

Practice of self-medication of mifepristone-misoprostol drug combination for medical abortion

Sir,

Most medical abortion protocols require women to take mifepristone in the hospital setting. The rate of complete abortion up to 63 days' gestation with mifepristone and misoprostol was reported to be 92-95% using the Food and Drug Administration-approved regimen.^{1,2} In a recent study, the completion rates of 96-97% was reported in early pregnancy, including pregnancies up to 63 days' gestation.³ Women choosing medical abortion must consent to undergo vacuum aspiration or dilatation and curettage in cases of incomplete abortion.

Medical methods for first trimester abortion have been demonstrated to be both safe and effective. Regimens that combine mifepristone with a prostaglandin analogue such as misoprostol are more efficacious than a prostaglandin alone. Mifepristone, (RU 486, a substitute 19- norethisterone derivative) by blocking the progesterone receptors causes estrogen dominance and results in intrauterine fetal death. Simultaneously, it sensitizes the uterus to the activity of the prostaglandin. Thus, a combination of these two drugs is significantly more efficacious for termination of early pregnancy when compared to mifepristone given alone. A regimen that includes mifepristone in a dosage of 200 mg administered orally, followed by misoprostol in a dosage of 800 µg vaginally administered 48 hrs after mifepristone, and is highly effective for medical abortion up to 63 days gestation. This regimen is reported to be the best in most of the studies and moreover mifepristone serum levels do not increase proportionally with increasing oral doses.⁴

In a study conducted by Schaff et al., it was observed that the success rate was seen in 96-97% of women who were prescribed a combination of mifepristone and misoprostol by authorized personnel at the hospital.³ Women are commonly advised to return for one or more follow-up visits, after 10-14 days because in cases of incomplete abortion she can be managed either expectantly, with an additional dose of misoprostol, or with an aspiration procedure. Women may be given the option of home administration of misoprostol after the initial clinic visit.⁵

However, the use of mifepristone – misoprostol combination for medical abortion used as self-medication, is rising due to changing socio-cultural practices and increased awareness among women for the termination of early

pregnancy up to 63 days. It is observed that many women indulge in the practice of self-medication for termination of pregnancy. They take medicines either from local pharmacists, nurses, on advice of relatives, friends, husband, neighbors, newspaper articles, radio, television, magazines or any other such unauthorized sources for termination of pregnancy which mostly leads to incomplete abortion or many complications. It is observed that only few number of women have complete abortion with self-medication from an unauthorized source and moreover they suffer from pain and heavy bleeding when compared to normal menstrual flow. It is noticed that now-a-days, these drugs are used irrationally and nonjudiciously. Women are thus advised to take proper regimen of mifepristone and misoprostol under the guidance of an authorized practitioner and if they still fail to abort, then they have to undergo surgical evacuation that is, vacuum aspiration for termination of pregnancy.

Thus medication from a good clinic or well-qualified personnel, licensed practitioner should be taken for termination of early pregnancy and not from an unauthorized sources because in later case there will be more chances of incomplete abortion, heavy menstrual flow, more need of surgical interventions, and less satisfaction of women. Women whose abortion process is complete should be started on contraception. Where medical abortion is available, women should be informed about the availability of this option so that in case of need they can come early enough in their pregnancy to the health care center in order to qualify for this method. Community health workers should be trained to recognize and treat minor complications of medical abortion and to arrange referral when necessary.

Sushila Godara*, Jyoti Kaushal

Department of Pharmacology, Post Graduate Institute of Medical Sciences, Rohtak, Haryana, India

***Correspondence to:**

Dr. Sushila Godara,

Email: drgodarasushila@gmail.com

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