**Hormonal Birth Control**

**Guidelines for Prescribing Hormonal Birth Control to Women With a Known History of Depression And/or Anxiety**

Women who have a known history of depression or anxiety are most likely to experience worsened moods from the use of hormonal contraceptives. As such, it is critical that a clinician distinguishes between diagnosed or treated patients before they go ahead to prescribe their patients with hormonal contraceptives (Ross, & Kaiser, 2017). As such, a clinician will be able to determine the most effective guideline to be followed by the patient while taking their prescribed hormonal contraceptives.

A clinical practitioner should find out from the patients the rate of occurrence of depression and anxiety symptoms (Worly, Gur & Schaffir, 2018). In case the patient has experienced such conditions in a near period of a month or less, then it is critical that the patient undergoes a mental health assessment.

If a patient with depression has accompanied symptoms of anxiety, it is critical that depression is treated first (Warnock et al., 2017). On the other hand, for a patient with an anxiety disorder and depressive symptoms, the disorder should be treated first since treatment of anxiety often improves depressive symptoms.

Women with persistent sub-threshold anxiety symptoms or mild depression, according to their preferences, should be prescribed either a computerized cognitive behavioral therapy or an individual guided self-help concerning the principles of cognitive behavioral therapy while taking their prescribed hormonal contraceptives (Cheslack et al., 2015). In addition to this, a trained practitioner should facilitate the self-help programs and actively take part in reviewing their progress and outcomes.

For a patient who reports feeling depressed after starting hormonal birth control, it is critical that their clinician monitors the symptoms closely to determine whether the side effects are mild and acceptable to the individual for a continued prescription (Yang, Kozhimannil & Snowden, 2016). On the other hand, a clinician could advise their patient to stop the hormonal contraceptive they are on or change to a different contraceptive with regard to their preference. **References**

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