

Hormonal contraception: the ghost of pill scare still rides!

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When the Medical Agencies send out official alerts or warnings on oral contraceptive (OC) use to clinicians and the public, such statements are based upon reports of clinical cases or epidemiologically 'proven' risk forwarded by registers or investigators. For obvious reasons, the authorities have a right to react on suspicion. But, unfortunately for the clinicians, the debates and premises preceding the decisions are not always fully transparent and may be perceived as out of tune compared with the contemporary clinically concept of personalized medicine. The price for the Pill scare is high! The consequence is a marked increase in the number of induced abortions with the too well-known medical, psychological and social consequences. The 1995 scare over third generation pills has been credited with causing a 9% rise in abortions in the UK. It was the result of advice from the Committee on the Safety of Medicines (CSM) that the pills, which contain estrogen and either gestodene or desogestrel, should not be used as a first line form of contraception. The unresolved scientific debate has continued thereafter and was given new impulse by subsequent publications reporting an increased risk of VTE in users of OCs containing drospirenone and cyproterone acetate. However, in 2013. The European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use (CHMP), has concluded that the benefits of OCs in preventing unwanted pregnancies continue to outweigh their risks. Despite this EMA statement and although the official warnings are accompanied by the caution that contraception should not be stopped prematurely, it is a fact that the Ghost of Pill Scare still rides in the mass media, supported by headlines in medical journals. Most recently Danish register studies have caused concern in relation to use of hormonal contraception and depression, suicide risk and the risk of breast cancer. It seems timely to make a stop, and underscore that, no developed methodological procedure on use and evaluation of population-based registers is available. Main limitations are that, data collection is not done by the researcher, confounder information is lacking, missing information on data quality and that information was not collected for a specific research question often not even with research as the prime motive This may imply that the reliability of the information as well as its level of detail will be disabling less than in a focused study.

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