

The second group of patients has now been followed for a minimum period of 1 year. Our conclusion relating to this group of patients remains as summarized in tables 5 and 6.

A retrospective evaluation of the remainder of the 86 patients identified by questionnaire survey between August 1968 and August 1969 was accomplished by detailed review of their medical records. These patients had been treated and evaluated by other staff members of the Rackham Arthritis Research Unit. These physicians had not been directly involved in the clinical evaluation of the two special study groups discussed previously.

In table 7, four subgroups have been identified, the clinical status of these patients relative to the use of oral contraceptive drugs has been summarized. In essence, this retrospective data is generally less precise than the data accumulated in a prospective interval, as already discussed by my colleagues. Nevertheless, this table demonstrates that one should exercise caution in attempting to predict adverse effects from the use of oral contraceptive drugs in a cross section of the patients with rheumatic disease who have been evaluated routinely in an arthritis clinic. It is of interest that half of the patients who had had some experience with the use of oral contraceptives had discontinued these agents on their own.

Patients with early rheumatic complaints and some of the patients with systemic lupus erythematosus were more likely to note improvement after discontinuation of oral contraceptive therapy than were patients with well-established disease. In this group of patients we have not attempted to correlate the frequency of abnormal laboratory tests with the use of these drugs since stored blood specimens were not consistently available during and after therapy.

At the time of initiation of the survey of the arthritis clinic population at our institution in August 1968, arrangements were also made to study a group of apparently healthy young women reporting to a local birth control clinic. During the past 18 months, a total of 450 women ranging in age from 18 to 29 years have been surveyed. Blood specimens have been obtained in one group of women prior to the initiation of oral contraceptive therapy and after 3 or more months of drug use.

A larger second group of patients have been surveyed during treatment with these drugs. This second group is similar to those surveyed by other investigators. We felt that it was crucial to determine the incidence of abnormal laboratory tests for antinuclear antibodies and LE cells prior to initiation of oral contraceptive therapy since it is impossible to interpret abnormal tests if the pretreatment status of the individual is unknown.

In studying this birth control population, it has been difficult to obtain a high percentage of on-treatment blood specimens. I mean, in the first group where we got the blood before treatment, they were infrequently willing to come back while on drug therapy. To date we have succeeded in securing pre- and post-treatment blood specimens on only 60 or a total of 450 women. There has been one case in 60 in which the test for antinuclear antibodies was normal before treatment and then became positive after 3 months of treatment with oral contraceptive drugs.