NEWS ROUNDUP

New leaflets

The fpa (previously the Family Planning Association) has produced some new leaflets of interest to sexual health and family planning providers. One is a general leaflet on sexually transmitted infections: 'Sexually transmitted infections – where to go for help and advice' is aimed at people with anxieties in this area of their health. The more specific leaflet, 'Chlamydia', gives information on the infection, how it spreads, whether someone would know they have it, as well as the tests and treatment available. These leaflets will be a valuable resource to back up the counselling that will be involved when the present pilot screening for chlamydia is rolled out across the country as part of the sexual health strategy. Written in the usual clear way that the fpa has perfected over the years, these leaflets will be useful for the more literate clients and for those who genuinely want to know more.

Another new leaflet from the fpa is particularly welcome – on 'Abortion'. The fpa have adapted the information from the evidence-based guideline No. 7: 'The care of women requesting induced abortion'. (This guideline is available from the Royal College of Obstetricians and Gynaecologists' Clinical Effectiveness Support Unit.) It contains important answers to questions such as 'Will the hospital or clinic tell my GP if I have an abortion?' and 'If I am under 16, do I have to tell my parents?'. From questions received at workshops and lectures, it is obvious that many health professionals need to read the leaflet as well, and would find this a clearer and more accessible resource than the guideline.

These leaflets can be ordered from fpa Direct by phoning +44 (0) 1865 719418. Individuals can obtain free copies by phoning the fpa helpline on 0845 310 1334 (telephone number for UK callers only).

Another new publication aimed at young people gives information about relationships and sexual health. It looks at contraception and safer sex issues and provides information about support organisations. It is produced by the specialist training and information centre, HIT, in Liverpool and costs £49.00 per 100 copies.

Source: www.hit.org.uk or e-mail: stuff@hit.org.uk

Chlamydia screening

Latest statistics confirm that chlamydia is an increasing problem. Another 10 pilot sites have been set up following the original two pilot sites that have reported on their successes and difficulties. The programme is aimed mainly at women aged 16–24 years, but is also offering testing to men. The sites are: West Hull Primary Care Trust (PCT); The Wirral Chlamydia Office; Camden PCT; Lambeth, Southwark and Lewisham PCT; Portsmouth City PCT; Leeds NHS PCT; Nottingham City PCT; Southend PCT; the Royal Cornwall NHS Trust; and York Health Services Trust.

Source: www.phls.org.uk (for statistics on chlamydia)

Obtaining information from the Internet

Datamonitor, an independent market analyst, reported in September 2002 that an increasing number of consumers are seeking health information on the Internet. Women were 12 times as likely to search for information than were men.

Source: Datamonitor at www.datamonitor.com

Brook recently launched their new Young People's Information Service allowing people to ask questions online and information to be sent to mobile phones. The service links to the trendy website, backed by teenage soap stars, set up by Brook.

Source: www.brook.org.uk and the Brook helpline on 0800 0185 023

The Marie Stopes International website has proved another popular resource. More than 3300 young people took part in two online chats on their website, which provided an anonymous forum in which to ask questions. The young people asked more than 1500 questions and the organisation hopes to run more live chats in the future.

Source: www.likeitis.org.uk

Sex, not chocolate, for comfort

Anita Weston, writing in *Sexual Health News*, comments on the number of clients she sees who explain why they had unsafe sex as 'comfort sex'. She works as a nurse consultant in genitourinary medicine at Guy's and St Thomas' NHS Trust. We are all aware that this desire for sexual activity 'better do it now before it's too late' occurs at the time of disasters and wars, but she believes that it is a common response to any stressful situation. She draws attention to the comprehensive report 'Sexual Health in Britain' published by the Public Health Laboratory Service, in which the significant increases in high-risk sexual behaviour are documented.

Sources: 'Sexual Health in Britain' is available at www.phls.org.uk. Sexual Health News *is published by SSL International, the manufacturers of Durex condoms, e-mail: shn@myriadpr.com*

JOURNAL CLUB

Current opinion: consensus statement on intrauterine contraception. Rivera R, Best K. *Contraception* 2002; **65**: 385–388
and
Perpetuating negative attitudes about intrauterine device: textbooks lag behind the evidence. Espey E, Ogburn T. *Contraception* 2002; **65**: 389–395

These two articles are linked as they both discuss the knowledge and dissemination of information about intrauterine devices (IUDs). The first paper takes a consensus of 45 experts from around the world. There were no UK participants, and 32 of the participants were from the USA. The group looked at the availability of IUDs and the provision of services worldwide and excluded experience from the UK. The authors conclude the discussion with four recommendations:

- Improving provider training and performance
- Improving service delivery
- Updating and disseminating information
- Clinical and programmatic research.

Part of these recommendations was to establish a Global Society of IUD Contraception and to convene further meetings to assess whether the above recommendations are being achieved.

The second article does include the UK experience as the authors review the accuracy of IUD information in textbooks available for undergraduates and gynaecology trainees in the USA and UK. Their search term for a comprehensive list of relevant books was 'obstetrics and gynaecology'. There was no mention of 'family planning' or 'contraception' in their search strategy. There was an acknowledgement that the UK books were more accurate on information about the IUD.

These articles seem to show that in areas of the world confusion and misinformation occur about the provision of IUDs. There is probably less confusion in the UK because of the long history of doctors getting together with a special interest in contraception which eventually led to the establishment of the Faculty of Family Planning and Reproductive Health Care. The Faculty appears to be well on the way to fulfilling the recommendations of the first paper. The challenge will be to expand and share the experience of the UK to others worldwide who also have a special interest in family planning.

Reviewed by **Judy Murty**, DRCOG, MFFP
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Estimating the efficacy of emergency contraception – how reliable are the data? Stirling A, Glasier A. *Contraception* 2002; **66**: 19–22

One of the most difficult parts of a consultation for emergency contraception (EC) is assessing the risk a woman runs of getting pregnant in that particular menstrual cycle and being able to explain the efficacy of the method. Part of the assessment depends on obtaining a fairly accurate menstrual history and the risks already taken by the woman. The authors point out in this paper that a placebo-controlled trial has not been done with EC so its true efficacy is unknown. The efficacy is expressed as the number of expected pregnancies that it appears to prevent.

Following other studies this paper explores the discrepancies (and therefore inaccuracies) in data used to calculate the efficacy of EC. Women were asked at a large family planning centre to take part in the study if they had come for EC and were not using other hormones. They filled in a questionnaire after their consultation about their menstrual cycle and when they had the accident. A urine sample was taken to measure oestrone: creatinine and pregnanediol:creatinine levels.

The study had 94 participants but 12 refused to give a urine sample and were excluded. A further 18 were excluded because they could not provide a good diary of their menstrual cycle. The authors acknowledge that this is only a small pilot study. A total of 30% of the remaining 64 women had biochemical results that were incompatible with their recollection of their menstrual cycle. The more uncertain they were about their last menstrual period the more likely that they were not at the point in their cycle they thought they were. Other studies have shown that ovulation does not always occur at a predicted time.

This paper highlights the difficulty in predicting how fertile a woman is when she presents asking for EC. There is some question as to whether women are honest in the information they provide to professionals, but here the questionnaire was administered after the consultation. It seems that the only advice that we can give is that the exact mechanism by which EC works is not really known and that it may not work as ovulation can be variable. It is better for the woman to take EC than not, but it may fail unexpectedly.

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