



Contraception

We've come a long way

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You don't get much more bread and butter general practice than contraception. With nearly one in twenty consultations being directly related to contraception,¹ and no doubt many more including contraception as part of another presenting complaint, we as general practitioners are regularly informing, discussing and advising on contraception.

It is also an area that has recently seen an increase in the options available for women in particular. The highly publicised arrival of the Mirena intrauterine system and the contraceptive implant Implanon, has seen an influx of enquiries from interested patients as well as providing more options for GPs endeavouring to advise the most suitable contraception for an individual patient.

As with all areas of medicine these new developments have meant GPs have once again had to update and often upskill. But far from being an onerous task it appears there is widespread enthusiasm for the new options as evidenced by the large numbers of doctors attending Implanon training workshops.

This enthusiasm no doubt stems from the fact that at no time in history have there been so many safe, effective options available to women not wishing to fall pregnant. Mind you it's taken a long time for medicine to reach this point.

Contraception has been around as long as time itself with the practice of coitus interruptus being described in the Book of Genesis (38:9). More ingenious methods were developed very early on too. An ancient medical manuscript enti-

tled the Ebers Papyrus (1550 BC) advised women to grind together dates, acacia and a touch of honey into a moist paste. They were then to dip seed wool into the mixture and place it in the vagina. This was probably effective as the acacia ferments into lactic acid, a spermicide. Women may have avoided pregnancy but probably developed terrible rashes and bites from the insects that would have been hovering around their crotches!

Even Hippocrates, the father of medicine (excuse the pun) had family planning advice. He is reported to have recommended primitive forms of intrauterine devices to avoid pregnancy. Pessaries were another example, having been developed around the second century. Originally made of substances such as crocodile and elephant dung one can only marvel at the strength of sexual desire. Or maybe that's how they worked, the elephant dung wasn't a spermicide but one whiff proved to be the greatest anti-Viagra agent known to mankind!

Despite the obvious limitations pessaries continued to be popular throughout the ages. Apparently pessaries made of wood were popular in the Victorian era. These were square blocks of wood with carved concave sides. The block pessary was finally condemned in the early 1930s as an instrument of torture! That's really not that long ago.

Every society and civilisation appears to have tackled the problem of contraception. The variety of remedies, brews, intrauterine devices and condoms (which is a book in itself) that have been devel-

oped over the centuries bear testament to the importance that has always been placed on family planning. The area of contraception has certainly been the subject of much effort and ingenuity.

What a relief the development of the oral contraceptive pill in the 1960s must have been for millions of women world wide. A new benchmark of reliability and safety for women's fertility control had been set. The entire contraception landscape was changed forever and, with the exception of the Dalkon shield disaster, all subsequent developments have had to approximate or better these standards of safety and reliability. We now talk of contraceptive failure rates in the order of less than 5% and often less than 1%. Significant side effects are related in order of magnitude such as cases per thousand or 10 thousand.

This month's issue of Australian Family Physician deals with the most recent advances in contraception – the advantages, disadvantages and how they compare to what we had. It's certainly an exciting area of medicine, an area that has the potential to affect thousands of people, and an area in which we, as GPs, can and do specialise.

Reference

1. Australian Institute of Health and Welfare. General practice activity in Australia 2000-2001. Canberra: AIHW, 2002.

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