

News Roundup

First male fertility home test set for launch

Researchers at the University of Birmingham, Birmingham, UK have developed the world's first over-the-counter home fertility test for men. The Fertell® test is designed to give couples trying to conceive early warning of any potential fertility problems. Having a simple home test may take the pressure off men who may feel embarrassed at the prospect of providing a sample in a clinic.

The new test measures the number of motile sperm and provides a result in around an hour. The test works by forcing sperm to swim through a barrier, which mimics the female cervix. The device then measures the number of sperm swimming beyond this point. The device measures the concentration of active sperm, a key indicator of male fertility. A red line indicates a positive test with an accuracy of 95%.

During the study the team looked at samples from 150 subjects and analysed more than 3000 individual sperm samples.¹

Reference

¹ Björndahl L, Kirkman-Brown J, Hart G, Rattle S, Barratt CLR. Development of a novel home sperm test. *Hum Reprod* 2006; **21**: 145-149.

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Best practice contraception services

The *Contraception Consultation Toolkit* is a new resource designed to help health care professionals provide a contraception consultation tailored to the needs of the individual woman. Developed by an independent Expert Working Party, the *Contraception Consultation Toolkit* comprises practical and strategic information including: best practice advice on how to improve service provision and care; a consultation protocol to help health care professionals tailor contraceptive options to the individual woman; contraceptive summary table; legal guidance for issues surrounding consent; and a step-by-step guide to evaluating your service.

For further information contact: Rachel Bannister or Jo Dixon at Red Door Communications. Tel: +44 (0) 20 8392 8045 or +44 (0) 20 8392 8088. E-mail: rbannister@rdcomms.com or jdixon@rdcomms.com.

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

HPV vaccine also hits early cancers

Vaccination against key strains of human papillomavirus (HPV) targets early cancers as well as pre-invasive disease. The data come from a study of 8487 women who received Gardasil®, a quadrivalent vaccine, or placebo. In the placebo group there were 32 cases of CIN-3 or adenocarcinoma *in situ* but none in the vaccine group. The vaccine offers protection against four strains of HPV: 16 and 18 which cause 70% of cervical cancers, and 6 and 11 which are the main cause of genital warts. The findings were presented at the European Cancer Conference (ECCO 13) held in Paris, France in October 2005.

Source: www.fecs.be

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

OTC emergency contraception

The proportion of women who obtain emergency contraception (EC) over the counter from a chemist or pharmacy has risen from 27% in 2003-2004 to 50% in 2004-2005. Figures released from the Office of National Statistics have shown a proportional decrease in the proportion obtaining EC from their GP and walk-in centres. The figures come from a random sample of 3000 UK households surveyed each month by the Department of Health.

Source: www.statistics.gov.uk

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Abortion of unwanted first pregnancy and depression

Women choosing to terminate a first pregnancy are not at higher risk of depression. Previous research indicated that such women suffer more from depression than women who continue to term. Re-analysis of a longitudinal cohort study of 1247 women showed discrepancies in the data, which the authors conclude are due to differences in coding. The authors found no evidence that termination was directly related to the risk of clinical depression compared with delivering an unwanted pregnancy.¹

Reference

¹ Schmiede S, Russo NF. Depression and unwanted first pregnancy: longitudinal cohort study. *BMJ* 2005; **331**: 1303.

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Female feticide in India

The practice of female feticide is on the increase in India. Due to the cost of dowries paid to the groom's family on marriage, many families fear financial hardship if they have daughters. Sex selection by amniocentesis preys on families' fears. One advertisement read: "Spend 500 rupees now, save five lakhs later" (a lakh is equal to 100 000 rupees). Although sex selection in this way was banned by the Indian Government in 1996, the practice continues and has had an impact on the gender ratio in the population. In the Punjab region in 2001 there were 793 girls per 1000 boys in the 0-6 years age group.

Source: www.bbc.co.uk

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Confidentiality for teenagers seeking abortion

The Faculty of Family Planning and Reproductive Health Care welcomes the outcome of the Sue Axon Judicial Review which challenged the Department of Health's guidance on confidentiality for under-16s seeking advice on contraception and abortion, and fully supports the Department of Health in maintaining young people's rights to seek confidential sexual and reproductive health. Young people in need of contraceptive or sexual health advice may delay or avoid seeking help if they think their confidentiality would be broken. Building a trusting relationship with young people is vital, as through confidential services we are able to influence sexual behaviour and improve sexual health.

For further information contact: The Faculty of Family Planning. Tel: 0845 6018550.

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Know the facts about HRT

Many women want to know the basic facts like which hormone replacement therapy (HRT) to use and how to use it, yet they find it difficult to obtain this information without the help of their GP or consultant. *The Menopause Exchange Newsletter* is a subscription-only service that provides information about HRT for women who are considering starting treatment and for those taking HRT. Articles in the Winter 2005/2006 issue include mineral basics, skin at the menopause, and the caring role during mid-life. The Menopause Exchange has an Ask the Experts panel and fact sheets specifically for members.

