

Oral Contraceptive Pill - Is it underutilised ?

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As we are entering the new millenium, we are celebrating the golden jubilee of the oral contraceptive pill. (OC Pill). OC pill had it's debut in 1950 when it was known as 'pincus pill'. Initially it contained only progesterone and estrogen was added later. OC pill has passed through many phases like combined pill, sequential pill, monophasic, biphasic and triphasic pill. It appears to have stabilised now as lowdose OC pill. Next to aspirin, low dose OC pill is the most studied, most effective, reversible and safe drug in the market, More than 100 million women all over the world are using OC pill. Not only OC pill is most effective among method of spacing, it has many health benefits. It is unfortunate that only 1.2 percent of women in India are using OC pill. The OC pill in other countries is shown in the table I. In Europe and in USA, OC pill use varies from 15 to 60 percent. The OC pill use is lowest in India. This may be due to late introduction of OC pill in our family planning program. Terminal methods of family planning like tubectomy/vasectomy have a place but they can be used when the couple feel that their family is complete and want no more children. We must offer contra-

ceptive methods for spacing to have significant demographic impact. There is a need to offer contraceptive methods to increase the interval between marriage and first pregnancy and between the first pregnancy and the second. The modern low dose OC pill is most suited for this purpose. The modern low dose OC pill is very different from the OC pill of the sixties. It contains onefifth of the original dose of estrogen and even lower dose of progesterone. Not only this but the second and third generation progesterone preparations which are more neutral in lipid profile and much less androgenic effects have replaced first generation progesterone with adverse effects on lipid profile. Since the side effects of OC pill are dose related, there is marked reduction in undesirable side effect in low dose OC pill. Unfortunately, the health care providers and the women have not appreciated that the modern low dose OC pill is very different from the original high dose OC pill. The health benefits of low dose OC pill are less appreciated. Peipert and Gutman (1993) carried out survey of women working in University Health Service in Yale university to find out awareness of health benefits of OC pill. The survey showed that more than 80 percent of these women were unaware of the health benefits of the OC pill. The medical community and the healthcare providers have a responsibility to communicate to women the health benefits and low incidence of side effects with low dose OC pill. The adolescent and young women need freedom from irregular, heavy and painful menstrual cycles. Women need relief from painful breasts during some phases of menstrual cycle. Women would prefer to be free from pelvic inflammatory disease (PID) which adds to their misery. About 15-20 percent of women all over the world have some menstrual problem, 10-15 percent have PID complaints and almost every second woman has painful menses at some or other time in their life. The OC pill has favourable effect in all above men-

Table I
OC pill use in other countries.

Developed countries		Developing countries	
Germany	59%	Thailand	19%
The Netherlands	41%	Malaysia	15%
Switzerland	28%	Indonesia	15%
Australia	24%	Bangladesh	14%
Sweden	23%	Philippines	9%
UK	19%	Srilanka	4%
USA	15%	India	1.2%

tioned gynaecological problems. The menstrual cycle, free from pain is regularised and can predict the date of menses. This helps to plan for social and religious activities. Women would like to have stable hormonal environment in the peri-menopausal period so as to maintain reproductive health. Control of DUB, helps in improving haemoglobin status and prevent anaemia. There is significant reduction in risk of endometrial and ovarian cancer in women on OC pill. Vessey and Pamter (1995) has shown that risk of endometrial cancer is reduced by 40-60 percent in women using OC pill and risk of ovarian cancer is reduced by 50 percent. In India there are 100-200 thousand cases of ovarian cancer and 40-80 thousand cases of endometrial cancer (ICMR-1989). Both these cancers carry 40-50 percent mortality. It is easy to appreciate how many ovarian and endometrial cancers can be prevented in India if OC pill use is encouraged in women. The protection is related to the duration of pill use and persists for at least 20 years after the pill is discontinued. Stephen (1993) has shown that OC pill has favourable effect on bone mass. Perimenopausal women on OC pill show higher bone density by 2-3 percent as compared to non-users (DeCherney-1993). Improvement in bone density is a real health benefit to women because postmenopausal osteoporosis is a major health problem reducing the mobility of the women. In India, tubectomy is advised to a woman after 30 years if she has completed her family and does not wish to have more children. Tubectomy has many plus points in that it is a very effective method needing only onetime interference. But

it must be appreciated that tubectomy does not offer any protection against ovarian and endometrial cancer and does not protect against osteoporosis. Tubectomy though considered reversible to some extent, it requires surgical approach to open the tubes and that to with success rate varying from 40-70 percent. In contrast, women on OC pill can easily have pregnancy without any surgical interference. The pregnancy usually occurs 2-3 months after the OC pill is discontinued. It is reasonable to offer OC pill also in perimenopausal period because of health benefits mentioned earlier.

Estrogen component of the OC pill increases high density lipoprotein(HDL) and reduces low density lipoprotein (LDL). HDL has a protective effect against atherosclerosis. Therefore the low dose OC pill has a cardioprotective effect. Most of the cardio-vascular complications are dose related and therefore more complications were reported with high dose OC pill. Now with the low dose OC pill, the side effects are very minimal. Schwingi and Ory (1999) has observed that, 'there is virtually no excess risk of death from cardio-vascular diseases related to the low dose OC pill in young women. 'An editorial in the British Medical Journal (1993) states, "the risk of thrombo-embolism from low dose OC pill is indeed very small".

There are lot of myths and rumors associated with OC pill use. It was the impression in the community that OC pill may cause infertility, abortion or malformed babies. Fraser (1994) has concluded that there is no evidence that OC pill may cause infertility, abortion or malformed babies. The debate about risk of cervical and breast cancer in women on OC pill continues. The evidence is accumulating to show that OC pill use by mature women does not impose increased risk. (Burkman and Shulman 1998).

To conclude, OC pill is very safe and effective in most women and offers many health benefits which may improve the quality of life in women. It could be used by adolescent as well as perimenopausal woman. Perhaps

only contraindications to OC pill would be smoking, untreated hypertension, history of deep vein thrombosis, stroke, pulmonary embolism, estrogen dependent neoplasia, undiagnosed abnormal genital bleeding. There is certainly the need to promote the use of low dose OC pill in Indian women so that not only is pregnancy prevented but the other health benefits can be extended to this population group. Gynaecologists and health care providers can play an important role in educating and informing women about the low dose OC pill.

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