

When they scaled the doses down, they had less trouble. I am prepared to suggest this for this, too, but we do not know.

Senator DOLE. Since the hearings started—about a month, now, since the last hearing—there has been some stirring in the air that perhaps we may have caused more problems than we are going to solve. But I would like, Mr. Chairman, at this point in the record, to put in some stories in the Washington Post, the New York Times, and the Wall Street Journal which indicate the alarm among thousands and perhaps millions of women in America resulting from some of the statements made here.

Dr. KANE, the point is, after reviewing all these studies, what conclusion can be reached about the pill itself? Do you think the risks or the behavioral symptoms would indicate that the pill should not be taken, or—

Dr. KANE. I certainly think that there is an indication that patients with a history of prior psychiatric illness should use the pills with caution and should be observed by a psychiatrist or somebody for possible adverse effects. It seems clear from all the studies that psychiatric patients are most at risk. Unfortunately, there are probably a fair number of users among this group because of the stresses of pregnancy and what have you.

Senator DOLE. The risk of taking the pill, is it greater for those people than, say, an unwanted pregnancy?

Dr. KANE. The comparison can't be with an unwanted pregnancy. You are assuming they are going to become pregnant. There are acceptable other modes of contraception. I think it should be compared with other means of contraception.

Senator DOLE. Are you familiar with other studies?

Dr. KANE. There is only one, the Swedish study. That indicates that there is more psychiatric morbidity among those using the pill than using other contraceptives.

Senator DOLE. But you have done none yourself?

Dr. KANE. No, that is the only one that has ever been done.

Senator DOLE. How many people participated in that study?

Dr. KANE. 169, something of that order.

Senator DOLE. You did indicate in your last sentence that perhaps without a long-range study, there is no conclusion that can be relied upon by those who should be making a decision.

Dr. KANE. I think there are some things, yes. Psychiatric patients are more at risk, that anywhere from 30 to 50 percent of the women are going to feel different and they should be aware of this.

Senator DOLE. Does that mean they should not take the pill?

Dr. KANE. I did not say this. I say they should be aware why they are feeling different and if they do feel different, they should talk it over with their doctor, and he should be aware of this so if the symptoms get worse, he should discontinue the pill. Some women tolerate these things reasonably well, but they ought to be observed a little more carefully. I say those who are going to become depressed should be observed a little more carefully. Perhaps they should take two medicines, a birth control pill and an anti-depressant pill, rather than becoming pregnant. I think that could be their choice so long as they know this is going on.