value in clinical practice. The user would be

educated and encouraged to do the regular pap smear and measure serum cholesterol level to enhance the early detection of cervical carcinoma and consequences of hypercholesterolemia.

MPA is excessively used without any awareness of its side effects. The hypothesis of the study is that there are effects of MPA on serum cholesterol level of female rats. This study pointed out towards the ill-health consequences of drug. There are studies evaluating the effects of MPA on endometrium but the studies evaluating the effects of MPA on myometrium and correlate serum cholesterol level are lacking. Therefore, the present experimental study focused mainly on microscopic changes in endometrium, myometrium and ovary and serum cholesterol level. This study was conducted with an objective to analyze the effects of Medroxy Progesterone Acetate (Injectable contraceptive) on serum cholesterol level of adult female albino rats.

METHODOLOGY

This experimental study was conducted at Department of Anatomy, Dow University of Health Science (DUHS) from 1st March 2012 to 30th August 2012. The sample collection, processing, microscopy, micrometry, data entry and subsequent data analysis was conducted DUHS. The female albino rats of Wistar strain, age between 90 to 120 days and of 190g-220g weight were selected. The pregnant Female Rats were excluded from the experiment.

The selected albino rats were divided into three groups: Group A (Control group), Group B (1st treated group), and group C (2nd treated group). All three groups were further subdivided into three subgroups (each subgroup comprising 8 animals). Sample size was determined by applying statistical consideration which concluded that each sub- group should comprise at least 8 rats to obtain statistically significant results using statistical test. Control group A had 24 animals. First treated group B having 24 rats, was given MPA (3mg/ kg) according to body weight of rats. Group C, second treated group (n= 24) was given double dose of MPA (6 mg/ kg.).

At the commencement of experiment, Injections (MPA) were given only once to both treated groups B and C. After 1, 2 and 3 months, the female rats were sacrificed under deep Ether anesthesia. The animals were dissected through midline thoraco-abdominal incision from xiphoid process to pubic symphysis. Thoracic cavity was exposed after the dissection of sternum and direct cardiac puncture was done to collect 2cc blood for the measurement of serum cholesterol level. Blood samples were given in Biochemical Laboratory for measurement of serum cholesterol level.

Data Analysis: The data was recorded on different Performa for study variable on raw form it was then entered on SPSS 16 Version Kruskal Wallis and Tukey's test applied for non-parametric variable to test the difference between control and treated groups. The statistical significance of differences of various quantitative changes between treated animal and control was evaluated.

RESULTS

The mean serum cholesterol level was recorded in different groups at different time interval as shown in Fig-1.

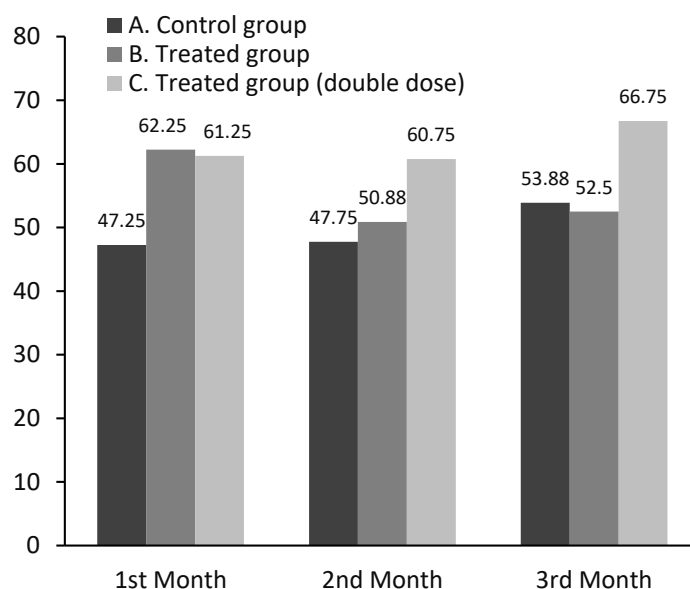


Figure-1: Mean serum cholesterol level (mg/dl) of female albino rats in different groups at variable time interval

Control group A1 and treated groups B1 and C1 after one month of treatment: The mean \pm S.D value of serum cholesterol level in control group A1 was 47.25mg/dl \pm 9.067 and in treated group B1 was 62.25 mg/dl \pm 12.15. When the two groups A1 and B1 were compared (p-value < 0.03) the significant increase in serum cholesterol level was observed in group B1. Whenever mean \pm S.D value in treated group C1 was 61.25mg/dl \pm 10.26 μ m. When the two groups A1and C1were compared (p-value < 0.05) the significant increase was observed in group C1. When two treated groups B1 and C1were compared the (p value < 0.978) which was not significant (Fig-1)

