

Klinisk spørgsmål:

Øges kvinders risiko for selvmord, når de anvender p-piller?

Er der forskel på risikoen ved forskellige former for hormonal kontraception?

Først populationen:

Raske kvinders risiko (excl. tidligere depression, trombose, cancer, gravide, PCOS, endometriose)

Dernæst ekspositionen:

Hormonal contraception, hormonal contraceptives, oral contraception, oral contraceptives

	<u>Hits</u>	
#1 Hormonal contraception:	6.361	
#2 Hormonal contraceptives:	12.167	
#3 Hormonal contracept*.*:	111.713	
#4 Oral contraception:	15.224	
#5 Oral contraceptives:	50.137	
#6 Oral contracepti*.*:	978.419	
#7 "oral contracepti*.* OR hormonal contracept*.*	1.077.940	
#8 "oral contracepti*.* OR hormonal contracept*.*"	20.204	med restriction titel/abstract
<u>Herefter udfaldet:</u>		
#9 Suicide	74.880	
#10 Suicides	75.641	
#11 Suicide attempt	21.810	
#12 Suicide attempts	22.715	
#13 Suicide OR suicide attempt	74.880	
#14 Suicide med limit til titel/abstract	52.020	
<u>Så kombinerer vi eksposure og udfald</u>		
#8 AND #14	27	

Oral contraceptive use and mortality during 12 years of follow-up: the Nurses' Health Study.

[Colditz GA](#)¹.

[Author information](#)

Abstract

OBJECTIVE:

To examine prospectively the risk for mortality among women who had ever used oral contraceptives compared with those who had never used oral contraceptives.

DESIGN:

Prospective cohort study.

SETTING:

Nurses' Health Study.

PARTICIPANTS:

166,755 women aged 30 to 55 years in 1976, followed through 1988 (1.3 million person-years of follow-up).

RESULTS:

On the basis of 2879 deaths, we found no overall difference in mortality among women who had ever used oral contraceptives compared with women who had never used oral contraceptives; the relative risk for ever-users, adjusted for age, body mass index, and cigarette smoking was 0.93 (95% CI, 0.85 to 1.01). We observed no trend in risk for total mortality with increasing duration of past use of oral contraceptives. After adjusting for age, body mass index, and cigarette smoking, women who had used oral contraceptives for 10 or more years had a relative risk of 1.06 (CI, 0.83 to 1.35).

CONCLUSION:

Use of oral contraceptives is safe; no evidence from this study indicates that long durations of oral contraceptive use adversely affect long-term risk for mortality.

PIP:

Clinical researchers prospectively followed 166,755 female nurses, 30-55 years old, between 1976 and June 1, 1988, to compare the mortality risk of women who had ever used **oral contraceptives** (OCs) with those who had never used OCs. Most of the women did not use OCs after 1976, indicating that, if they had used OCs, they were likely to be the high-dose OCs. During the 20 years, 2879 women had died. The causes of death included cancer (1456), cardiovascular conditions (568), **suicide (114)**, other traumatic causes (151), and other causes (590). The age-adjusted relative risk of total mortality for women who had ever used OCs was 0.99. When the researchers also controlled for body mass index and cigarette smoking, the relative risk for ever users was 0.93. When they controlled for all of the above and follow-up interval, parity, age at menarche, age at 1st birth, and menopause, they observed that ever use had an increased relative risk of breast cancer mortality (1.09) and a reduced risk for mortality from ovarian and endometrial cancer (0.34 and 0.81, respectively). The reduced risk for ovarian cancer continued after cessation of use (relative risk = 0.79). The apparent increased risk for breast cancer was mostly limited to current users (relative risk = 1.63). When the researchers controlled for age, body mass index, and cigarette smoking, they noted that women who had used OCs for at least 10 years had a somewhat increased relative risk of mortality (1.06). An elevated cardiovascular mortality risk (1.54) among these women was largely offset by the reduced cancer mortality risk (0.84). There was no overall trend in risk with increasing duration of past use of OCs for total mortality or mortality related to cardiovascular disease or cancer. The research indicates that OC use is safe.

BMJ. 1989 Dec 16;299(6714):1487-91.

Mortality among oral contraceptive users: 20 year follow up of women in a cohort study.

[Vessey MP¹](#), [Villard-Mackintosh L](#), [McPherson K](#), [Yeates D](#).

Author information

Abstract

OBJECTIVE:

To see whether the use of oral contraceptives influences mortality.

DESIGN:

Non-randomised cohort study of 17,032 women followed up on an annual basis for an average of nearly 16 years.

SETTING:

17 Family planning clinics in England and Scotland.

SUBJECTS:

Women recruited during 1968-74. At the time of recruitment each woman was aged 25-39, married, a white British subject, willing to participate, and either a current user of oral contraceptives or a current user of a diaphragm or intrauterine device (without previous exposure to the pill).

MAIN OUTCOME MEASURES:

Overall mortality and cause specific mortality.

