

Taking precautions

The introduction to the Australian market of a new formulation of the so-called combined hormonal oral contraceptive pill has focussed attention on what is considered a fairly recent innovation in medicine. But the concept of contraception, and even of oral contraception, is not all that new.

Taking precautions: the story of contraception was recently the subject of an exhibition at Sydney's Powerhouse Museum of science and technology. It's a story that begins many, many centuries ago.

Modern oral contraceptives became possible when scientists developed the ability to manufacture artificial hormones from plants. The yam plant from the jungles of Mexico was the basis of the first so-called oral contraceptive pill. It hit Australian pharmacy shelves in the 1960s, and by the mid 70s "the Pill" had become the most widely used method of contraception in Australia, with Australian women the highest users in the world.

The safety and predictability of oral contraceptives may have become certain only within the last 40 years or so; but as the Powerhouse Museum exhibition described, historians now believe that effective oral contraceptives could have existed for more than 2,000 years.

Medical scientists of the 20th century considered the very early oral contraceptive recipes as wishful thinking at best, however, experiments on plants related to the once widespread *silphium* indicate that those ancient contraceptive claims could well be true.

From around 600-400BC, *silphium* was the main cash crop of the north African city-state of Cyrene. It was exported widely and so important to the economy of the region that its image was stamped on their coins. A Roman physician at the time declared that "Cyrenaic juice" would both "prevent conception and destroy an existing one".

Right through to the middle ages, many other herbs were also claimed to have contraceptive or abortion-like effects, but either safety or reliability, or both, were always in doubt.

With correct use the combined hormonal oral contraceptive (COC) of today is almost 100% effective, but as with all medications, adherence to the required dosage is not always perfect. As a method of contraception COCs need a high level of motivation (the calendar packs are a useful, perhaps necessary, aid to memory).

Some COCs have non-contraceptive benefits, as well – benefits such as improved management of acne and pre-menstrual symptoms in some women.

Mild symptoms of PMS may respond to simple lifestyle changes, and dietary supplements may be helpful in more severe cases. Calcium, vitamin B6 and vitamin E have shown modest benefit; and certain prescription medicines including antidepressants, diuretics, non-steroidal anti-inflammatory drugs and the "monophasic" COCs can help with specific symptoms.

Of course, there are some disadvantages, side effects, interactions and contraindications associated with COCs too. These should be discussed with your doctor or pharmacist to ensure you have a good understanding of how appropriate a particular product is for you.

A late or missed tablet is quite often (and understandably) a reason for concern. Just what action to take will depend on when in the cycle the tablet is missed.

Remember, no hormonal contraceptive protects against sexually transmitted infections; however, correct use of condoms can reduce the risk of transmission.

For more advice about contraceptives generally, more specifically the oral contraceptives, and in particular the new formulation of COC, you can ask at one of the pharmacies providing the Pharmaceutical Society's Self Care health information. Phone 1300 369 772 for the nearest location.

We can't expect the image of an oral contraceptive to appear on an Australian coin or a bank note any time soon, but the combined hormonal oral contraceptives are certain to maintain their currency for many years to come.