

THE SAFETY OF THE PILL

ORAL contraceptive users report an average of six episodes of illness every three years while non-users report an average of five episodes every three years. The additional episode in Pill users is almost certainly not caused by the Pill, but results from biased reporting associated with Pill usage.

Royal College of General Practitioners (1974). *Oral Contraceptives and Health*. London: Pitman Medical.

The Pill is important. Although introduced little more than a decade ago it has rapidly become one of the main methods of contraception—and clearly the most reliable.

This drug as much as any other development in modern medicine has contributed decisively to the emancipation of women. Women have been freed and offered greater choice than ever before. There will be no going back now.

The Pill has also affected, and in some ways improved, the doctor-patient relationship. This study, for example, has shown that the women receiving the Pill from their own general practitioners stopped it much less often after the Scowen Committee's adverse publicity than did those receiving prescriptions from contraceptive clinics.

There are already over two million women taking it in the United Kingdom, the numbers are steadily increasing, and its popularity among younger women will ensure increased use in the future.

The spectacle of thousands of healthy women choosing to take steroids for years on end has raised new ethical, legal and above all, medical questions. Towering above all others is the question of safety. What are the benefits? What are the risks? What can be done to reduce the risks?

The main findings of the College's oral contraception study are reassuring. Women taking the Pill and doctors prescribing it have been under pressure in recent years. Inevitably with such a newsworthy subject there has been a steady stream of reports of complications. Many have come from ultraspecialists who have dealt in detail with an important, but nevertheless rare, topic. Each new report, each fresh complication created further uneasiness in the minds of all concerned. The overriding need for a broadly based report concerned with total morbidity has become greater year by year. Similarly, the need to quantify the risk in terms of x incidents in a defined population each year has become more necessary in order to place the whole problem in perspective.

Clinicians who have been actively concerned in contraceptive care have long appreciated the benefits as well as the disadvantages for their patients. One useful aspect of this report is that it also clarifies and identifies some of the improvements in health which stem from Pill use.

The advantages

As expected, one of the main advantages is a 63 per cent reduction in the incidence of dysmenorrhoea. The reduction in menstrual loss also led to seven per thousand users per year being protected from iron deficiency anaemia. Other benefits include improve-

ment for those suffering from acne and sebaceous cysts, and unexpectedly, a significant reduction by 24 per cent of reports of wax in the ears.

Pill problems

The best known and medically most important risk remains that of thromboembolism. This risk is quantified as a five or six fold increase, i.e. an attributable risk on the 50 mcg oestrogen Pill of 81 per 100,000 users a year (compared with 112 per 100,000 users a year on higher doses of oestrogen).

There is a 50 per cent increased incidence of superficial venous thrombosis and a 20-50 per cent increase in urinary infections.

Other increases in incidence associated with Pill use include Raynaud's disease and gallbladder disease. The attributable risk of increased photosensitivity was 53 per 100,000 patients a year. It is particularly interesting that depression has increased very little if at all.

One of the more important findings which carries considerable clinical significance is that of a steady rise in incidence of hypertension. By the fifth year this has reached two to two and a half times that of the first year and there is a correlation with age. Checking the blood pressure has been recommended as a significant part of the regular Pill check (*Journal of the Royal College of General Practitioners*, 1972) and this new finding underlines its importance.

Sociological significance

The Oral Contraception Study has confirmed what is obvious in general practice, that younger women are using this method more readily. Kay (1969) has already shown that Pill takers have other interesting characteristics such as their tendency to smoke more than other women regardless of age, parity, or social class.

A pointer for the future lies in the finding that the unwanted pregnancy rate is as high as 20 per 100 women-years in those who have stopped the Pill. Furthermore 30 per cent of these pregnancies ended in some kind of abortion compared with only 13 per cent of the pregnancies of those who stopped the Pill and wanted a baby. Too many women are stopping the Pill too readily. Cartwright (1970) has shown that women who have been examined and who have had the chance to discuss the method fully are much less likely to abandon it.

Reaching the lower social classes

One striking finding is that the Pill is accepted "with only a slightly lower prevalence among social classes 4 and 5". Time and again in recent years study after study has shown a failure of uptake by the lower social classes for many health services. Furthermore in this same field the Family Planning Association clinics, although highly successful, have nevertheless acquired a remarkably middle class aura. This finding that the poor and underprivileged are getting oral contraceptives from their own practitioners is a clear tribute to the accessibility of British family doctors and general practitioners' awareness of social needs.

The clear corollary is that the best way of providing contraceptive services in the future and the best way of ensuring that they reach those who may need them most is by encouraging this work in general practice.

REFERENCES

- Cartwright, Ann (1970). *Parents and Family Planning Services*. London: Routledge and Kegan Paul.
Journal of the Royal College of General Practitioners (1972). Editorial, 22, 579-81.
 Kay, C. R., Smith, A. & Richards, B. (1969). *Lancet*, 2, 1228-1229.