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Serum Level and 24hr. Excretion Pattern of Potassium Following the Intake of Combined Oral Contraceptives

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Summary

Serum level and 24hr urinary excretion pattern of potassium have been studied in 104 healthy women, aged 18-44 years, using combined oral contraceptives for a period of 3-48 months, and results have been compared with those obtained from 21 healthy controls of the same clinic, aged 19-40 years, using IUD. There was no significant change observed in serum potassium level, but 24hr urinary excretion pattern of potassium decreased significantly in 90% of the individuals equivalent to 2.6-78.3% of the mean control, possibly due to a retention of potassium in the cells.

Introduction

Previous literature mainly deals with Na retention in

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pregnancy (1-5) during luteal phase of the menstrual cycle (6) or following the administration of oestrogens (7-10), or the fact that progesterone inhibits the effect of mineralocorticoides and thus has a natruretic effect (11-15).

Using progesterone and progestogenic compounds such as norgestrel and norethisterone for a short-term in 20 male students a natruretic effect, together with increased aldosterone excretion rate has been observed (16). These investigators have also experienced increased urinary excretion of potassium, but using dydrogesterone they found a slight Na retention.

Considering the physiological importance of potassium in maintenance of various phenomena in the body, little attention has been directed towards the changes in body potassium following the intake of combined oral contraceptives.

Materials and Methods

All reagents were from Merck, deionized water was used throughout the experiments. Potassium was estimated by emission flame photometry. Blood samples were collected at 9-11 a.m. by veni puncture and sera were seperated as soon as possible and tested immediately. All subjects were from the same social class, healthy individuals with no past history of severe illness.

Samples of blood serum for estimation of potassium were diluted in the ratio of 1/100 with deionized water in a graduated flask. 24hr. urine collections for estimation of potassium were diluted in the ratio of 1/1000.

Results

Serum levels and 24hr excretion pattern of potassium were estimated in 104 subjects, aged 18-44 years, using lyndiol (mestranol 0.075 mg and lynoestrenol 2.5mg) and

eugynon (ethynyl oestradiol 0.05 mg and norgestrel 0.5 mg), for a period of 3-48 months. These values were compared with the serum level of potassium and 24hr excretion of potassium in 21 control subjects of the same social class and clinic, aged 19-40 years who were using IUD and had never used oral contraceptives before.

Table (1) shows serum potassium levels in mEq/l and 24hr urinary excretion pattern of potassium in mEq/24hr± standard deviation in controls and subjects who have used eugynon or lyndiol for varying length of time.

Table (ii) shows the statistical values and significance for the values observed in urinary 24hr excretion of potassium.

Fig (1) shows 24hr excretion pattern of potassium following the intake of eugynon, compared with the control. Potassium excretion decreased significantly in 90% of the individuals to a value equivalent to 2.6-74.6% of the mean control.

Fig (2) shows 24hr. excretion pattern of potassium following the intake of lyndiol, compared with control. potassium excretion decreased significantly in 90% of the subjects to a value equivalent to 5.0 - 78.3% of the mean control.

	Serum K (mEq/1) Mean ± SD	No. of inves- tigations	Urinary K (mEq/24hr) Mean ±SD	No. of inves- tigations
Control	3.63±0.59	21	53.00 ± 19.48	21
Eugynon		•		
3-6 months	3.70 ± 0.24	14	44.39 ± 11,41	1.4
6-12 "	3.50 ± 0.16	15	34.21 ± 13.84	14
12-24 "	3.73 ± 0.13	б	34.29 ± 18.85	5
24-48 "	3.46 ± 0.13	13	31.25 ± 10.7	13
Lyndiol				
3-6 months	3.88 ± 0.50	1.0	31.20 ± 5.80	10
6-12 "	4.03 ± 0.67	14	37.89 ± 12.70	14
12-24 "	3.81 ± 0.46	12	40.55 ± 17.82	12
24-48 "	3.17 ± 0.55	17	30.01 ± 8.09	17

Table (1) Serum Potassium Values in mEq/1 and Urinary Excretion of Potassium in mEq/24hr in Control Group and Following the Intake of Eugynon and Lyndiol for Varying Length of Time.

Following the Intake Eugynon -Decrease Observed in 24hr Urinary Excretion of Potassium and Lyndiol.

			*** P=0.05	* * T	0.005	> P >	** 0.01	80	* P <0.005		-t-test)	P (Student's
5.2326	36	-22.99	1.9044	3	-12.50	2.7166	33	-15.11	3.7180	29	-21.80	Urinary K
2.8152	36	- 0.46	1.7664	<u> </u>	+ 0.18	1.8496	33	+ 0.40	1.1440	29	+ 0.25	Lyndiol Serum K
3.6863	32	-21.75	2.5602	28	-18.71	3.8055	34	-18.80	1.6762	ယ္ထ	- 8.61	Urinary K
1.0224	32	- 0.17	0.4518	28	+ 0.10	0.8260	34	- 0.13	0.4335	3 3	+ 0.07	Eugynon Serum K
	ק ה	Mean difference		DF	Mean difference		무	Mean difference		무	Mean difference	
months		24-48	months		12-24	months		6-12	ıths	mon	3-6	

Discussion

The significant decrease in urinary excretion pattern of potassium, following treatment with combined oral contraceptives probably signifies that potassium is retained in the cells and is not leaking out from the cytoplasm into the extracellular fluid to be excreted. Sodium retention in the uterus tissue, during the proliferative phase of the menstrual cycle, when oestrogen secretion demonstrates a maximal peak has been observed (17). Potassium level has also shown an increase during this phase.

