"CLINICAL TRIAL WITH MEGESTROL ACETATE AS AN ORAL CONTRACEPTIVE"

(Volidan)

by

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Family planning through the use of birth control pills is one of the most widely discussed medical subjects. Family planning is a problem which has utmost importance to our country to-day as we face, amongst other things, the problem of population explosion which if left alone would shake the foundations of country's economy. A multi-channeled attack is hence necessary to control the ever increasing population. Progestational agents are worth considering for countrywide use to-day. Hence it was decided to have a small pilot programme. Birth control pills, which act well when used for conception control, have thus an important place for pilot programme. Amongst other drugs on trial we have been using Megestrol Acetate 4 mgm. in combination with 0.05 mgm. of Ethinyl Oestradiol for conception control. The total number of women who have visited this clinic reaches nearly 2000. Many of them have discontinued the therapy with a view to complete their families; others have restarted after a planned pregnancy, and so in this paper we would like to discuss the first eighteen months' experience with Megestrol Acetate when it was prescribed through the Oral Contraceptive Clinic of Dr. N. A. Purandare Gynaecological and Obstetric Research Centre, K. E. M. Hospital, Bombay.

It has been a very rewarding experience, as the women have come regularly to our clinic and have been very satisfied with the method adopted for family planning.

The survey will also review the clinical use of the drug with side-effects and drop-outs. The trial was commenced in June 1964 and is still going on.

Material and Methods

This includes 341 women studied over a period of 24 months with an accumulation of 2223 cycles; 138 women have given us regular follow up for 1414 cycles.

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Women taken for trial were those seeking family planning and those who were motivated by doctors and social workers from postnatal and paediatric outpatients departments of K.E.M. Hospital.

The criterion for selection was married women of proved fertility. We had 12 nulliparas, of which 4 have conceived after stopping the tablets while 6 are still continuing with the tablets. Most of the subjects belonged to parity 2 to 6 and age group between 20 and 35 years.

It was found that unless a proper routine was followed the response was not good. Hence each patient was interviewed in detail by a trained social worker of the centre. All the necessary details were recorded in a special proforma and a card with a serial number was given to the woman to take home with her. She was then interviewed by the doctor and a complete gynaecological examination with blood pressure, weight and haemoglobin, urine and general examination was carried out. This helped in maintaining the general health of a patient and acted as a welfare centre. It encouraged them to come to the centre and we were able to detect and treat other conditions like vaginitis, cervicitis, cervical erosion and fibroids or fibroid polyps. Women with fibroids or varicose veins were excluded from this study. The study of exfoliative vaginal cells was done by obtaining smears at yearly intervals to detect early cases of cervical malignancy. The smears were stained by Papanicolau modified by Pastakia technique and the slides were examined by a trained cytologist to rule out malignant or atypical cells.

Women were told to start the tablets on the 5th day of the period and take them regularly for 20 days at bedtime, the object being to form a conditional reflex — with the result that the patient failure was minimised. In case she forgot to take the tablet at night she was asked to take it early next morning.

In order to obtain a continuity of case records most of the women were seen at 4 weekly intervals at the Oral Contraceptive Clinic. At each visit the duration of cycles, side effects, weight and duration of menstrual flow were noted and a fresh month's stock given.

Results

Not a single subject on the trial with regular medication became pregnant. A total of 7 subjects conceived on stopping the medication for various reasons. Of these, 3 were unwanted pregnancies and 4 were planned pregancies after wilful discontiinuation. The unwanted pregnancies occurred in subjects who failed to report for further supply of their quota of pills.

Characteristics of withdrawal bleeding

The interval between withdrawal bleeding remained fairly constant. Of the total cycles in the maximum number, cycle length was 27 and 28 days which is comparable to other oral pills. Dysfunctional menstrual bleeding and pain, from slight discomfort to severe dysmenorrhoea were cured in the majority of th cases. Patients who had scanty flo previously had a heavier withdrawa

bleeding. On taking detailed history it was noted that women expressed a sense of relief resulting from predictable regularity and duration of flow of menstrual period. This is a very important factor for our group of women who are still bound down by a number of social customs and religious taboos.

