

Effects of Oral Hormonal Contraceptives on the Ease of **Recall of an Emotional Autobiographical Memory** Aarushi Agrawal, Courtney A. Durdle, Natasha Pansare & Michael B. Miller

Introduction

- Oral hormonal contraceptives (OC), otherwise known as the "pill", provide an effective option for contraception and safe long term family planning as well as managing cycle related physiological symptoms. The pill, when contains progestin only or both estrogen and progestin made it possible for American women to separate sexuality and childbearing.³ Estrogen and progesterone are hormones that are essential for sexual and reproductive development in women and help regulate a woman's menstrual cycle.
- Previous research shows that hormones can affect mood and cognition, and the menstrual cycle can also be linked to cognition and mood.¹Around 82% of women between the ages of 15 and 44 years in the United States take OC's in their lifetime and oftentimes report emotional side effects.²
- Autobiographical memory: the memory of one's personal history and previous research has shown that emotion is an important cue for recalling an autobiographical memory. Given these findings, it is imperative to discover and understand the effects of OCs on autobiographical recall.
- Measuring ease of recall while considering OC and NC conditions can shed light on how sex hormones may affect memory cognition, which in turn can help future researchers explore these effects in other important executive function areas like decision making or attention.

Hypotheses

H1: Those who are NC and are recalling a stressful personal event will have the highest rating of ease compared to any other condition.

H2: Regardless of emotional condition, it is predicted that NC women will have an easier time generating a recalled event compared to those on OC.

H3: Regardless of OC status, those who recall a negative event will rate the generation as easier to come up with compared to a neutral event.

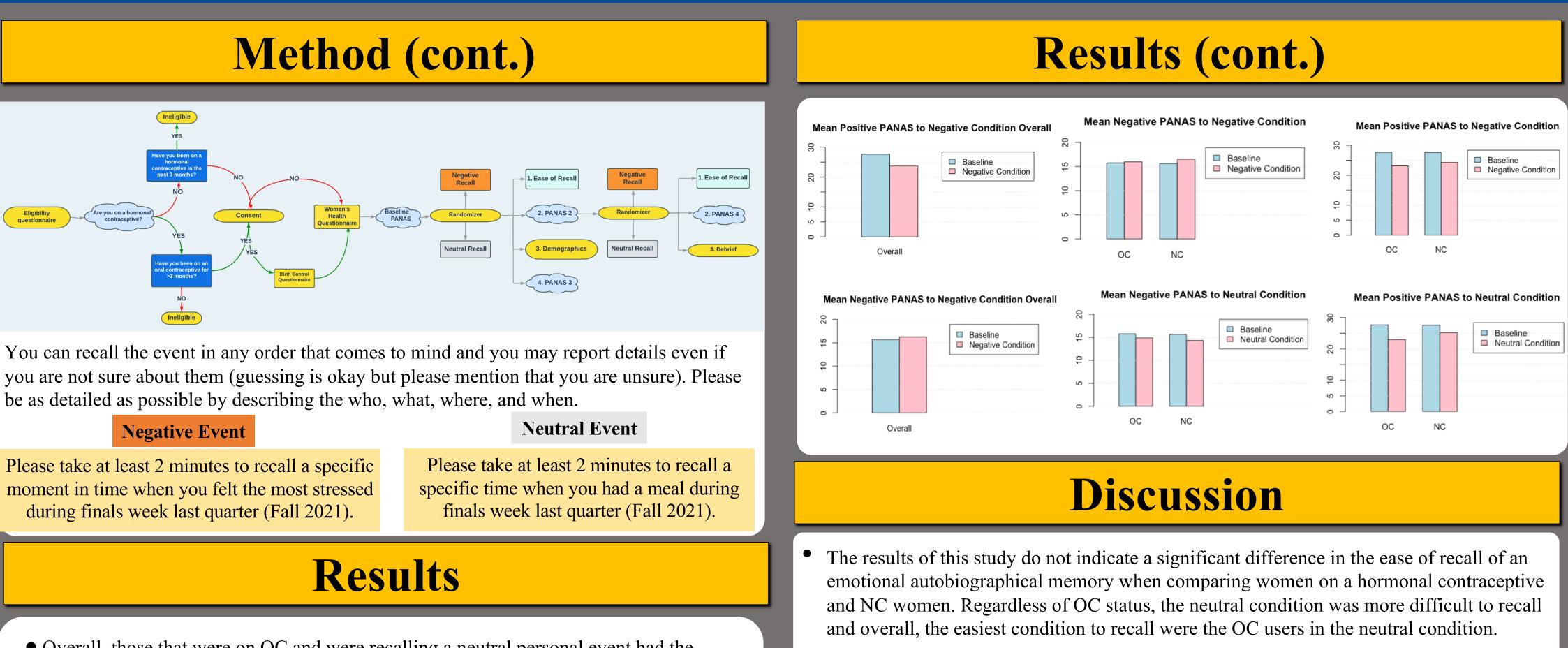
H4: The most difficult recall will be from the OC group having to recall a neutral event.