There was no great difference in variations observed following the use of eugynon or lyndiol.

The decrease in urinary excretion of potassium following the use of combined oral contraceptives was not dose dependent.

Acknowledgement

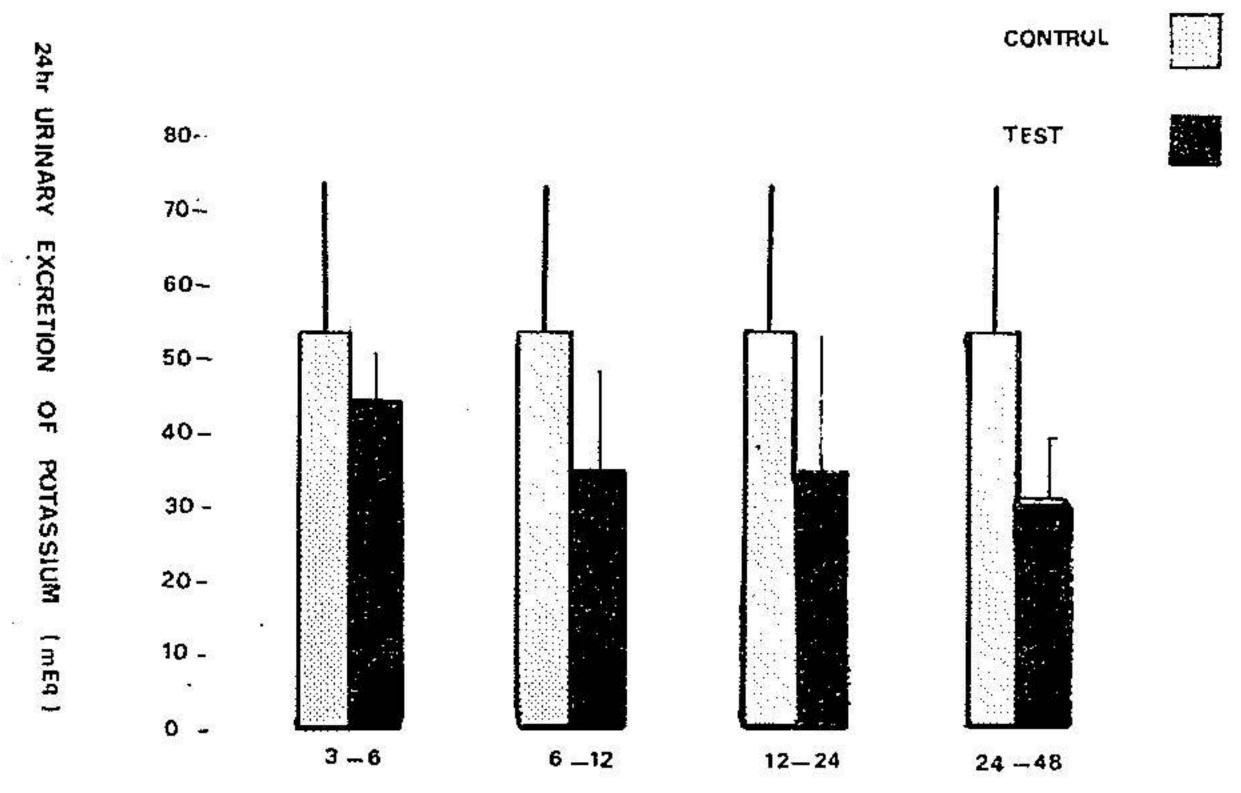
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References:

- 1- Freyberg, R.H., Reekie, R.D., and Folsome, C. (1938). Am. J. Obstet. Gynecol. 36, 200.
- 2- Taylor, Jr., H.C., Warner, R.C., and Welsh, C.A. (1939), Am. J. Obstet. Gynecol. 38, 748.
- 3- Thompson Jr., H.C., and Pommereneke, W.T., (1939), J. Nutr., 17,383.
- 4- Chesley, L.C., (1944) Am. J. Obstet. Gynecol. 48, 565.

