

Response from women to adverse publicity about oral contraceptives

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THIS short report records an opportunity that was taken to measure the patient response to a situation that promised to be the subject of much discussion.

It was envisaged that the wide publicity given to two adverse reports^{1,2} on oral contraceptives would be followed by a considerable response from women taking the contraceptive pill. This response was measured in a semirural general practice in Leicestershire (list size 15,633). The study started the day after the two articles appeared in *The Lancet*^{1,2} and lasted for six weeks. Over this period, 223 women (24 per cent of the total number of patients for whom oral contraceptives had been prescribed) made enquiries about the contraceptive pill. Of these 223 enquiries, 43 were by telephone and were answered by the practice staff, who had been instructed to advise women to finish their present prescription and then to arrange an appointment to see their doctor. The remaining 180 enquiries were in person, and these were analysed in more detail.

The types of response

Half of the patients (91) who attended came routinely for a 'Pill check' and repeat prescription. Just over a quarter (48 patients) attended to enquire about the risks of the Pill. A fifth (34 patients) mentioned the Pill and its possible side effects while ostensibly consulting for another reason. Seven patients attended to ask about the risks from having taken the Pill when they were younger.

Two thirds (113) of the patients who attended were 25 years old or less (Table 1). It is estimated that two out of three practice patients taking oral contraceptives are in this age category and yet, despite publicity implicating 25 years of age or less as a risk factor, the proportion of enquiries was no higher than in the older age group.

Just under a third (67) of the 180 patients who consulted had their prescriptions changed to low dose pills. Only nine of these patients were over the age of 25 years. There were no significant difference in the way different doctors in the practice responded.

Table 1. Age distribution of attenders compared with total population on oral contraceptives.

Age (years)	Percentage of women attending (n=180)	Estimated percentage of population on oral contraceptives (n=1,041)
<25	63	62
>25	37	38

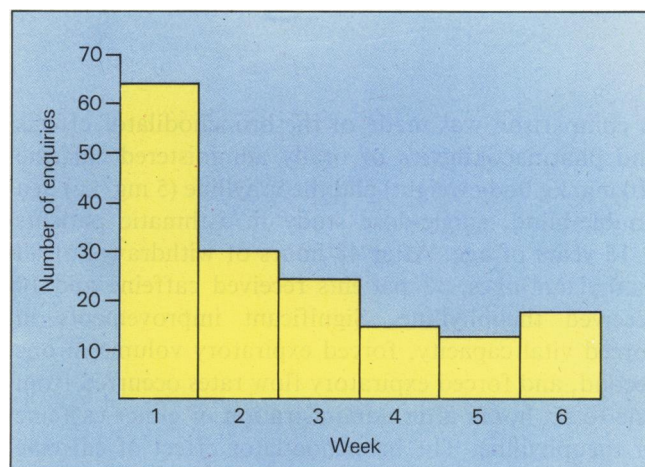


Figure 1. Number of enquiries per week in the six weeks of the study.

The number of enquiries decreased with time, and after three weeks the consultation rate had returned to the normal level (Figure 1).

A brief audit of the management of the patients who were seen showed that a third (67) had their blood pressure measured, a third (57) had their breasts examined and their blood pressure measured, and a third (56) had no form of physical examination (Table 2). Approximately a third (66 patients) were advised to book for a cervical smear test; a further half (99) were found, from the notes, to have had a smear taken in the last four years, while for a twelfth (15 patients) there was no record of cervical cytology (Table 3).

Table 2. Audit of management.

	Percentage of attenders (n = 180 patients)
Physical examination	
Blood pressure	37
Blood pressure and breasts	32
None	31

Table 3. Cervical cytology in respect of attenders.

	Percentage (n = 180 patients)
Cervical smear test	
Booked appointments	37
Smear taken in last four years	55
No record	8

Conclusion

This response contrasts with anecdotes of the alarm that followed previous adverse reports on the Pill. For example, the Committee on Safety of Medicines report³ on thromboembolic disease and contraceptive pills with a high content of oestrogen was said to have been the cause of many women stopping their Pill midcycle, with the inevitable result of an increase in the number of unwanted pregnancies. The number of induced abortions in Britain rose from a rate of 55,000 to 75,000 per year in 1970, and it has been suggested that this increase was as a result of the alarming reports on the Pill in late 1969.⁴ The alarm generated at the time was in part due to a premature report leaked to the press before the Committee had prepared a statement: thus very little concrete advice was given either to the general public or to the medical profession in the early days after publication. A similar degree of concern was expected to follow the recent adverse publicity on the Pill, and it was thus interesting to record the small number of enquiries and to note that only one patient in this study had voluntarily stopped taking the Pill as a result of the publicity. The moderate response on this occasion may be because of less sensational reporting by the media, a better prepared medical profession and possibly a lessening effect of repeated warnings.

References

1. Pike MC, Henderson BE, Krailo MD, *et al.* Breast cancer in young women and use of oral contraceptives: possible modifying effect of formulation and age at use. *Lancet* 1983; **2**: 926-930.
2. Vessey MP, Lawless M, McPherson K, *et al.* Neoplasia of the cervix uteri and contraception: a possible adverse effect of the pill. *Lancet* 1983; **2**: 930-934.
3. Committee on Safety of Drugs. Report (Scowen EF, Chairman). *Adverse Reaction Series* 1969; No. 9.
4. Jeffcoate TNA. RCOG Statement on oral contraceptives. *Br Med J* 1970; **2**: 293.

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DOCTORS TALKING TO PATIENTS

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Occasional Paper 26

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