Control group A2 and treated groups B2 and C2 after two months of treatment: The mean \pm S.D value of serum cholesterol level in control group A2 was 45.75 mg/dl \pm 4.71 and in treated group B1 was 50.87 \pm 14.17. When the two groups A2 and B2 were compared the (p-value < 0.415) the non-significant increase in serum cholesterol level was recorded in group B2. However mean \pm S.D value in treated group C2 was 6075 mg/dl \pm 12.16. When the two groups A2 and C2 were compared the (p-value < 0.026) the significant increase in serum cholesterol level was observed in group C2. When two treated groups B2 and C2 were compared (p value< 0.297) which was not statistically significant (Fig-1)

Control group A3 and treated groups B3 and C 3 after three months of treatment: The mean \pm S.D value of serum cholesterol level in control group A3 was 53.87 mg/dl \pm 13.26 and in treated group B3 was 52.50 mg/dl \pm 8.29. When the two groups A3 and B3 were compared (p-value< 0.969) at C.I of 95%. The non-significant was observed in group B3. However mean \pm S.D value in treated group C3 was 66.75 mg/dl \pm 8.81. When the two groups A3 and C3 were compared (p-value < 0.046) the

significant increase in serum cholesterol level was observed in group C3. When two treated groups B3 and C3 were compared the p value < 0.074 at C.I of 95% which was statistically non-significant.

DISCUSSION

World Health Organization's recent research highlights an estimated 16 million women using injectable steroids annually, for contraception. This has potential hazards as the results of our study demonstrates a gradual increase in serum cholesterol level in treated animal (group B and C). The study validates that Progesterone stimulates lipoprotein lipase activity, enhance the fat deposition and reduces the serum HDL (High Density Lipoproteins) level, previous studies also disclosed the similar finding^{10,11}.

Other researches support the finding of this study that MPA increases triglycerides, LDL (Low Density Lipoprotein) and cholesterol level that led to increased risk of ischemic heart disease¹². Long-term administration of more potent MPA may decrease the glucose tolerance and increase the need for insulin or another anti-diabetic drugs¹³⁻¹⁵. When MPA used as a contraceptive, it increases the risk of venous thrombo-embolism (VTE)^{16,17}. A study has shown, statistically significant 3-4-fold increase the risk of (VTE) with Injectable progestin¹⁸. If the females have family history of venous thrombosis or other risk factor like obesity, immobility or surgery the contraceptive should never be used^{19,20}.

MPA is known to Induced hypo estrogenic state. Progesterone receptors are present on adipose tissue therefore MPA directly acts on adipose tissue. In addition, MPA binds to the glucocorticoid receptor and in high doses result in glucocorticoid like changes in fat mass.

MPA increased serum cholesterol level and very low-density lipoprotein (VLDL)²⁰⁻²². Many recent studies have indicated that the use of injectable contraceptive carries the increased risk of myocardial infarction, thrombotic stroke, hemorrhagic stroke and venous thrombosis, with or without pulmonary embolism. Therefore, IHD and CVA are the leading cause of maternal mortality in developing countries²³⁻²⁵.

This research will provide the public awareness about adverse effects of contraceptive injections on women's health. Since the study indicated that Serum cholesterol level was increased significantly in treated animals (group B and C) and findings are confirmed by work done in previous study²⁶, it validates that MPA decreased the HDL and increased cholesterol level, triglyceride and VLDL (very low-density lipoprotein). This leads to Hypercholesterolemia which causes ischemic heart disease and cerebrovascular accident.

CONCLUSION

Raised Serum Cholesterol level in this study may lead to cardiovascular problems like ischemic heart disease (IHD) and cerebro-vascular-accidents (CVA).

AUTHOR'S CONTRIBUTION

Nigar S: Conceived idea, Design methodology, Data collection.

Haq AA: Data collection, Manuscript writing

Mubeen S: Literature review and search.

Jabeen S: Literature search, Manuscript writing.

Raza A: Literature search, Manuscript writing

Rehman D: Data analysis, Data collection.

Disclaimer: None.

Conflict of Interest: None.

Source of Funding: None.

