Scare over oral contraceptives

Effect on behaviour of women attending a family planning clinic

EDITOR,—The Department of Health's recent press release concerning the safety of some third generation contraceptive pills has important consequences for women using oral contraception.¹ To document their views and any change in behaviour of women taking the contraceptive pill after this warning, a survey was carried out at a large family planning clinic.

After the announcement a telephone helpline was established at the clinic. This took 2348 calls on the first seven days, and the number of attendances rose from an expected 700 to 2029 in that week. One week later a piloted questionnaire was given to a representative sample of women before consultation over six days. A response rate of 71% was obtained (n=274). The age range was 14-54, with 50 women under 20 and 58 over 30. The table gives the women's views. Those who were and those who were not using oral contraception differed in terms of their awareness of the announcement (177 (99%) v 85 (89%) were aware of it) although not in the belief that the announcement was a reasonable method of informing women (97 (54%) v 50 (52%).)

The behaviour of the 178 women taking the pill was examined. Altogether 141 were taking a preparation implicated in the scare. Thirty seven

Women's views on announcement about risks associated with contraceptive pill. Figures are numbers (percentages)

	Women using pill (n=178)	Women not using pill (n=96)
Reason for visit		
Information about scare	77 (43)	1 (1)
Routine contraception	54 (30)	17 (18)
Emergency contraception	16 (9)	27 (28)
Pregnancy test	12 (7)	21 (22)
Other	19 (11)	30 (31)
Source of information		
Television or radio	124 (70)	67 (70)
Newspaper	23 (13)	10 (10)
Relative or friend	16 (9)	1 (1)
Other	15 (8)	18 (19)
Reaction		
Interested	48 (27)	37 (39)
Worried	72 (40)	11 (11)
Not bothered	5 (3)	9 (9)
Other	53 (30)	39 (41)
Action taken		
Appointment with general practitioner	4 (2)	2 (2)
Family planning appointment	65 (36)	1 (1)
Discussed with friend	24 (13)	19 (20)
Nothing	41 (23)	54 (56)
Other	44 (25)	20 (21)
Opinion		
Storm in a teacup	21 (12)	10 (10)
Much needed warning	43 (24)	46 (48)
Scare mongering	46 (26)	14 (15)
Other	68 (38)	26 (27)

Advice to authors

We prefer short letters that relate to a recently published article and we are unlikely to publish letters longer than 400 words and containing over five references. Letters may be shortened. Your letters should be typed with double spacing and include a word count. All authors need to sign the letter and provide one current appointment and address. We encourage you to declare any conflict of interest. If you wish to know whether your letter has been accepted or rejected please enclose a stamped addressed envelope.

either had already changed brands or commented that they intended to change. Sixteen had stopped taking the pill because of the announcement, of whom eight subsequently had intercourse without contraception. No one taking pills not mentioned in the scare stopped because of the announcement or intended to change.

It has been estimated that 1.5 million women were advised to change brands.² Although the findings of this survey cannot be generalised, we think it likely that many thousands of women may subsequently have had unprotected intercourse, which will have resulted in an increase in unwanted pregnancies.

The use of the mass media to disseminate information is well established and has led to a high level of awareness in the target group (pill users). Ways of using this resource that will also give women an accurate representation of the risks must be developed.

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1 Department of Health. *New advice on oral contraceptives*. London: DoH, 1995.

2 Carnall D. Controversy rages over new contraceptive data. *BMJ* 1995;311:1117. (28 October.)

Effect on women in a general practice in Devon ...

EDITOR,—On 19 October, while working on my thesis on teenage pregnancy, I was astonished to hear the news of the new "pill scare." This was broken to an unsuspecting public and profession through the media. My copy of the *British Journal of Family Planning* had arrived that morning but did not contain anything on the matter. I listened amazed as the plot thickened, and for once the media tried to unravel it in a constructive manner. I wondered whether to return to my practice the next day or leave the country.

On 20 October the letter from the Committee on Safety of Medicines at last arrived.¹ I designed a short handout for the receptionists and local pharmacists to use and discussed with my partners how we would manage the crisis. Each partner was given a list of his or her patients who were taking

the relevant pills. The first panicking patients telephoned and turned up in the surgery.

Now, five weeks later, what has happened? I am impressed by the common sense and intelligence displayed by my patients. I have had at least 44 extra consultations. So far no woman has stopped the pill precipitously (one missed one day). All the women were counselled about the content of the Committee on Safety of Medicines' letter and the articles in the *BMJ*,² as they became available.

Of the six women currently taking Mercilon (20 µg ethinylloestradiol and 150 µg desogestrel), all opted to continue to take it as they could tolerate only 20 µg ethinylloestradiol and thought it the best pill they had ever had. Of 42 prescribed Marvelon (30 µg ethinylloestradiol and 150 µg desogestrel) in the past six months, 10 chose to continue to take it, 11 to change to another pill, one to change to intramuscular injections of medroxyprogesterone acetate, and two (who were not using it for contraception) to stop; 18 have yet to contact the surgery, some of whom may have stopped the pill for other reasons (for example, short term control of their periods).

Of 15 women given Femodene (30 µg ethinylloestradiol and 75 µg gestodene) in the past six months, two decided to continue taking it, three to change to another pill, one to try intramuscular injections of medroxyprogesterone acetate, and one to try an intrauterine device (Mirena). Three women not using the drug for contraception stopped taking it. Five women have not yet contacted the surgery. Only one woman was taking Minulet (30 µg ethinylloestradiol and 75 µg gestodene), and she opted to continue it.

Initially women were scared, although few panicked. As they learnt more, many thought that the problem had been exaggerated and were keen to explain that they had known of the risk of thrombosis and were prepared to accept it. Overall, this pill scare has not caused as much trouble as I initially expected. It has given a few women the opportunity to review their contraceptive practice. Whether there will be the usual increase in unplanned pregnancies after a pill scare, only time will tell.

I am just sad at the way the scare was handled, as there can be no excuse for it. The message that should be given to women is how safe their pills are, particularly in a society that is seeking to reduce teenage pregnancy. I only wish that energy could be channelled into a new "tobacco scare"—then we might really see some lives saved.

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1 Committee on Safety of Medicines. *Combined oral contraceptives and thromboembolism*. London: CSM, 1995.

2 Guillebaud J. Advising women on which pill to take. *BMJ* 1995;311:1111-2. (28 October.)

3 McRae K, Kay C. Third generation oral contraceptive pills. *BMJ* 1995;311:1112. (28 October.)

... and south Wales

EDITOR,—After the recent adverse publicity about some third generation contraceptive pills and changed guidelines¹ we analysed the number of consultations in which patients were advised about contraception. We practise in an urban area of