FROM THE JOURNALS

Krattenmacher R. **Drospirenone: pharmacology and pharmacokinetics of a unique progestogen.** *Contraception* 2000; **62**: 29-38*

Usually, with a scientific paper, I put it to one side to read later. However, this paper is well written and easy to understand. Also, there are plenty of diagrams to help along the way. It presents the characteristic of the new progestogen drospirenone and discusses why it is so different from our old and well-tried progestogens. It is an analogue of spironolactone and is more closely related to progesterone than the other synthetic progestogens. It inhibits ovulation, has andro-genic properties and anti-mineralocorticoid activity. This latter characteristic is the most important, as combined with ethinyl oestradiol, produces an oral contraceptive that should benefit those women who suffer from fluid retention and weight gain with other oral contraception. The combined preparation also has a favourable profile with respect to the skin and lipids. At last will we be able to dispel the myth that the Pill produces weight gain?

Faúndes D, Perdigão, Fafúndes A, et al. **T-shaped IUDs accommodate in their position during the first 3 months after insertion.** *Contraception* 2000; **62**: 165-168.*

This paper describes the changes in the IUD position during the first 3 months after fitting in a cohort of 214 women who decided to use a TCu-380 A IUD. Measurements were made immediately after fitting, at 1 month and at 3 months by vaginal ultrasound. The measurements taken were IUD-endometrium, IUD myometriun, and IUD-fundus. The IUDs were considered misplaced if outside the ninetieth percentile of the measurements.

It was found that IUDs considered misplaced at the time of fitting accommodated to the uterus over 3 months. The findings do not support the removal and replacement of an IUD that appears to be displaced on ultrasound in an asymptomatic user. Ultrasound of the IUD position is not recommended as it does not predict those IUDs that will be expelled. The study does not address the failure rate of the IUD if misplaced, and the authors state a large number of insertions would be needed to give an answer with enough statistical power.

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Van Valkengoed IGM, Morre SA, Van den Brule AJC, et al. **Low diagnostic accuracy of selective screening criteria for asymptomatic *Chlamydia trachomatis* infections in the general population.** *Sex Transm Inf* 2000; **76**: 375-380.**

This community-based study in Amsterdam showed a prevalence of genital *Chlamydia* infection of 2.8% in women and 2.4% in men. They found that the rates were higher in certain groups, such as women aged 21-25, and women with a new sex partner in the last 2 months. However, when these were used as selection criteria in a different group many of the cases were missed, suggesting that this strategy is not particularly effective.

Rogstad KE, Davies A, Krishna Murthy S, et al. **The management of *Chlamydia trachomatis:* combined community and hospital study.** *Sex Transm Inf* 2000; **76**: 493-494.**

This study looked at *Chlamydia* management across a whole district. It showed that *Chlamydia* diagnosed outside of GUM clinics was poorly managed, with patients often receiving inadequate/no treatment and little partner notification. Family planning clinics faired better than GP practices or hospitals. They conclude that most patients diagnosed *with Chlamydia* should be referred to GUM clinics.

Walker PP, Reynolds MT, Ashbee HR, et al**. Vaginal yeasts in the era of 'over the counter' antifungals.** *Sex Transm Inf* 2000; **76**: 437-438.**

This short paper reports no increase in non-albicans vaginal yeasts in HIV-negative women since the introduction of 'over the counter' clotrimazole pessaries and fluconazole single dose oral tablets.

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Bathena R**. The long acting progestogen only contraceptive injections: an update.** *British Journal of Obstetrics and Gynaecology* 2001; **108**: 3-8.***

This update is well worth a read as it succinctly summaries the current situation.

Doll H, Vessey M, Painter R. **Return of fertility in nulliparous women after discontinuation of the intrauterine device: comparison with women discontinuing other methods of contraception.** *British Journal of Obstetrics and Gynaecology* 2001; **108**: 304-314.***

This is a report of a prospective cohort study of two groups of nulliparous women either using an intra-uterine device (IUD) or taking oral contraception. Between 1982 and 1985, 1071 women were recruited, and they were followed-up until 1994. The main outcome measure was the number of nulliparous women giving birth at term after stopping contraception in order to conceive. The paper found that short-term use of an IUD < 42 months had no adverse effect on fertility but that longer-term use appears to be associated with an increased risk of fertility impairment.

This is an important paper with potential for changing our advice to nulliparous women considering the use of an IUD > 42 months.

I recommend this paper to all providers of contraceptive services.

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