

Cocktail of medicine used for abortions

Shelley Page
The Ottawa Citizen

September 24, 2005

Doctors using RU-486 substitute that can take weeks, instead of days, to end pregnancy

An abortion cocktail that takes up to 44 days to end unwanted pregnancies and is a back-alley solution in developing countries is also the only option for Canadian women who want a non-surgical abortion.

Doctors have increasingly turned to a combination of the drugs methotrexate and misoprostol, neither of which are approved for use in abortions by Health Canada, because RU-486 is not available in Canada.

This country is one of the few industrialized countries that does not have access to the abortion pill RU-486, also known as mifepristone. It, along with misoprostol, can be used to terminate a pregnancy in a procedure that usually takes about a week. It is approved for use in more than 30 countries, including the United States, Britain and France, where it was invented more than two decades ago.

Canadian doctors say that in the absence of RU-486, they have been forced to rely on methotrexate and misoprostol, which is a more physically and emotionally taxing method of "medical" abortion.

Dr. Ellen Wiebe, a Vancouver-based abortion provider who is a leading expert in methotrexate-induced abortions, says methotrexate is not the best option, but it is the only non-surgical option.

"The delay can go on and on, women get upset emotionally and physically because they are going through all this stuff for weeks. With RU-486 it takes a couple of days most of the time. It's a much better drug," Dr. Wiebe said in an interview.

However, acknowledging both the reality and necessity of the Canadian solution, the Society of Obstetricians and Gynecologists of Canada (SOGC) is preparing new guidelines for this fall on how



CREDIT: Mark Van Manen, The Vancouver Sun

Vancouver gynecologist Dr. Ellen Wiebe says her many studies have indicated women prefer RU-486 to methotrexate for abortions. "(RU486, or mifepristone) It works much faster and it's much better.'

to safely use methotrexate and misoprostol to terminate a pregnancy.

The association hopes that by publishing guidelines it will encourage more of its 3,000 members to make the regimen available to their patients, thereby increasing access for women who need abortion services, particularly in small centres.

"It means a lot to a woman," says Andre Lalonde, vice-president of the SOGC. "We believe this will open up the access and make abortion easier. It can be done from a doctor's office, rather than a clinic or hospital. It's more confidential. Anti-abortion groups won't know about it."

The Canadian solution depends on the "off-label" use of drugs that have been approved for other treatments. Methotrexate is frequently used to treat cancer and rheumatoid arthritis, among other diseases. It also stops fetal growth. Misoprostol, officially approved as an ulcer drug, induces contractions.

While RU-486 is used in pregnancies of up to nine weeks gestation and usually causes a miscarriage in less than a week, the methotrexate and misoprostol regimen is not as efficient. It is generally used to induce a miscarriage in pregnancies up to seven weeks. The actual miscarriage can take weeks, and in some cases well over a month, to complete.

The success rates of the two protocols are similar -- around 95 per cent. However, with the methotrexate regimen, medical followup is crucial because the drugs cause severe deformities in the fetus.

Dr. Lalonde said in an interview that RU-486 is the preferred option for medical abortion and remains dismayed that Canada has not found a way to bring the drug here.

The Citizen reported last month that foreign manufacturers won't apply to market the drug in Canada until they are invited to do so by Health Canada to ensure they won't face a hostile government with such a controversial drug. But federal policy dictates Health Canada cannot extend such an invitation.

In the vacuum left by this stalemate, clinics dedicated to using methotrexate and misoprostol have been set up in Toronto and Vancouver. In other Canadian cities, an "underground network" of doctors across the country is quietly offering the pills to women in their offices, according to an official with the Society of Obstetricians and Gynecologists. The association won't say who or where.

In Ottawa, for example, rumour has it that a few doctors provide the service, but phone calls to the local Morgentaler clinic and a handful of gynecologists yielded no leads.

Dr. Ellen Wiebe, a Vancouver-based gynecologist, is among the world's leading experts on methotrexate and misoprostol use in abortion. She runs a clinic in Vancouver dedicated to providing this type of abortion.

Dr. Wiebe has published several papers on the efficacy of methotrexate and misoprostol in abortion.

She studied the regimen in 100 women, 89 of whom had a successful pill-induced abortion. Only 48 women completed an abortion within 24 hours of the first dose of misoprostol. By day 14, 69 women had completed an abortion; it took an additional 15 women between 15 and 28 days, while for the remaining five women it took between 29 and 44 days.

In a 2002 study, Dr. Wiebe conducted a multi-centre trial involving more than 1,000 women comparing abortions induced by methotrexate and those induced by RU-486, also known as mifepristone.

She found that, while RU-486 was faster, the overall success rates, side effects and complications were similar. The methotrexate success rate was 94 per cent.

Dr. Wiebe said in an interview that women prefer RU-486 to methotrexate. "It works much faster and it's much better. It's not rare to wait more than a week (for the procedure to work). Once you decide you want an abortion, you want it done."

She described her study comparing methotrexate with misoprostol very important for Canadian women, who don't have access to RU-486. "At the time I thought we were close to getting RU-486, so I thought this study was kind of useless. It turned out to be one of the most important studies I have done."

Other doctors interviewed by the Citizen said that the Canadian cocktail is a second-rate solution to a unwanted pregnancy, particularly when access to abortion is declining outside major cities. A study published in 2003 by the Canadian Abortion Rights Action League found only 17.8 per cent of hospitals perform abortions, while one territory and one province -- Nunavut and Prince Edward Island -- provide no services at all.

An increasing number of gynecologists, and some family physicians, are facilitating pill-induced abortions in their offices.

"It's like an underground network almost," said one gynecologist, who practises in a rural community in Western Canada. She gave an interview at a recent SOGC conference on the condition her name not be used. She is a known abortion provider in her community, who has received threats and encountered pro-life picketers at her home.

She said there are advantages and disadvantages to the medical abortions.

"The advantages are you don't need to have a surgery. You don't face the risks of surgery -- making a hole in the uterus, not being able to get in, excess drugs, anesthetic. And it's more private, so you don't have to go to a place where people will know that you're having this done," she said.

"The disadvantages are it's only usually used in early pregnancy, and a lot of times the women have really heavy bleeding. It's heavy enough that if they weren't using these drugs to have a miscarriage we would tell them to go to the hospital and have an abortion."

She said women have to be prepared "to have awful and horrible cramps for a day. And then in five

per cent of the time it doesn't work, and then, the medications that we use can cause abnormalities of the baby. Then they have to have surgery."

While the U.S. Food and Drug Administration says RU-486 is safe, a handful of women have died after taking the drug. It's manufacturer, Danco, last month sent out a bulletin about six known deaths linked to RU-486 -- four California women, another American woman who had an ectopic pregnancy who died after taking RU-486, and a Canadian woman who died during a clinical trial conducted by Dr. Wiebe in 2001. Danco said it plans to add strong new warnings to the pill bottles about the rare possibility of deadly infections.

© The Ottawa Citizen 2005