contraceptives among those women who died was present within broad age and parity groups."

The British case-control data indicating a relationship between pill use and mortality from cerebral thrombosis are based on only ten deaths. Similar results were obtained, however, on a small sample of hospitalized cases compared with a matched control series reported by Vessey and Doll.[3] The US mortality data do not show an increase for this category that is consistent with the British studies. This discrepancy may stem from problems inherent in the case-control and trend studies; from the limited numbers of cases with cerebral thrombosis in the British case-control studies; from differences between the United States and Great Britain in diagnostic and statistical coding practices; or from real US-British differences in the relationship between the oral contraceptives and disease. The British investigators discussed in detail the potential sources of error in their results. For the most part, the potential sources of error in interpreting correlations between trends in mortality and oral contraceptive usage are both different and more serious.

Mortality trends for ICD categories 463-6 in England and Wales are similar to those for ICD category 460-8 in the United States in that British women age 20-34 have experienced increased mortality during 1962-1967, relative both to women during 1953-1962 and relative to men.[11] For age group 35-44, however, the British pattern is somewhat less consistent in that a mortality increase in women has been accompanied by a similar increase in men.

Summary

Since the introduction of oral contraceptives in the United States, underlying cause of death mortality rates for venous thrombosis and pulmonary embolism have increased at a greater rate for US women age 20-44 than the rates for such women in previous years or rates for men in comparable age groups. No such relative increase has occurred in deaths from cerebral embolism and thrombosis, phlebitis and thrombophlebitis of the intracranial sinuses, arteriosclerotic heart disease including coronary disease, arterial embolism and thrombosis, or mesenteric infarction.

The US mortality trends are consistent with British reports suggesting that the use of oral contraceptives is associated with an increased risk from venous thromboembolism. Like the British reports, US mortality trends for coronary thrombosis are equivocal. US mortality, however, has not shown the association with cerebral embolism and thrombosis suggested by the British case-control studies.

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