For further information contact: The Menopause Exchange, PO Box 205, Bushey, Herts WD23 1ZS, UK. Tel: +44 (0) 20 8420 7245. Fax: +44 (0) 20 8954 2783. E-mail: norma@menopause-exchange.co.uk.

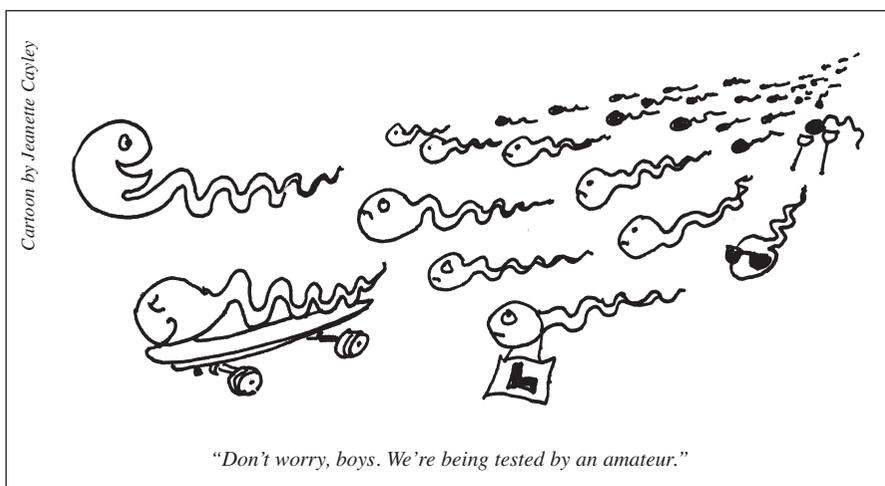
Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Combined contraceptives and weight gain

A recent Cochrane Review has concluded that although insufficient information was available to determine the effect of combined contraception and weight gain, no substantial effect was evident from their analysis. Many women, and indeed clinicians, believe the association exists but no relationship has been established. Perhaps this adds weight to our future discussion with women in our clinics.

Source: www.cochrane.org

Reported by **Laura Patterson**, MRCGP, DFFP
GP, Cirencester, UK



NEWS ROUNDUP/JOURNAL REVIEW

Emergency contraception and STI testing

The University of Manchester is aiming to screen 3400 women aged less than 25 years in the Greater Manchester area over the coming months. Any young person requesting emergency contraception from the pharmacist, family planning clinics and the Brook Advisory Clinic will be given a chlamydia testing kit. They will receive their results within 3 days and given appropriate follow-up. This is excellent for the pharmacists involved who can offer immediate and direct guidance.

Source: www.manchester.ac.uk

Reported by **Laura Patterson**, MRCGP, DFFP
GP, Cirencester, UK

National Chlamydia Screening Programme

The English National Chlamydia Screening Programme is now in its third year. The programme offers opportunistic screening to asymptomatic sexually active men and women under 25 years of age in a variety of health and non-health care settings outside of genitourinary medicine (GUM) clinics. Over 100 000 chlamydia screening tests have been performed: 48% in community contraceptive clinics, 19% in young people's services and 12% in general practice. About 10% of tests are positive, highlighting the high disease burden in those who would otherwise have been untested and

therefore unaware of their infection. Currently 25% of all primary care trusts (PCTs) are covered by the programme but the aim is full national coverage by March 2007.

From 2007/2008 PCTs will be required by the Department of Health to monitor the uptake of the programme and to ensure that every eligible young person will have access to screening in an equitable way. To achieve the targets it is vital to offer chlamydia screening at every opportunity and to integrate this test into every contraceptive or sexual health consultation. The programme is keen to hear any innovative thoughts on how to achieve this and for ideas that have already been implemented.

For further information contact: Lynsey Emmett. E-mail: Lynsey.Emmett@hpa.org.uk.

Reported by **Henrietta Hughes**, MRCGP, DFFP
GP, London, UK

Partner notification of chlamydia in general practice

A randomised control trial conducted in 27 practices in the Bristol and Birmingham area looked at partner notification immediately after diagnosis of chlamydia.¹ Follow-up was initiated either by a trained practice nurse followed by a health advisor or referral to a specialist genitourinary medicine (GUM) clinic. The results showed that 65.3% of those treated in practice had at least one partner treated compared to 52.9% in a GUM clinic setting. Indeed 31% referred to the specialist clinic did not attend. It

seems that practice-based notification is at least as effective as referral to a specialist GUM clinic, and the cost per index case was virtually the same.

Reference

- 1 Low N, McCarthy A, Roberts TE, Huengsberg M, Sanford E, Sterne JAC, *et al.* Partner notification for chlamydia in primary care: randomised controlled trial and analysis of resource use. *BMJ* 2006; **332**: 14-19.

Reported by **Laura Patterson**, MRCGP, DFFP
GP, Cirencester, UK

Vaginal contraceptive ring

The vaginal contraceptive ring is currently being developed as a contraceptive method. Recently a Phase I clinical trial has taken place to ascertain whether it could provide a useful method of emergency contraception (EC).¹ In a small study of 48 women the ring was left in the vagina for 7 days. The study measured the growth of the leading follicle and plasma levels of oestradiol, progesterone, luteinising hormone and follicle-stimulating hormone. Ovulation was disrupted in 87.5% of the women, suggesting a potential use as EC in the future.

