

## Early medical abortion in Australia: more common than statistics suggest?

Caroline M de Costa

**TO THE EDITOR:** Since my article on medical abortion was published in the Journal,<sup>1</sup> I have received some information from colleagues, and from women who have undergone abortions, about the current practice of medical abortion in Australia. I believe this may be of interest to readers of the *MJA*.

More than a dozen practitioners have informed me that they have used misoprostol or methotrexate/misoprostol combinations to induce early abortion (before 9 weeks' gestation) outside of hospitals, and a number of women have reported undergoing such abortions. The number of cases involved in this anecdotal sample is at least several hundred annually.

Induced abortion using methotrexate/misoprostol was practised in the United States up until the introduction there of mifepristone/misoprostol regimens in 2000.<sup>2,3</sup> There is wide experience of this drug combination reported in the medical literature, and the consensus is that, in the short term at least, it is safe and effective, although less effective than the mifepristone/misoprostol combination.<sup>2-4</sup> Both drugs are licensed for purposes other than abortion in Australia, as elsewhere (misoprostol for treatment of gastric ulceration; methotrexate as a cytotoxic agent, and for psoriasis and rheumatoid arthritis), but the use of drugs "off-label" is an acknowledged medical practice.<sup>5</sup> Misoprostol in particular is widely used in obstetrics for cervical ripening and treatment of postpartum haemorrhage.<sup>5</sup>

These early abortions take place "under the radar" in the sense that there is no specific Medicare item number; the administration of the drugs occurs in the course of a standard consultation. There is nothing irregular about this, but it does mean that the inaccurate data we currently have on the number of abortions performed in Australia are even more inaccurate than initially thought. It should be noted also that misoprostol alone or in combination with other prostaglandins is being used in Australian hospitals, as overseas, in a more evident manner for the induction of late abortion in cases of severe fetal abnormality detected after 13 weeks' gestation.<sup>5</sup> As well, methotrexate is commonly used in the treatment of early, unruptured ectopic pregnancy, in doses well below those used in oncology.

The communications I have received on the subject lead me to believe that medical abortion is currently extensively practised in Australia.

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## A champion-driven pathway towards quality improvement in the medical management of osteoporotic fractures

Tim Yu-Ting Lu, Jennifer A Pink, Lauren E Whitten, Catherine L Hill, Robert J Adams and Catherine Gibb

**TO THE EDITOR:** The Australian Fracture Prevention Summit held in 2002 recognised osteoporosis as a major public health issue. Despite this, several Australian studies have found that a majority of patients with osteoporosis-related fractures do not receive appropriate evaluation and treatment as recommended by the clinical guidelines.<sup>1-4</sup>

In 2003, the Queen Elizabeth Hospital, a tertiary referral hospital which services the north-western suburbs of metropolitan Adelaide, implemented a novel approach to improve the secondary prevention management of patients admitted to the orthopaedic unit with fragility fractures. The strategy was based on the "plan-do-study-action" principle of medical quality improvement, with the primary goal of enhancing performance.<sup>5</sup>

Before commencing, a retrospective case-note review of 40 consecutive patients who had been admitted to the orthopaedic unit with osteoporotic fractures revealed that, at discharge, none were receiving any medication for osteoporosis.

Patients over the age of 50 years who had been admitted with fragility fractures were identified from computer records. With the support of a physician and junior medical staff, a clinical pharmacist provided individual counselling, written materials and osteoporosis therapy. The rate of medication prescription was initially assessed at discharge. In a follow-up telephone interview, participants were queried about the continuation of osteoporosis therapy, performance of investigations by general practitioners, and history of falls.

Over a 10-month period, of 259 patients admitted with fragility fractures, 228 patients (88%) were prescribed osteoporosis therapy (calcium, vitamin D and risedronate) on discharge. Of those eligible, 65 patients participated in the follow-up audit. Forty-eight patients (74%) continued to take medications for osteoporosis as initially prescribed; only 28% had had laboratory investigations for osteoporosis and 31% a bone mineral density test. In addition, three patients had experienced recurrent falls complicated by further fragility fractures.

### Correspondents

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