

A comparative analysis of OTC Plan B vs. prescribed Plan B

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Abstract. With the introduction of emergency contraception (EC), the likelihood of an unintended pregnancy can be reduced by up to 80%[1]; however, limited access to EC, poor EC knowledge, and nonuse of EC because of the failure to recognize the risk of a pregnancy are one of many roadblocks that have weakened the potential benefits of emergency contraception. Numerous studies have been conducted to compare and analyze the impact that prescription-only EC and over-the-counter (OTC) or advanced provision of EC (AEC) have on unintended pregnancies, abortion rates and contraceptive behavior. The literature has shown evidence that improved access to EC increases its usage and has not been correlated with an increase in risky sexual behavior or incidence of sexually transmitted diseases. Studies have not been able to show a significant decrease in abortion rates with increased access to EC. The literature has also shown that even with increased availability of EC, EC use is much lower than expected and therefore did not result in a significant decrease in unintended pregnancies.

1. Introduction

Every year over 800,000 teen pregnancies occur in the United States and approximately 85% of these pregnancies are unintended [2]. Amongst all developed countries in the world, the United States holds the highest rate for unplanned teen pregnancies.

Emergency contraception has the potential to significantly reduce the rates of unintended pregnancies but its ability to do so has been decreased by numerous barriers; unawareness of EC and lack of EC knowledge are two of many hindrances. Patients who are candidates for EC usage are not aware of its existence and/or of its availability. One study conducted on postpartum women from an inner-city public hospital showed that, although two-thirds were willing to use EC, only 36% had heard of it and only 7% knew the correct window of time to use it [3].

2. Results, Discussion and Significance

An evidence-based review of the literature was conducted using Medline database and included articles from 1998 to the present. Articles were chosen for review based on whether they were peer-reviewed, if they were randomized controlled trials and were relevant to the purpose of this review. The inclusion criteria requirement was that each article was to be retrospective, a randomized controlled trial, cohort or actual use study. Key terms used were: emergency contraception, EC, Plan B, levonorgestrel, advanced provision, OTC, over-the-counter, deregulation, regulation, prescription. Twenty-six articles met the criteria and were selected for review.

The FDA's most recent decision to approve Plan B over the counter to women aged 18 or over has raised several concerns, including product comprehension, safety and appropriate usage. A randomized study performed in various Planned Parenthood clinics throughout the U.S and in five pharmacies near Seattle, WA between 2001 and 2002 found that of 585 women between the ages of 16-26, 74% correctly used EC, minors and less-educated women included and that only 2% of the subjects became pregnant [4].

All but four studies [3, 8, 9, 11], concerning EC comprehension have shown that the majority of patients used it correctly, had a good understanding of the mechanism of action, the therapeutic uses and/or adverse effects of emergency contraception [4, 5, 6, 7, 10, 12, 13, 14]. The sample populations included all age groups, minorities with poor English-speaking skills and/or those with low income or poor education.

Deregulating emergency contraception has also led to the apprehension that patients would abandon use of their routine contraception. Only one study has shown that increased access to EC will negatively affect routine use of regular contraception [15].

Another concern has been raised regarding the risk for unintended pregnancies, risky sexual behavior and/or sexually transmitted diseases with advanced

provision of EC. In a randomized controlled trial conducted between 2001–2003, 2,117 participants from 4 clinics in the San Francisco Bay Area, who had increased access to EC, were used in the study. Results showed that the advanced provision group had the highest pregnancy rate, with those in the 16-17 y/o age range carrying the highest rate (17.2%) [5].

Conflicting evidence has been found in the literature regarding incidence of risky sexual behavior with advanced provision of EC. Two studies have shown that although the sample populations with increased access to EC were more likely to use it and within an earlier time frame than the control group, the treatment group still had higher rates of unprotected sex at follow-up [5,16]. In a randomized controlled trial of 160 teens from ages 13 to 20 who were primarily Hispanic, at the 6 month and 12 month follow-ups, the treatment group consistently had increased and higher rates of unprotected sex than the control group [16].

The literature has suggested that despite the fact that improved access does lead to increased use, EC is still underused; low frequencies of EC use have been associated with higher pregnancy rates because of the failure to recognize the risk of a pregnancy [6, 11,17, 18].

It has been found in the literature that emergency contraception is increasingly regarded as one of the driving forces behind decreasing abortion rates [1]; however, none of the studies included in this review indicated such evidence. In a study conducted in Lothian, Scotland, women from 16-29 years of age were offered advanced provision of EC. The abortion rates of women aged 16-29 years of age in Lothian were compared to 3 other major health boards from 1998-2001. Results showed no effect on abortion rates despite the introduction of advanced provision of EC [19].

3. Conclusions

Advanced provision of over-the-counter EC has increased its usage and promoted timely access. EC users comprehended the indications for EC, its therapeutic uses and adverse effects and the majority were able to use it correctly. Although improved access has not been shown to lead to abandonment of routine contraception, treatment groups have had higher rates of unprotected sex than control groups and some studies have shown that pregnancy rates were highest in the treatment groups. Although improved EC access does increase EC use, the failure to realize the risk of a pregnancy has led to the under usage of EC and therefore unaffected pregnancy rates.

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