Reference

- 1 Croxatto HB, Brache V, Massai R, Alvarez F, Forcelledo ML, Pavez M, *et al.* Feasibility study of Nestorone®-ethinylestradiol vaginal contraceptive ring for emergency contraception. *Contraception* 2006; **73**: 46-52.

Reported by **Laura Patterson**, MRCGP, DFFP
GP, Cirencester, UK

Journal Review

Hormone therapy and cardiovascular disease: a systematic review and meta-analysis. Magliano DJ, Rogers SL, Abramson MJ, Tonkin AM. *Br J Obstet Gynaecol* 2006; **113**: 5-14

Although not quite the 'boom and bust' of Norplant® in the 1990s, the number of prescriptions for hormone replacement therapy (HRT) issued in many regions of the UK has more than halved over the last 5 years. Publication of the first randomised trials looking at HRT and cardiovascular disease did not show the anticipated benefits and indeed suggested a degree of harm. Although previously, large observational studies had suggested significant reduction in cardiovascular disease in long-term HRT users, the opposite now appeared to be the case and scientific experimentation had apparently trumped observation.

This paper now attempts quite simply to put the HRT and cardiovascular debate into perspective. Using seven randomised placebo-controlled trials of high-quality methodology (and endless acronyms!) the authors have collated the data on all-cause mortality, coronary heart disease mortality, non-fatal acute myocardial infarction and all stroke. Use of HRT had no effect on all these outcomes, except stroke of which the summary risk was 1.29 (95% CI 1.13-1.48). When the results were stratified for age (mean age at commencing HRT below or above 65 years), the risk of stroke was higher in younger than older women although there were no significant differences for other outcomes.

To quote the late epidemiologist, Trudy Bush, 'the truth exists' in terms of cardiovascular disease and use of HRT. This paper brings us one step nearer. Whilst we are unlikely to return to recommending use of HRT for universal protection against the chronic diseases of old age,

there should now be a definite return of confidence to prescribers that, from the cardiovascular perspective, HRT can be prescribed safely to women with unpleasant menopausal symptoms.

Reviewed by **Ailsa Gebbie**, FRCOG, MFFP
Consultant Gynaecologist, Dean Terrace Family Planning and Well Woman Clinic, Edinburgh, UK

The relationship between condom use and herpes simplex virus acquisition. Wald A, Langenberg AGM, Krantz E, Douglas JM. *Ann Intern Med* 2005; **143**: 707-713

Condoms are generally recommended for preventing genital herpes but how effective are they? Wald *et al.* followed a prospective cohort of men and women who were seronegative for herpes simplex virus type 2 (HSV-2) and HIV and who reported either four or more sexual partners or at least one sexually transmitted infection in the past year.

Of the 1843 subjects, 118 (6.4%) acquired HSV-2 during the 18-month study period. Condom use was defined as 0-25%, 25-75%, greater than 75% or 100% of sexual acts. Participants reporting more frequent use of condoms were at significantly lower risk of acquiring HSV-2 than participants who used condoms less frequently (hazard ratio 0.74, 95% CI 0.59-0.95). Of the 659 participants at risk of HSV-1, 19 (2.9%) became infected but there was no association between acquisition of HSV-1 and frequency of condom use.

Frequent and infrequent users of condoms may be different, for example, in terms of sexual behaviour and lifestyle. Despite this potential source of bias, the study suggests that condoms provide a significant degree of protection against HSV-2 but are less protective against HSV-1. This should help us advise discordant couples and promote the safe sex message.

Reviewed by **Louise Melvin**, MRCOG, DFFP
Subspecialty Trainee, Dean Terrace Family Planning and Well Woman Clinic, Edinburgh, UK

Partner notification of chlamydia infection in primary care: randomised controlled trial and analysis of resource use. Low N, McCarthy A, Roberts TE, Huengsberg M, Sanford E, Sterne JA, *et al.* *BMJ* 2006; **332**: 14-19

The control of sexually transmitted infections relies on partner notification. As chlamydia screening expands and the demands on genitourinary medicine (GUM) clinics increase, new strategies are required for the management of chlamydia infection.

The Chlamydia Screening Studies (ClaSS) Project Group has reported the findings of the first randomised trial to evaluate primary care-based partner notification in a developed country. Low and co-workers recruited 140 men and women from 27 general practices. When subjects attended for diagnosis and treatment of chlamydia they were randomised to immediate partner notification by a trained practice nurse or referral to a health adviser at a GUM clinic. The proportion of index cases with at least one treated sexual partner was 65.3% in the practice nurse-led partner notification arm and 52.9% in the GUM health adviser arm. The two interventions were calculated to be virtually equivalent in terms of costs per index patient.

The study provides evidence that partner notification of chlamydia infection can be managed at least as effectively in primary care as in specialist clinics. The authors propose that practice nurse-led partner notification should be incorporated into the English National Chlamydia Screening Programme.

Reviewed by **Louise Melvin**, MRCOG, DFFP
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