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Viewpoint

Routine control of oral contraceptive users: a new 'standard' in The Netherlands *

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Oral contraceptives ('the pill') have since the sixties assured themselves of a durable place in society. The general practitioner has from the start played a central role in maintaining proper control of women using this method of contraception [1]. It is doubtful whether users of any other form of medication have been investigated to systematically and on so large a scale. In the United Kingdom general practice has since the introduction of the 'pill' also been a source of study of adverse reactions [2].

The historical development of the health checks of users of the 'pill' is a fascinating one. Not surprisingly, a form of 'protocol' for this work emerged early, though not under that name: it was simply known as 'pill control'. As generally practised it comprised the taking of the woman's history and the performance of an extensive physical examination, to detect any possible contraindications before starting use of oral contraception. This was followed by half-yearly follow-up to trace adverse reactions, but also to record blood pressure and inspection of the portio uteri and for vaginal palpation and to test urine for glycosuria. At a later period regular examination of a cervical smear was added to the routine.

It would go beyond the scope of the present paper to try and determine why, with the acquisition of this new role in providing health checks for users of the 'pill', general practice succeeded so well not only in achieving but also in applying a consensus as to its duties, something which has hardly proved possible in other areas of general practice.

In fact, it soon became clear that adverse reactions to oral contraception were relatively limited. The preoccupation of the control routines with the genital system also proved to be inappropriate [4,5], since the major side effects turned out to be cardiovascular in nature [2,6]. The arrival of the 'sub-50' pill (i.e. with a much reduced dose of oestrogen) and the development of other methods of fertility control, such as sterilization, has probably further reduced the significance of this

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type of adverse effect. For such reasons, the opinion has come to the fore that the 'pill control' in the form in which it was originally conceived is now obsolete [6,7]. In this view, routine control during treatment might by and large be replaced by a more sophisticated system of patient selection prior to prescribing the pill at all [8]. In 1989, the Dutch College of General Practitioners (NHG) has set itself the task of establishing 'Standards' for general practice care. Successive areas of primary care are analysed, and the second major consensus exercise concentrated on oral contraception [9]. The 'Standard' recommends taking a history initially to detect contraindications and subsequently also to identify adverse reactions. This makes it possible to also give information and advice. In addition, it recommends regular measurement of blood pressure, before and during the first year of contraception use. It is better to decide upon cervical smear examination separately rather than as part of any routine control; the same applies to vaginal investigation, which should be performed only if there are symptoms, such as abnormal discharge, to justify it.

If blood pressure remains normal after three months of oral contraception it is considered unnecessary to continue measuring it routinely. Only in women with a diastolic pressure in excess of 90 mmHg there is reason for intensive control. However, a diastolic pressure of 91–100 mmHg is not itself a contraindication for the 'pill'; only if pressure is found to be consistently higher than 100 mmHg it is wise to find an alternative means of contraception.

References

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