Method

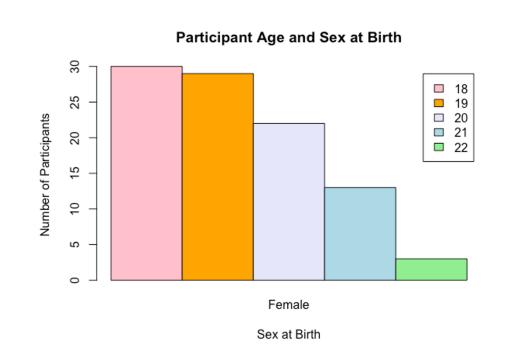
Participants: 100 female and non-binary undergraduate students from UCSB (ages 18-25; *M* = 19.3, SD = 1.16).

- **Inclusion Criteria:** Participants must have been on an oral hormonal contraceptive for at least 3 months or must have been naturally cycling.
- **Exclusion criteria:** included anyone that was on sex hormone treatments, pregnant, had endometriosis, menorrhagia, polycystic ovarian syndrome, suffered from a traumatic brain injury, had Attention Deficit Disorder (ADD) or Autism Spectrum Disorder (ASD).
- **Positive and Negative Affect Schedule (PANAS)** to evaluate current state emotions using a 5-point scale where 1= "very slightly or not at all" and 5= "extremely".
- Ease of Recall Scale assessing how easy it was to recall the event on a scale of 1-6, where 1= "very difficult" and 6 = "very easy."

University of California, Santa Barbara

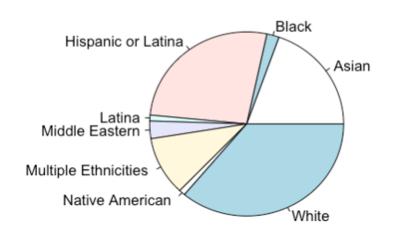


- Overall, those that were on OC and were recalling a neutral personal event had the highest rating of ease, contrary to our hypothesis.
- The negative condition was easier to recall than the neutral condition for OC. The neutral condition was easier to recall than the negative condition for those on OC. However, there was no statistically significant difference between the values, so we fail to reject the null hypothesis.
- There was no significant difference between the baseline PANAS to the PANAS after the negative and neutral condition. **Race/Ethnicity of Participants**

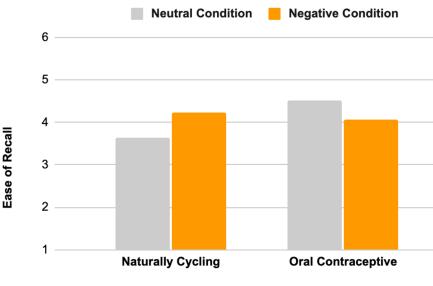


	Neutral Condition	Negative Condition
Naturally Cycling	3.64	4.23
Oral Contraceptive	4.52	4.06

Figure 1: Ease of Recall for Neutral and Negative Condition for NC and OC users

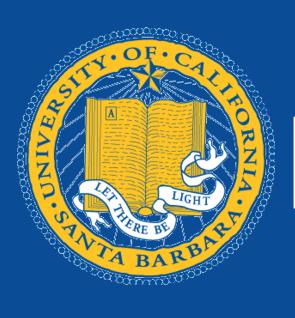


Ease of Recall for Neutral and Negative Event



(URCA).

1)	Eı
Co	ono
htt	ps
2)	Jc
20	10
18	;(6
3)	D
	di
	th





• In the future, the negative condition should be modified to be more stressful, such as incorporating a stressful stimuli to see an overall increase in the negative affect for PANAS after baseline. Furthermore, there should be a larger sample size to make further conclusions.

Acknowledgements

I would like to thank Courtney A. Durdle and Natasha Pansare for their tremendous help on this project. I would also like to thank Dr. Michael B. Miller and the Miller Lab for their support throughout my project. Sponsored by the Undergraduate Research Creative Activities Grant

References

rlanger, D.M., Kutner, K.C. & Jacobs, A.R. Hormones and Cognition: Current cepts and Issues in Neuropsychology. Neuropsychol Rev 9, 175–207 (1999). s://doi.org/10.1023/A:1021634622577

ones J, Mosher W, Daniels K. Current contraceptive use in the United States, 2006-0, and changes in patterns of use since 1995. Natl Health Stat Report. 2012 Oct 60):1-25. PMID: 24988814.

Dugdale, M., and Masi, A. T. (1971). Hormonal contraception and thromboembolic isease: Effects of the oral contraceptives on hemostatic mechanisms: A review of ne literature. Journal of Chronic Diseases, 23, 775-790