Oral contraceptives: putting the facts on context

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“You, solitary, eternal pilgrim, so thoughtful, perhaps understanding well living this land, our agony and our sufferings; Perhaps you know well of this die, this supreme pallor of the face, and get away from the earth and get away from the usual and loving company”.


After fifty years of its invention it seems that it has come the time to objectively assess what really are the risks and benefits of oral contraceptives (OCs). One of the limiting factors for this evaluation have been successive and frequent changes in dosage and composition, mainly in what concerns at the progestogens. Even so, studying large groups of population for a considerable amount of time and stratifying subgroups according to the OCs, could bring a clear idea of the possible effects to long term oral contraception and its impact on overall mortality.

To date it has been several studies with a high level of evidence, such as the one published by the Royal College of General Practitioners in the United Kingdom in 2010, in which it was concluded that contraceptive use was associated with a decrease in mortality if deemed contribution in all causes, i.e., that the net effect, was beneficial in the population that used them, with a 12% lower mortality. When diseases are analyzed separately, it was observed that there was a significant decrease with the use of OCs in colon, ovarian and endometrial cancer; there was no significant effect on breast cancer and a non-significant increase in lung cancer and cervical cancer in the group using OCs.

In the same year the Oxford-FPA study was published with similar conclusions with respect to overall mortality with a decrease of 13% in patients who used OCs. This study found significant

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protection with the use of OCs against endometrium and ovarian cancer, a non-significant increase in cervical cancer and no effect on breast cancer. An increase in mortality was described specifically in the group of patients who smoke and those who are obese.

The latest and perhaps the most anticipated study is published in October 2014. An update of the influential Nurses’ Health Study\(^4\), that followed 121,701 women during 36 years. In the analysis of the total population, with an average of 4 years of use of OCs, there is no increase in overall mortality, describing only an increase of suicide mortality in patients who used OCs, with an apparent lack of cause-effect relationship with medication. The analysis of subgroups with respect to time of use, shows a significant increase in the risk of breast cancer-related mortality (HR: 1.39) and a significant decrease in ovarian cancer (HR: 0.6) in patients who used oral contraception for a longer time, in a time-depending way, in both diseases. In the analysis of mortality related to time of suspension of OCs use, it was a very discreet increase in overall mortality that depends on the time of suspension of the use, highlighting the deaths by violence or accidents, except in breast cancer that decreases mortality in proportion as it increases the time of suspension.

It is prudent to clarify, that the use for more than 15 years, usually associated with use of older formulations with high doses of estrogen, which adds an additional risk factor to this group of patients, that the OCs of low doses of estrogen, ethinyl estradiol specifically, are available since less time, so that there is necessarily a group of patients who underwent the change of dosage and were exposed to higher doses of estrogen. It is necessary the long term follow up of women that only been used low doses of estrogen and new formulations of progestogen to reassess the impact on general and specific mortality. Impress that prolonged follow-up period of this study was not sufficient to resolve this doubt.

The authors of this study highlight that the benefits of using oral contraceptives for both pregnancy prevention and non-contraceptives reasons should not be forgotten. Oral contraceptives help to ameliorate countless ailments, including dysmenorrhea, fibroid related symptoms, acne, and premenstrual dysphoric disorder. Oral contraceptive use also drastically reduces maternal mortality in several ways, including lowering the chance of pregnancy and its complications as well as reducing the risk of having an unsafe abortion. It seems reductionist to estimate the effects of OCs only in terms of mortality associated with its use and not adding the decrease in mortality from other causes due to its multiple therapeutic effects.

Hormonal contraception has generated a true social revolution that has allowed the woman to own the ability to take the control over her sexuality, motherhood and over the medical conditions that improve with the use of these hormones. Individual and social freedom that this control generates has enabled a reduction of gender poverty especially in less developed countries. The poverty in the women is associated with early pregnancy, the amount of children she must breed and the lack of support in this task. It has been quantified that in countries where it is most prevalent contraceptive use, the poverty index is smaller\(^4\). Everything seems to indicate that the promotion of the responsible use of OCs could become a measure designed to offer women greater equality, freedom, and prosperity.
On the other hand, to compensate the problems associated with the use of OCs, a proper medical advice would allow the choice of a safe contraceptive method that does not put at risk the health of the user, so the individualized use of these hormones is essential to minimize side effects. We can sustain that balance with respect to the use of OCs, in view of these studies and taking into account the social and economic advantages, is widely positive. Also it should be noted, that the group of people who most benefits from the use of contraceptives is the population of younger women, who have less contraindications and are more exposed to early pregnancies, and the associated poverty by the result of limited social mobility. Keep the trend of improved formulations and having a varied offer that best suits the conditions of each woman, allows her to decide when and how many children she will have, and improves her quality of life when she requires a hormone treatment to achieve this. Oral contraceptives, with the current and the new formulations to develop, will continue to occupy an important place within the therapies with more indications and more benefits for women, very likely for many years.

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References

3. Charlton BM et al. Oral contraceptive use and mortality after 36 years of follow up in the Nurses’ Health Study: prospective cohort study. BMJ 2014;349:g6356 doi: 10.1136/bmj.g6356