Oral contraceptives: a good scare

In 2012, almost half of the women were using third- or fourth-generation oral contraceptives in France (1). A few months later, in 2013, the methods of contraception used in France had changed profoundly, with rapidly measurable health benefits (1). But it took a media scare to achieve this result.

Repeated warnings. In November 2011, the French Health Products Agency (ANSM) started to publish information about the increased risk of thromboembolism with third- and fourth-generation oral contraceptives containing drospirenone, compared with second-generation pills (2). In 2012, after conducting a review of third-generation oral contraceptives, the French Pharmacoeconomic Committee concluded that the therapeutic benefit provided by these drugs was “insufficient” (3).

It was high time this risk was acknowledged: warnings had been issued and reported by Prescrire as early as 1996 (4).

Media scare. However, it was not until the case of a young woman using a third-generation pill who suffered a stroke and brought legal action against the drug company was reported in the French newspaper Le Monde (“Warning about the Pill”) in December 2012, that the public (and apparently many doctors) became aware of the magnitude of the avoidable harms caused by these drugs, leading to a shift in public opinion (4,5).

Within a few months, many women had changed their method of contraception. They abandoned third- and fourth-generation oral contraceptives in droves (- 45% between 2012 and 2013) and switched to intrauterine devices, progestin implants and second-generation oral contraceptives (1).

In late 2014, the ANSM considered that these changes might explain the observed reduction in hospitalisations for pulmonary embolism in women of child-bearing age (- 11% between 2012 and 2013, i.e. 341 fewer hospitalisations), a trend not seen in older women or in men in the same age group (1).

Wasted years. In this case, a notable public health advance rapidly followed a media scare. Rather than castigating the media, as some did, it would be better to ask why the necessary action was not taken sooner, and why it took a media scare to improve public health. And to find a way to prevent other similar harms from occurring in the future.

Selected references from Prescrire’s literature search.
2- ANSM “Quelles sont les actions mises en place par l’ANSM pour limiter le risque thromboembolique lié aux pilules estroprogestatives?” ansmsante.fr accessed 20 January 2015: 3 pages.