Oral contraceptive use and pregnancy are associated with a good prognosis

Women who continue to take OCs, however, are not a random sample of all young women with RA. They are likely to be sexually active and might thus be at the less severe end of the disease spectrum. By contrast, because of concerns about the consequences of pregnancy, including coping with a young infant, women with RA who have more severe disease may be selectively more likely to use OCs. We do not know which of these two potential biases is more likely.

“Patients choosing OC use or pregnancy should not be dissuaded”

Even more problematic for those contemplating studies in this area is the influence of disease activity and its treatment on the decision to become pregnant. It is likely, for the reasons stated above, that those who choose to become pregnant do have milder disease. It is interesting therefore to note in the data by Drossaers et al. that in their cohort of all the patients who had a pregnancy, either before or after diagnosis, there was a suggestion that this group had milder disease.

Pregnancy itself is associated with a strong likelihood of remission, with relapse post partum that might be related to breast feeding. In that latter study thought, there was strong evidence of a selection effect, with women who were subsequently going to breast feed having less severe disease and an associated smaller likelihood of being given disease modifying treatment. This suggests that those women who choose to become pregnant, after the onset of RA have a milder disease and hence are at lower risk of a worse outcome. In support of this is the observation by Drossaers et al., that those women with three or more births after disease, were those with the best outcome.

This pregnancy behaviour would probably be reflected by an observational study of physical activity in RA. Thus, although it is clearly established that RA is associated with early work disability, those who choose to continue working are likely to do well long term—not that working is protective but that those who maintain their employment have self selected themselves for a better outcome.

When OCs were first introduced there was anxiety that they might be associated with a deterioration in disease activity. Changes in the constituents of currently used OCs with lower doses of hormones make it less likely that they would have any effect on disease.

Is there any important message, therefore, from this study by Drossaers et al. or were the conclusions entirely predictable? The answer is the former and the results are reassuring. The message is that if patients, once diagnosed, choose either to continue with OC use or to proceed to one or more pregnancies, they should not be dissuaded. They are likely to represent a group with a good prognosis.

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