REFERENCES

1. Skiles MP, Cunningham M, Inglis A. The effects of access to contraceptive services on injectable use and demand for family planning in Malawi. *Int Perspective Sex Reproduct Health*. 2015; 41: 20-30.
2. Cover J, Ba M, Lim J, Drake JK, Daff BM. Evaluating the feasibility and acceptability of self-injection of subcutaneous depot medroxyprogesterone acetate (DMPA) in Senegal: a prospective cohort study. *Contraception*. 2017; 96: 203-210.
3. Kim CR, Fonhus MS, Ganatra B. Self-administration of injectable contraceptives: a systematic review Kim. *BJOG*. 2017; 124: 200-208.
4. Dasgupta AN, Zaba B, Crampin AC. Contraceptive dynamics in rural northern Malawi: a prospective longitudinal study. *Int Perspect Sex Reprod Health*. 2015; 41: 145-154.
5. Dasgupta AN, Zaba B, Crampin AC. Contraceptive dynamics in rural northern Malawi: a prospective longitudinal study. *Int Perspect Sex Reprod Health*. 2015; 41: 145-154.
6. Beasley A, White KO, Cremers S, Westhoff C. Randomized clinical trial of self versus clinical administration of subcutaneous depot medroxyprogesterone acetate. *Contraception*. 2014; 89: 352-356
7. Guyton AC. Female physiology before pregnancy and female hormone. In: Guyton and Hall Textbook of Medical Physiology. 12ed. Saunder Philadelphia 2011: 981-998.
8. Stanczyk FZ, Hapgood JP, Winer S, Mishell JR. Progestogens used in postmenopausal hormone therapy: differences in their pharmacological properties, intracellular actions, and clinical effects. *Endocr Rev*. 2013; 34:171.
9. Xue W, Deng Y, Wang YF, Sun AJ. Effect of half-dose and standard dose conjugated equine estrogens combined with natural progesterone or Dydrogesterone on components of metabolic syndrome in healthy postmenopausal women: a randomized controlled trial. *Chin Med J*. 2016; 129:273–279.
10. Escalante GC, Quesada MS. Hormone replacement therapy decreases DNA and lipid oxidation in postmenopausal women. *Climacteric*. 2013; 16:104–110.
11. Sai AJ, Gallagher JC, Fang X. Effect of hormone therapy on serum lipid profile in postmenopausal elderly women: association with estrogen receptor alpha genotypes. *Menopause*. 2011; 18:101.

12. Berenson AB, Rahman M. Changes in weight, total fats, percent body fat, and central-to-peripheral fat ratio associated with Injectable and oral contraceptive use. *Am J Obstet Gynecol* 2009; 200:329-338.
13. Faria AN, Ribeiro FF, Gouveia SR, Zanella MT. Impact of visceral fat on blood pressure and insulin sensitivity in hypertensive obese women. *Obes Res* 2012; 10:103.
14. Stanczyk FZ, Hapgood JP, Winer S, Mishell JR. Progestogens used in postmenopausal hormone therapy: differences in their pharmacological properties, intracellular actions, and clinical effects. *Endocr Rev*. 2013; 34:171.
15. Schindler AE. Pharmacology of Progestogens. *Journal Reproductions medicine and Endocrinologie*. 2015; 8:33–40
16. Vlig HA. The risk deep veins thrombosis associated with Injectable depot medroxy progesterone acetate contraceptive or a levonorgestrel intra-uterine device. *Arterioscler Thromb Vasc Biol* 2010; 30:2230-97.
17. Barsoum MK. Progestin an independent risk factor for incident venous thromboembolism. A population based case control study. *Thromb Res* 2010; 126:373-78.
18. Hannaford PC. Epidemiology of contraceptive and venous thrombolism. *Thromb Res* 2011; 127: 530-34.
19. Ojvind L, Lokkegaard A, Louise S, Carsten A. Hormonal contraception and risk of venous thromboembolism, national follow up study. *BMJ* 2009; 339: 289.
20. Hylckama AV, Helmerhorst FM, Vandenbroucke JP, Doggen CJ, Rosendaal FR. The venous thrombotic risk of oral contraceptive, effects of estrogen dose and progestogen type results of MEGA case control study. *BMJ* 2009; 13:339.
21. Casanova G, Spritzer PM. Effects of micronized progesterone added to non-oral estradiol on lipids and cardiovascular risk factors in early postmenopausal: a clinical trial. *Lipids Health Dis*. 2012; 11:133.
22. Sara T, Catherine NP, Anne MG, Simon G, John C, Nick P. Pregnancy and contraception in heart disease and pulmonary arterial hypertension. *J FAM Plann Repro Health care* 2006; 32: 75-81.
23. Clark MA, Harvey RA, Finkel R, Rey JA, Whalen K. Pharmacology. US: Lippincott Williams & Wilkins. 2011; 322.
24. Jacobsen BM, Horwitz KB. Progesterone receptors, their isoforms and progesterone regulated transcription. *Mol Cell Endocrinol*. 2012; 357:18–29.
25. Chin QD, Bratt J, Malkin MS. Building on safety, feasibility, and acceptability: the impact and cost of community health worker provision of injectable contraception. *Glob Health Sci Pract*. 2013; 1: 316-327.
26. Namagembe A, Tumusiime J, Lim J, Drake JK, Mbonye AK, A prospective cohort study of the feasibility and acceptability of depot medroxyprogesterone acetate administered subcutaneously through self-injection. *Contraception*. 2017; 95: 306-311.