Response to comments in Postrel V. Fight birth-control battle over the counter. *Bloomberg*. 2012 March 8.

Thank you for this excellent piece on the safety, convenience, and potential health benefits of moving OCs OTC. We wanted to provide some data to respond to some of the concerns in the comment section below.

First, all OCs—combined oral contraceptive pills (COCs) and progestin-only pills (POPs)—are very safe for almost all women, and much safer in fact than many products currently available OTC like aspirin or ibuprofen. One commenter below wrote that pill use increases ovarian cancer, but the data show the opposite—pill use is associated with a reduction in ovarian cancer (and endometrial cancer). A study by the Royal College of General Practitioners, conducted among a cohort of 46,112 women for up to 39 years, found that women who used oral contraceptives had a significantly lower rate of death from any cause, as well as lower rates of death from all cancers, including uterine and ovarian cancers, than women who never used the pill (1). And an editorial in the highly-respected medical journal the *Lancet* argued that pills should be made more widely available through over-the-counter access because they are the only proven ovarian cancer prevention strategy; they cite data in the editorial indicating that in the last 50 years 200,000 cases of ovarian cancer and 100,000 deaths from the disease worldwide have been prevented through the use of oral contraceptives (2).

However, as Postrel mentions in her article, COCs are not appropriate for all women, including those with hypertension, or smokers over the age of 35, where pill use can in fact increase the risk of blood clots, stroke, and other cardiovascular events. These risks are primarily related to the estrogen in the pill, and as such, progestin-only pills, which have no estrogen, may be a better option. But, women themselves know whether they have these risk factors and research has shown that women do as well as health care providers at identifying reasons they are not good candidates for the pill (3). It is also important to remember that even in the current environment where women need a prescription for pills there are no tests to help doctors assess which women might have genetic or other undiagnosed conditions that might mean they have an increased risk of clots or other poor outcomes, so it is critical to raise awareness now and when pills move OTC about the warning signs of a problem to encourage women to get care as soon as possible.

One commenter stated that POPs are less effective than other pills, but in fact the available data (much of which are unfortunately quite old) show effectiveness is about the same; recent research has shown that POPs containing desogestrel have similar contraceptive effectiveness to COCs (4), and that the risks associated with POP use, such as past or current breast cancer, cirrhosis, and use of anticonvulsants, are relatively uncommon among reproductive-aged women in the US. In fact, a recent study found that only 1.6% of women in the US have a condition that might make POP use risky (5).

Finally, giving women easier access to the pill does not mean they won't visit their health care provider for other care that they need, and doctors do not need to use pill prescriptions to get women to come in for Pap smears, for example. Studies show that women continue to see their health care provider whether or not they are using a prescription contraceptive method—for example, a 2004 national survey found that among women not currently using contraception, 88% had undergone Pap screening in the prior 24 months (6).

OCs are safe and contraception is critical for women to protect their health and plan their lives. We should have open discussions about the pros and cons of an OTC switch but our discussions should be built on strong evidence. Please visit ocsotc.org for more information.

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References

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