RESULTS:

238 Deaths occurred during the follow up period. The main analyses concerned women entering the study while using either oral contraceptives or a diaphragm or intrauterine device. The overall relative risk of death in the oral contraceptive users was 0.9 (95% confidence interval 0.7 to 1.2). Though the numbers of deaths were small in most individual disease categories, the trends observed were generally consistent with findings in other reports. Thus the relative risk of death in the oral contraceptive users was 4.9 (95% confidence interval 0.7 to 230) for cancer of the cervix, 3.3 (95% confidence interval 0.9 to 17.9) for ischaemic heart disease, and 0.4 (95% confidence interval 0.1 to 1.2) for ovarian cancer. There was a linear trend in the death rates from cervical cancer and ovarian cancer (in opposite directions) with total duration of oral contraceptive use. Death rates from breast cancer (relative risk 0.9; 95% confidence interval 0.5 to 1.4) and suicide and probable suicide (relative risk 1.1; 95% confidence interval 0.3 to 3.6) were much the same in the two contraceptive groups. In 1981 the relative risk of death in oral contraceptive users from circulatory diseases as a group was reported to be 4.2 (95% confidence interval 2.3 to 7.7) in the Royal College of General Practitioners oral contraception study. The corresponding relative risk in this study was only 1.5 (95% confidence interval 0.7 to 3.0).

CONCLUSIONS:

These findings contain no significant evidence of any overall effect of oral contraceptive use on mortality. None the less, only small numbers of deaths occurred during the study period and a significant adverse (or beneficial) overall effect might emerge in the future. Interestingly, the mortality from circulatory disease associated with oral contraceptive use was substantially less than that found in the Royal College of General Practitioners study.

Oral contraceptives and female mortality trends.

Anderson TW.

Abstract

Death rates for Ontario females aged 15 to 44 during the years 1959-61 and 1966-68 have been compared to see if there have been any changes in these rates which might be related to the widespread use of oral contraceptives since 1961. Overall mortality (all causes) has declined significantly during this time, as have the rates for deaths due to child-birth and pregnancy, and from cancer of the uterus. Death rates from ischemic heart disease and cancer of the breast have not shown any significant change, but there has been a substantial increase in the rates ascribed to venous thromboembolism and suicide. It must be stressed that a change in the recorded death rate does not necessarily mean that there has been a corresponding change in the incidence of the disease in question, or that such a change is related to the use of oral contraceptives. However, if oral contraceptives do cause an increase in a fatal disease, the effect should show up, sooner or later, in routine mortality statistics, and periodic examination of death rates may therefore provide a useful starting point for more detailed epidemiological investigation. To assist physicians in counselling patients, a diagram has been prepared showing the relative importance of some selected causes of death in females aged 15 to 44, and the extent to which these death rates have changed since the introduction of oral contraceptives.

Table 1S: Articles on hormonal contraception and suicide

Author Year	Study design	Expo- sure	Reference	Population	Age	Events	Persons years	Results Risk of suicide
Vessey¹ 1989 England	Cohort	OC	Diaphragm or IUD	Married women Visiting family planning clinics	25-39*	16	272,512 1968-1986	1.1 (0.3-3.6) No significant difference
Beral² 1999 Britain	Cohort	OC	Never use	Women from general practices	29*	55	853,571 1968-1993	1.5 (0.8-2.3) No significant difference
Colditz³ 1994 USA	Cohort	OC	Never use	Nurses Health study	30-55*	114	1,300,000 1976-1988	1.32 (0.87-1.98) No significant difference
Hannafor⁴ 2010 United Kingdom	Cohort	OC	Never use	Married women or living as married	29*	67	1,197,181 1968-2007	1.26 (0.73-2.18) No significant difference
Charlton⁵ 2014 USA	Cohort	OC	Never use	Nurses Health study	30-55	241	3.6 milo	1.41 (1.05-1.87) Significantly increased

OC=Oral contraceptives IUD= Intrauterine device. *mean age at recruitment

- 1 Vessey M, Doll R, Peto R, Johnson B, Wiggins PA. long-term follow-up study of women using different methods of contraception--an interim report. J Biosoc Sci 1976;8:373-427.
- 2 Beral V, Hermon C, Kay C, Hannafor P, Darby S, Reeves G. Mortality associated with oral contraceptive use: 25 year follow up of cohort of 46 000 women from Royal College of General Practitioners' oral contraception study. BMJ 1999;318:96-100.

- 3 Colditz GA. Oral contraceptive use and mortality during 12 years of follow-up: the Nurses' Health Study. *Ann Intern Med.* 1994;120:821-6.
- 4 Hannaford PC, Iversen L, Macfarlane TV, Elliott AM, Angus V, Lee AJ. Mortality among contraceptive pill users: cohort evidence from Royal College of General Practitioners' Oral Contraception Study. *BMJ* 2010;340:c927.
- 5 Charlton BM, Rich-Edwards JW, Colditz GA, Missmer SA, Rosner BA, Hankinson SE, Speizer FE, Michels KB. Oral contraceptive use and mortality after 36 years of follow-up in the Nurses' Health Study: prospective cohort study. *BMJ* 2014;349:g6356