The Pill Chill

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HIVers -- and those who sleep with them -- may want to think twice before using the Pill, the contraceptive that contains sex hormones like estrogen. Its potential interactions with anti-HIV meds was the first red flag (see “Mixed Signals,”). Now there are others. In a Kenyan study, HIV positive Pill poppers were much more likely to contract multiple strains of HIV than non-Pill poppers. Why remains unclear. One theory is that hormones thin vaginal cells, making them more vulnerable to infection. Whatever the cause, multiple strains mean faster disease progression. Another study showed that women’s cervical viral load fluctuated over their menstrual cycle (highest during their period, lowest at ovulation), suggesting that naturally produced hormones may affect disease progression. A third study showed that neggies who had the common STD human papillomavirus (HPV) and used the Pill for more than five years had a higher risk of developing cervical cancer -- a worrisome finding also for their positive sisters who are or were on the Pill, especially those with low CD4-cell counts. While there are valid reasons for HIVers to use the Pill or estrogen therapy, including lessening the miseries of menopause, these studies underscore the importance of discussing the potential risks vs. benefits with a doctor.

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