• If you have any further questions, ask your doctor.

Depo-Provera is a long acting contraceptive. This medicine contains medroxyprogesterone acetate (methyl prostaglandin) which is a synthetic hormone that is produced in the ovaries during the second half of your menstrual cycle.

Depo-Provera acts by preventing an egg from fully fertilising by sperm and result in pregnancy. Depo-Provera acts by preventing an egg from fully fertilising by sperm and result in pregnancy. Depo-Provera works as a contraceptive for 12 weeks in women who have not had other fertility limiting surgery (e.g. tubal ligation or hysterectomy). Depo-Provera is a white sterile suspension for injection in a colourless glass vial fitted with a rubber stopper surrounded by an aluminium seal.

Uses
Depo-Provera is supplied by the manufacturer. It is recommended that the doctor uses these leaflets to aid counselling of the patient before giving Depo-Provera.

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Depo-Provera is contraindicated as a contraceptive at the above dosage in known or suspected hormone-dependent malignancy of the breast, endometrium, ovary and other hormone-dependent tumours, including breast and endometrial carcinoma. Depo-Provera should not be used by women with a past history of thromboembolism or who are actively bleeding.

Depo-Provera should be used without hesitancy in those with vesicoureteric reflux, cervical stenosis, mullerian anomalies, and short menstrual cycles. Depo-Provera should not be used in women with a history of a resolving or persistent pelvic or abdominal pain or in whom the history is suggestive of pelvic or abdominal disease. Depo-Provera should not be used in women with a previous history of prolonged or recurrent severe or any other type of menorrhagia.

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**Depo-Provera**

**Table 1. Mean Percent Change from Baseline in Bone Mineral Density in Adults by Skeletal Site and Cohort after 5 Years of Therapy with Medroxyprogesterone Acetate Injection (150 mg IM)**

<table>
<thead>
<tr>
<th>Skeletal Site</th>
<th>Cohort</th>
<th>N</th>
<th>Time in Study</th>
<th>Mean % Change from Baseline (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spine</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td>1 year</td>
<td>-2.5 (-3.5 to -1.4)</td>
</tr>
<tr>
<td></td>
<td><strong>Control</strong></td>
<td>105</td>
<td>1.7 (-2.3 to -1.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Treatment</strong></td>
<td>106</td>
<td>1.0 (-1.3 to 1.4)</td>
<td></td>
</tr>
<tr>
<td><strong>Femoral Neck</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td>1 year</td>
<td>-3.5 (-4.6 to -2.5)</td>
</tr>
<tr>
<td></td>
<td><strong>Control</strong></td>
<td>105</td>
<td>1.5 (-2.2 to -0.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Treatment</strong></td>
<td>106</td>
<td>-2.0 (-3.0 to -1.0)</td>
<td></td>
</tr>
<tr>
<td><strong>Femoral Shaft</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td>2 years</td>
<td>-3.0 (-4.0 to -2.0)</td>
</tr>
<tr>
<td></td>
<td><strong>Control</strong></td>
<td>105</td>
<td>-1.2 (-2.2 to -0.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Treatment</strong></td>
<td>106</td>
<td>-1.8 (-2.8 to -0.8)</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2. Mean Percent Change from Baseline in Bone Mineral Density in Adults by Skeletal Site and Cohort after 5 Years of Therapy with Medroxyprogesterone Acetate Injection (150 mg IM)**

