

Reproductive and Perinatal Epidemiology
Discussion questions for Lecture 5, 2007

Acute myocardial infarction (AMI) and OCs. WHO Lancet, 1997;349:1202

1. Why did the authors use a case-control study rather than a clinical trial or a prospective study?
2. How might the variation in the certainty of acute myocardial infarction (AMI) diagnosis (definite, possible, other) affect the results?
3. Is there evidence of interaction between OCs and pre-existing risk factors? How would this affect prescribing practices for provision of OCs?

Khader YS, et al. Oral contraceptives use and the risk of myocardial infarction: a meta-analysis. Contraception. Jul 2003;68(1):11-17.

4. Why are there 19 case-control studies and only 4 cohorts, but not clinical trials?
6. Is there evidence of interaction between OCs and pre-existing risk factors? How would this affect prescribing practices for provision of OCs?
7. Does composition of oral contraceptives affect risk and might this affect prescribing patterns?
8. Does previous use of OCs affect risk?

Beral V et al. Mortality associated with oral contraceptive use: BMJ.1999;318(7176):96-100.

9. There was no overall increase in mortality among women who ever used OCs versus never users. Ischaemic heart disease risk was not elevated over all (Table 1), was elevated in women whose time of first use was under 10 years (table 2, RR=1.8), non-significantly increased with recent use (Table 3), and there was no risk with duration of use (Table 4). How is this compatible with the findings in Khader et al's meta-analysis?
10. Contrast the findings of ischaemic heart disease with the findings for cerebrovascular diseases in the same tables. What is your interpretation?