

## **The Catholic Doctor is In: Should Oral Contraceptives be Used to Treat Acne in Women?**

You are in a doctor's office with your daughter who is traumatized by her acne and oily skin. Her physician suggests using oral contraceptives to treat the acne. What should you ask? What should you do?

### Four causes of acne

Acne has four underlying causes. No, not the four basic food groups of Santa's elves (candy, candy canes, candy corn, and syrup — with apologies to Will Farrell), although there is evidence that a high glycemic diet does make acne worse. The four underlying causes are increased sebum (oil) production, abnormal keratinization (sticky dead skin cells that plug pores), bacterial overgrowth (of *P. acnes*), and inflammation. Effective treatment will attack at least two of these factors.

Benzoyl peroxide kills bacteria. Retinoids (such as RetinA<sup>TM</sup>, Differin<sup>TM</sup>, and Tazorac<sup>TM</sup>) unplug the plugged pores and reduce inflammation. Oral antibiotics (doxycycline and minocycline) both kill bacteria and reduce inflammation. Isotretinoin (formerly known as Accutane<sup>TM</sup>) attacks all four factors.

Oral contraceptives only reduce oil production by reducing the amount of circulating androgens ("male" hormones such as testosterone which are made in both the ovaries and adrenal glands) that stimulate the oil glands to make sebum.

### Principle of double effect

The Church teaches that one may, under certain circumstances, legitimately choose to carry out an act that is morally good, but which has one or more unintended side effects that are evil. This is called the principle of double effect. The desired action (prescribing and taking hormones with both anti-oil production and contraceptive effects) has both a good and intended effect (treatment of acne) and an evil and unintended effect (contraception). Acts that have evil effects are permissible only when three conditions are met: the evil effects are not intended; the evil effects are not the means by which the good effect is achieved; and, the evil effects are outweighed by the good effect.

In the case of a fertile woman who is committed to sexual abstinence, the moral question is reduced to weighing the negative physical effects of using the synthetic hormones and looking to see if there are any better alternatives. For those who are not sexually abstinent, I have listed further considerations below.

In addition, physicians who prescribe isotretinoin regularly prescribe two forms of contraception (with FDA pressure) because of its extremely high rate of causing birth defects. Such use of oral contraceptives would be sinful for a woman who is not sexually abstinent since they would be used primarily for its anti-conception effect. I have given women isotretinoin in the past when I believed that they would be abstinent.

### Other considerations

Even though it can be morally licit to take contraceptive medications for non-contraceptive purposes, I cannot think of a time when it is the best option for acne. Consider the following:

- The three oral contraceptives approved for the treatment of acne were approved by the FDA for women who “need contraception” as well as acne treatment. They were not approved for stand-alone acne treatment.
- Oral contraceptives used for acne contain both estrogen and progesterone-like drugs (“combination pills”). These have more significant side effects than non-estrogen containing contraceptives. These can cause worse side effects than anything else I prescribe to women for acne: blood clots in lungs, heart, brain and legs; depression, headaches, mood changes, bloating, high blood pressure and many others. And they are Class I Carcinogens according to the International Agency for Research on Cancer.
- Taking these medications may provide a “near occasion of sin” for girls and women tempted to have intercourse outside of marriage.
- These medications can act as early abortifacients.
- Other acne treatments can successfully control acne in girls and women.
- There is another medication that effectively reduces oil with less side effects and is not a contraceptive. During over 20 years of dermatology practice, I have never found a girl or woman whose acne could not be controlled without oral contraceptives or isotretinoin. The majority of acne in females can be controlled with an initial course of

oral antibiotics using long-term topical benzoyl peroxide and a topical retinoid. In those patients in whom this is not sufficient, such as women with very oily complexions and/or irregular periods (who should be checked for polycystic ovary syndrome), I have found the anti-androgen medication spironolactone incredibly helpful.

While the medical literature usually says that it must be given with an oral contraceptive, I have found no convincing explanation for this and have been using it without contraceptives safely and successfully for nearly 20 years. While oral contraceptive medications can, in certain situations, be morally acceptable for the treatment of acne, there is almost always a better option. Now that you are armed with information, make the best use of it when you see a physician for acne treatment\

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