<table>
<thead>
<tr>
<th>Skeletal Site</th>
<th>Cohort</th>
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<th>Time in Study</th>
<th>Mean % Change from Baseline (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spine</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td>1 year</td>
<td>-2.3 (-3.3 to -1.3)</td>
</tr>
<tr>
<td></td>
<td><strong>Control</strong></td>
<td>105</td>
<td>-1.7 (-2.7 to -0.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Treatment</strong></td>
<td>106</td>
<td>-0.5 (-1.5 to 0.5)</td>
<td></td>
</tr>
<tr>
<td><strong>Femoral Neck</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td>1 year</td>
<td>-3.5 (-4.6 to -2.4)</td>
</tr>
<tr>
<td></td>
<td><strong>Control</strong></td>
<td>105</td>
<td>-1.6 (-2.6 to -0.6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Treatment</strong></td>
<td>106</td>
<td>-1.9 (-2.9 to -0.9)</td>
<td></td>
</tr>
<tr>
<td><strong>Femoral Shaft</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td>2 years</td>
<td>-3.0 (-4.0 to -2.0)</td>
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<tr>
<td></td>
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<td>105</td>
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<td><strong>Treatment</strong></td>
<td>106</td>
<td>-1.8 (-2.8 to -0.8)</td>
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</tr>
</tbody>
</table>

**Possible Effect on Your Periods:**

Your periods are usually very light and do not last as long as normal. If you have irregular vaginal bleeding or spotting, consult your doctor. If you have more than 4 bleeding days per month, your symptoms may need to be treated.

**Possible side effects:**

- **Intervertebral disc:***
  - Pain in your back, hip, or leg.
  - Weakness or numbness in your legs.
  - Difficulty walking.
  - Changes in your bowel habits.
  - Changes in your bladder function.
  - Changes in your sexual function.

- **Osteoporosis:**
  - Changes in your height.
  - Changes in your bone density.
  - Changes in your muscle mass.
  - Changes in your body weight.
  - Changes in your body composition.

**Pregnancy:**

If you use Depo-Provera, it may help your babies if you take regular weightbearing exercises and have a healthy diet, including an adequate intake of calcium (e.g. in dairy products and vegetables) and vitamin D (e.g. in oily fish).

**Possible risk of cancer:**

Studies of women who have used different forms of contraception found that women who used Depo-Provera for contraception had no increase in risk of developing cancer of the ovary, womb, or liver.

**Possible risk of breast cancer:**

Breast cancer is a disease that affects women of all ages. The risk of developing breast cancer is greater in older women, while younger women have a higher risk of developing cancer of the ovary. The risk of breast cancer is not affected by the use of Depo-Provera.

**Possible risk of weight gain:**

Some women gain weight while using Depo-Provera. However, Depo-Provera may help to reduce weight gain by improving insulin resistance and other metabolic effects. This includes any possible side effects not listed in the package insert. You should discuss this information with your doctor to determine if it is right for you.

**Contents of this leaflet:**

What Depo-Provera contains: What Depo-Provera looks like and contents of this pack: What is Depo-Provera used for? How to store Depo-Provera: How much Depo-Provera do you need? How to use Depo-Provera: Pomegranate juice is a source of polyphenols that may help prevent the formation of bone mineral density (BMD) loss in postmenopausal women. It is known to be beneficial for preventing and managing osteoporosis. However, it is not known whether the use of Depo-Provera is effective in reducing the risk of breast cancer or osteoporosis.

**Pomegranate juice:**

Pomegranate juice is a natural source of polyphenols that may help prevent the formation of bone mineral density (BMD) loss in postmenopausal women. It is known to be beneficial for preventing and managing osteoporosis. However, it is not known whether the use of Depo-Provera is effective in reducing the risk of breast cancer or osteoporosis.

**Depo-Provera:**

Depo-Provera is a water-based suspension for injection containing medroxyprogesterone acetate in vials. It is indicated for use as an emergency contraceptive and for the prevention of ovulation in women who are not pregnant.

**Depo-Provera** is a registered trademark of Pharmacia Ltd.**

**Switching from other methods of contraception:**

When you switch from one contraceptive method to another, your doctor will advise you if and when you should use Depo-Provera. This is to ensure that your periods are regular and to prevent ovulation during the first few months of use.**

If you are pregnant or have a history of breast cancer, it is not recommended to use Depo-Provera. This is because of the risk of breast cancer and osteoporosis.**

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