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R.C.O.G. Statement on Oral Contraceptives

SIR,—The paper by Dr. W. H. W. Inman and colleagues (25 April, p. 203) on the risks of oestrogen-progestogen oral contraceptives, and the statement by the Committee on Safety of Drugs (same issue, p. 231), will be welcomed by all those directly concerned in giving advice on family planning and the prevention of unwanted pregnancy. These, together with the many other observations made in recent years, make it reasonably certain that it is the oestrogen component of the "pill" which can sometimes, if rarely, cause or favour cerebral and venous thrombosis and embolism, and that the risk is dose-related.

Since preparations containing no more than 50 µg. of either mestranol or ethinyl oestradiol have, according to the observations of the Committee on Safety of Drugs, so far proved equally reliable from the standpoint of preventing pregnancy they should, for normal use, be preferred to those with a higher oestrogen content. Some oestrogen, however, appears essential to efficiency, and "progestogen-alone" preparations do not yet generally command appeal because their contraceptive action is less certain and they commonly disturb the menstrual cycle.

Leaving aside thromboembolism, none of the other reported side effects of oestrogen-progestogen contraceptive pills has yet been shown to have any serious significance, provided women known to be at special risk are screened out, and provided those who take the pills are kept under supervision to exclude the occasional development of glycosuria, hypertension, and dysplasia in the epithelium of the cervix. Many methods of contraception are currently available, and acceptability and practicability as well as medical considerations govern the choice for a particular couple. Moreover, merits such as ease of use and reliability need to be measured against handicaps such as potential dangers to health and annoying side effects. When this is done oral contraceptives still have

much to commend them in a majority of cases. This is especially true for younger women in whom the chance of thromboembolism developing is remarkably small, and whose need for a simple and reliable contraceptive is great. For older women who are at greater risk and whose desire is to limit rather than postpone and space child-bearing, sterilization may sometimes be preferable.

When a woman is advised to take one or other of the oestrogen-progestogen preparations she has every right to be told not only of the advantages but of any hazards which are involved. She is also entitled to be told the truth, and this in such a way as to make her aware of the fact that the chance of fatal consequences is small in relation to what oral contraceptives have to offer, and that statistically it is much less than that attending many everyday acceptable activities. Indeed, the overall figures indicate that, even in Britain where the maternal mortality rate is low, it is approximately 15 times safer to take the pill regularly for one year than it is to be exposed to one pregnancy and childbirth.

Unfortunately, the dangers of oral contraceptives have sometimes been grossly exaggerated and distorted in the medical and lay press and by radio and television. At times, there has appeared to be almost a campaign to discredit the pill, and the views of prejudiced if well-meaning individuals have been given disproportionate emphasis and allowed to outweigh scientific evidence. The result is that many women, and also their husbands, have become unreasonably alarmed about continuing a method of contraception which has hitherto suited them well. Gynaecologists and general practitioners are thus besieged by women seeking other and mostly less satisfactory methods of contraception, or by women demanding termination of a pregnancy which is consequential to an unjustified fear of taking oral contraceptives. There is no proof but it is already being mooted that

the sudden upsurge in the number of induced abortions from a rate of 55,000 to 75,000 a year, which occurred in Britain during February and March, 1970, was the outcome of a flood of alarmist reports on the pill published in late 1969.

Many gynaecologists are so concerned about the ill effects which misrepresentation of the dangers of the pill is having on the health and happiness of women in this country that the council of the Royal College of Obstetricians and Gynaecologists has asked me to issue this statement in the hope that it will help to reassure women and their medical attendants.

The oestrogen-progestogen oral contraceptives so far available are admittedly not perfect. Something better may be produced any day. So far, however, they provide the most efficient method of contraception known, and they constitute a group of drugs whose effects have been subjected to closer study than most if not all others available to the medical profession. Such study has shown that their efficacy:safety ratio is probably as high as, or higher than, that of any other drug, other than placebos, ever devised.

It has to be recognized that experience of oestrogen-progestogen preparations administered regularly covers only ten years and that, in the future, evidence may be forthcoming to indicate long-term risks not so far apparent. If this happens, opinion will need to be revised. The same will be true if a new and better contraceptive agent is discovered as a result of the intensive research at present in progress. Until either of these circumstances arises, however, the view of the members of the council of my college is that, except in the case of those women known to be at special risk, and provided proper medical supervision is maintained, the advantages of the contraceptive pill far outweigh its potential for harm.—I am, etc.,

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