

Drug Studies

Recommendations from the findings by the RCGP oral contraception study on the mortality risks of oral contraceptive users

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It has been shown [in the research results published in the *Lancet* on 8 October] in the RCGP study population that oral contraceptive users compared with non-users have an increased risk of 1 per 5000 per year of dying from cardiovascular disease. This risk is concentrated, however, in women over the age of 35 years, especially if they smoke cigarettes and have used oral contraceptives continuously for five years or more. This relationship to duration of use requires confirmation.

These observations in the study will permit clinicians to identify women at special risk more accurately than before. There is no evidence to suggest that the risk for most women under the age of 35 years is great enough to warrant any change in clinical practice unless the well-known additional risk factors of cardiovascular disease are present.

The division of the data at age 35 is arbitrary and it would be prudent to assume that there is a gradually increasing risk at an earlier age.

These are the considerations on which we have based our recommendations.

Recommendations

WOMEN UNDER 30 YEARS OF AGE

We have no evidence to justify recommending any change of practice. It would be wise to emphasise the general advantage of stopping smoking.

WOMEN AGED 30-35 YEARS

Because we have to assume a gradually increasing risk up to 35 years of age, we suggest that some women over 30 years ought to reconsider their use of oral contraceptives.

We believe that women in this age group who have used oral contraceptives continuously for more than five years *and* who are cigarette smokers should come into this category.

If they would stop smoking it would probably be reasonable for them to continue the pill. If not, it might be wiser for them to change to another method.

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Because of the obvious confidentiality of this issue, we have not been able to consult our respective Councils. These recommendations therefore represent the personal opinions of the above named.

WOMEN OVER 35 YEARS

There may well be circumstances where women over the age of 35 years would accept the additional risks involved and would wish to continue oral contraceptives.

However, in general it would be wise for all oral contraceptive users over 35 years of age to reconsider their method of contraception.

Older women who smoke and/or have used oral contraceptives continuously for more than five years may well have extra risks which they and their doctor will wish to consider when weighing the balance of advantage and disadvantage.

The pill takes several years to affect the cardiovascular system. There is therefore no advantage in making any sudden change and it would be reasonable for most women to consult their doctor as they come to the end of their current supplies of oral contraceptives. *In no case should patients stop the pill without having adopted a satisfactory alternative method of contraception.*

Type of pill

We are unable to determine from present evidence whether oral contraceptives containing lower doses of oestrogen confer any advantage over those containing 50 mcg.

I have patients with stubborn eczema who are allergic to penicillin. In one case withholding cows' milk has helped. Might this imply a sensitivity to cows' milk, or is it due to small quantities of penicillin in the milk? Would simple boiling destroy it? Is penicillin ever present in goats' milk?

Mastitis in cows is treated by intramammary injection of an antibiotic, usually benzylpenicillin, but a semi-synthetic penicillin or some other antibiotic is sometimes used. The dose, of 300 000 units of penicillin or more, is in a collapsible tube with a long narrow nozzle that is inserted into the teat canal of the affected quarter. Although some is absorbed into the tissues of the udder, much subsequently escapes in the milk, and the producer is advised by the manufacturers not to market the milk for a period varying from two to ten days according to the dose and whether the preparation used is slow or quick release. The presence of an antibiotic in milk can lead to prosecution under the Food and Drugs Act 1955, but farmers do not always observe these "withholding times," and a survey reported in 1963¹ showed that 11% of market milk contained penicillin, although usually in small amounts. This may not only be objectionable to the consumer but can interfere with the process of cheese making. Boiling does not wholly destroy it. Mastitis is rare in goats and penicillin very rarely present in their milk. The nature of the rash in this case might afford some clue to its cause, whether milk protein or penicillin, but a certain test to decide this would be a dermal test for penicillin sensitivity. This calls for caution and is best entrusted to an expert.

¹ Milk and Milk Products Technical Advisory Committee, *Antibiotics in Milk in Great Britain*, Report of the Milk Hygiene Subcommittee. London, HMSO, 1963.