Intermenstrual bleeding

It was noted that the incidence of intermenstrual bleeding was higher with this compound as opposed to others. It occurred in 7.06 per cent of total cycles; 3.77 per cent of these cycles were those where patients had missed tablets. The analysis showed that tablets were missed in the first 2 cycles. The other 3.29 per cent were in those women who had not missed one tablets but they were usually heavy bleeders; 13 women showed spotting. In spite of this, only 2 women discontinued because of intermenstrual bleeding, the others have continued. When the intermenstrual bleeding was profuse they were asked to start the tablets after a gap of 7 days after the last tablet. A quiet reassuring talk did more to diminish intermenstrual flow and ensured regularity.

Side-effects

Only 93 (27.28%) patients had side-effects like nausea, vomiting or giddiness and unfortunately 7 of these left off the trial. But the others who have continued told us that the side-effects disappeared after a couple of months of trial. It was noted that those who had suffered from morning sickness were the ones who had side-effects.

Endometrial biopsies

Endometrial biopsies were taken on various days of the cycle and in various successive treated cycles. At no time did the endometrium resemble that of a normal menstrual cycle, but as compared to the 19-Nor-testosterone group it was found that the glands were quite well developed. Subnuclear vacuolation was found in a fair number, the stroma was moderately loose and oedematous with some decidual response near the surface.

Previous use of contraceptives and motivation

Of the women who had come on their own or were motivated by other patients, 46 per cent have continued, while those who were motivated by social workers only 30 per cent have continued. Of the 341 women on trial, 272 had never used contraceptives; 37 had used condoms, 5 foam tablets, 13 diaphragms and 1 had used jelly. They had found the methods cumbersome and were unable to follow them properly because of lack of toilet facilities. Three women who had the I.U.C.D. inserted, had to get it out because of side-effects.

Drop outs

Drop out rate seems fairly high, but we would like to say that this is an apparent drop-out rate, comprising those who desired pregnancy and those who lived far out and cannot be really counted as drop-out cases. If some of these women were given 3 months' quota or a centre was opened near their homes they would have definitely continued.

Most of these who have dropped

out did so after the first cycle. This is because they found that the distance was long and that some of them had severe side-effects.

Reasons for Discontinuation

One hundred and three individuals discontinued the pills for the following reasons:

1. Majority of the subjects discontinued because they had left town.

2. Important cause of drop-out was inconvenience for visiting the centre every month either due to distance or other domestic causes. It could be stressed here that, if the pills were available at other centres and in abundance, the subjects could have been given a quota for more than one month and then there would have been less number of drop-outs.

3. Side-effects like nausea, vomiting giddiness, break through bleeding etc. were also responsible for drop-out, and most of these subjects discontinued in the first cycle.

4. Some of the subjects discontinued as they underwent sterilization or their husbands underwent vasectomy.

5. Certain individuals also discontinued the pills because of the difficulty of language and inability to take the tablets regularly.

Thus it is evident that most of the subjects discontinued due to reasons not related to the pill except those due to side-effects.

Home visits were attempted for each patient who came to us and left us. It was also found that when parity distribution was studied there was no relationship between parity distribution in continued and discontinued series. Women found this method equally acceptable for spacing or limiting family. Our women are not educated but they are intelligent. If well motivated they realise the need for family planning but in their hearts they are not convinced about the safety of operative measures. They also feel that in case an accident takes place they should be left with a choice to expand their families later on; so they prefer a reversible method. We had 60 per cent of our women who used the method for spacing, while 40 per cent used it for limiting the family.

Conclusion

In conclusion, we would like to say that there is a great scope for oral contraceptives in the Family Planning Campaign. It is necessary that we have many more pilot trials to rule out the various doubts that lie in our minds. Oral contraceptives should not be allowed to be used without proper medical supervision. In the hands of trained family planning worker they are simple, effecient and aesthetic (it permits a complete natural intercourse).

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