

FROM THE JOURNALS

French RS, Cowan FM, et al. **Levonorgestrel-releasing (20 micrograms/day) intrauterine systems (Mirena) compared with other methods of reversible contraceptives.** *Br J Obstet Gynaecol* 2000; **107**: 1218-1225.*

This is a review and meta-analysis of randomised controlled trials. Only five such trials were found. Four were comparisons with non-hormonal intra-uterine devices and one was a comparison with Norplant-2. All the following results were statistically significant.

There was no evidence that the LNG-20 system is any more or less effective in preventing pregnancy than devices with > 250 mm² copper (though this is not mentioned in the results summary). The LNG-20 is more effective in preventing pregnancy than devices with ≤ 250 mm² of copper, and less likely to have an ectopic. LNG-20 users were more likely to experience amenorrhoea and expulsion than devices with > 250 mm² copper. LNG-20 users were more likely to discontinue because of hormonal side effects and amenorrhoea than all copper devices. The LNG-20 continuation rates were lower than the devices with > 250 mm² copper.

When compared with Norplant-2 the LNG-20 users were more likely to experience oligo-amenorrhoea, but less likely to experience prolonged bleeding and spotting.

The main reason for discontinuance of the LNG-20 was amenorrhoea. The authors point out that amenorrhoea is benign and associated with normal oestrogen levels. Discontinuance for this reason is greatly influenced by non-biological factors such as differing cultures and provider attitudes. The nature of pre-fitting counselling is likely to be significant, but has been little studied. The authors call for more research to assess the impact of counselling in relation to menstrual change.

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Preventing teenage pregnancy. *Bandolier* 2000; **7** (6): 1-2**

This article summarises the results from a systematic review of papers published up to May 1993.¹ Randomised controlled trials (RCTs) and observational studies were reviewed on aspects of interventions on adolescent pregnancy prevention. Of the 1404 papers reviewed, there were 25 key reports totalling 30 studies, and only 13 were published in journals. Thirteen of the studies were RCTs and 17 were observational studies. All were papers from the USA. The results showed that the RCTs showed no effect of an intervention, while observational studies showed a significant effect in only certain outcomes. It is suspected that in observational studies the intervention groups are ones that are most likely to respond. This leads to inaccurate assumptions being drawn from the reports. More observational studies are published than RCTs. The article criticises health researchers for not exercising enough caution when reviewing interventions, including reference to the UK effective care publication, which included observational studies.²

Bandolier comments that unless there is good RCT evidence, it is difficult to determine whether any interventions will reduce teenage pregnancy. Including observational studies may lead us to make policy based in incorrect assumptions.

References

- 1 Guyatt GH, et al. Randomised trials versus observational studies in adolescent pregnancy prevention. *Journal of Clinical Epidemiology* 2000; **53**: 167-174.
- 2 Dickson R, et al. Preventing and reducing the adverse effects of teenage pregnancies. *Effective Health Care* 1997; **3**: 1-12.

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