

Translated from *Rev Prescrire* April 2015; 35 (378): 297

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.

Prescrire

Selected references from *Prescrire*'s literature search.

- 1- ANSM “Impact de la modification récente des méthodes de contraception en France sur la survenue d’embolies pulmonaires chez les femmes de 15 à 49 ans” 7 November 2014: 4 pages.
- 2- ANSM “Quelles sont les actions mises en place par l’ANSM pour limiter le risque thromboembolique lié aux pilules estroprogestatives?” ansm.sante.fr accessed 20 January 2015: 3 pages.
- 3- HAS “Contraceptifs oraux de troisième génération - Réévaluation - Annexe - juin 2012”: 27 pages.
- 4- *Prescrire* Rédaction “Les contraceptifs oraux dits de 3^e génération augmentent le risque thromboembolique” *Rev Prescrire* 1996; 16 (160): 215-217.
- 5- Bajos N et al. “La crise de la pilule en France: vers un nouveau modèle contraceptif?” *Populations et société* 2014; (511): 4 pages.