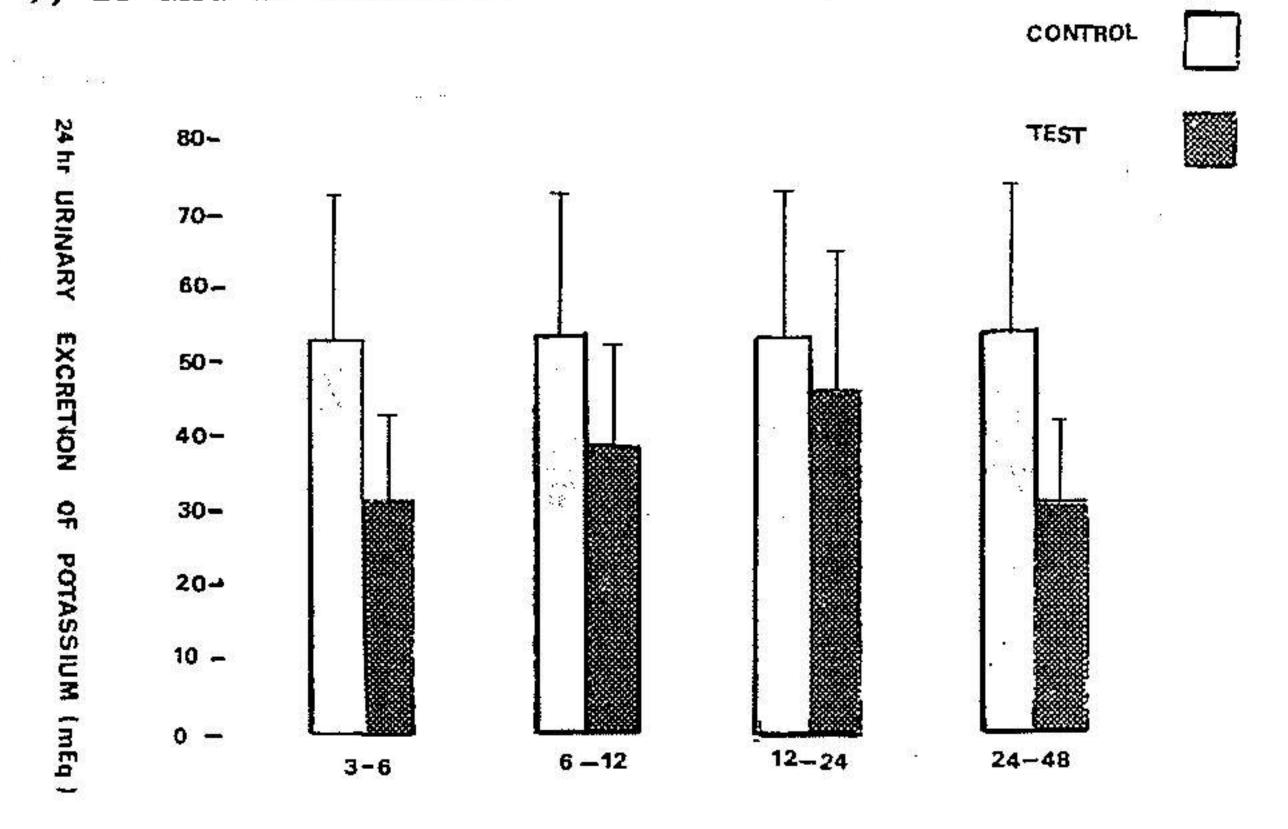
- 5- Mac Gillivray, I., and Buchanone, T J., (1958), Lancet, II, 1090
- 6- Thorn, G.W., Nelson, K.R., and Thorn, D.W., (1938), Endocrinol, 122, 155.
- 7- Thorn, G.W., and Engel, L.L., (1938), J. Exp. Med. 68, 299.
- 8- Preedy, I.R.K., and Aitkin, E.H., (1956) J. Clin. Invest. 35, 423.
- 9- Kats, F.H., and Kappas, A. (1967), J. Clin. Invest. 46, 1768.
- 10- Johnson, J.A., Davies, J.O., Baumber , J. S., and Schneider, E.G., (1970), J. Physiol., 219, 1691.
- 11- Landau, R.L., Bergenstal, D.M., Lugibihl, K., and Kascht, M.E., (1955)), J. Clin. Endocrinol. Metab., 15, 1955.
- 12- Landau, R.L., Lugibihl, K., Bergenstal, D.M., and Dimick, D.F., (1957), J. Lab. Clin. Med., 50, 613.
- 13- Landau, R.L., and Lugibihl, K. (1958), J. Clin. Endoorinol. Metab., 18, 1237.
- 14- Laidlaw, J.C., Ruse, J.L., and Gornall, A.G., (1962),
 J. Clin. Endocrinol. Metab., 22, 161.
- 15- Sundsfjord, J.A., (1971), Acta endocrinol. (KBH) 67, 483.
- 16- Oelkers, W., Schoneshofer, M., and Blumel, A., (1974), J. Clin. Endocrinol. Metab. 39, 882.
- 17- Johnson, T.H., (1958), Am. J. Obstet. Gynecol. 75, 240.

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TIME FOLLOWING THE INTAKE OF EUGYNONE (months

Mean Values of 24 hr Urinary Excretion of Potassium Following the Intake of Eugynone for Varying Length of Time, Compared With Control. Total Number of Subjects in Each Treated Group from Left to Right Are: 14,15, 9, 13 and 21 Controls.



Mean Values of 24hr Urinary Excretion of potassium Following the Intake of Lyndiol for Varying Length of Time, Compared with Control. Total Number of Subjects in Each Treated Group from Left to Right Are: 10, 14, 12, 17 21 Controls.