Effects of estrogen plus progestin on healthrelated quality of life. Hays J, Ockene JK, Brunner RL, et al. N Engl J Med 2003; 348: 1839–1854 (published electronically March 2003)

This study presents further data from the previously reported Women's Health Initiative (WHI), which specifically looked at the effects of hormone therapy on health-related quality of life issues. In brief, the WHI study randomly allocated over 16 000 women to a continuous combined preparation of oestrogen plus progestin (0.625 mg Premarin plus 2.5 mg Provera) or placebo. The risk-benefit profile of the combined hormone replacement therapy (HRT) preparation was not found to be consistent with primary prevention of chronic disease and the trial was halted early because it exceeded the previously determined threshold for increased risk of breast cancer.

In this recent publication, data are presented

on the same group of postmenopausal women aged 50-70 years of age randomised to HRT or placebo. These women undertook quality of life outcome questionnaires at baseline, 1 year and, in a subgroup of 1500 women, at 3 years. The questionnaires assessed functional depression. sleep disturbance. sexual cognitive functioning, functioning and HRT menopausal symptoms. Overall surprisingly had no effect on measures of depression, insomnia, cognition or sexual satisfaction. At 1 year, there were statistically significant but very small benefits in terms of sleep disturbance, 'physical functioning' and bodily pain. At 3 years, there were no significant benefits in terms of any quality of life outcomes. In the younger subgroup of women aged 50-54 years, HRT did improve vasomotor symptoms and sleep disturbance although there were no apparent other quality of life benefits compared with placebo.

The women recruited to the WHI study were

relatively old and largely asymptomatic - only 12% of women reported moderate-to-severe vasomotor symptoms on enrolment. Their symptoms were unlikely to be particularly problematic, as the women were willing to be randomly assigned to a placebo group. We know without doubt from numerous randomised trials that, in symptomatic women, HRT improves vasomotor symptoms and has a beneficial effect on well being as a result. This study does not contradict that finding but does show that HRT has no apparent benefit on quality of life measures in asymptomatic women. Clinicians need to continuously re-examine the indications for prescribing HRT to women in the light of publication of high-quality data from studies such as the WHI

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BOOK REVIEWS

Valuing Health in Practice: Priorities, QALYs, and Choice. D McCulloch. Aldershot, UK: Ashgate Publishing, 2003. ISBN: 0-7546-1867-6. Cost: £39.95. Pages: 128 (hardback).

The author explains how we all make health valuations in some way. This valuation has to be understood in the context in which it was calculated and for what purpose. Programmed budgeting and marginal analysis (PBMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA), QALYs, and health-related quality of life (hrqol) are all explained in language that I could understand and appreciate. Illustrations help to make this difficult subject more transparent.

One quote I particularly treasured was: '...while health valuation is unavoidable, it cannot be objective; the question is not how can objectivity be achieved, but what subjective measure is the best?'

Every time you make a decision about using this medication instead of that, or promoting that method of contraception over this one, you are making value judgements about resources for health. Particularly if you are involved in allocation of resources for sexual health services – an area of restricted resources – you should ensure that you understand how you reach your decisions and how to defend those decisions from the inevitable criticism. Readers might find this book of considerable help in understanding how to make judgements about the value of decisions about health, but I would judge that, at this price, the cost-effectiveness

analysis makes this a low priority for personal purchase!

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Get Real: Providing Dedicated Sexual Health Services for Young People. D Barna, C McKeown and P Woodhead. Save the Children, c/o Plymbridge Distributors Ltd, Estover Road, Plymouth PL6 7PY, UK [Tel: +44 (0) 1752 202301. E-mail: orders@plymbridge.com], 2002. ISBN: 1-84187-063-3. Cost: £5.00 plus P+P. Pages: 32 (paperback).

What kind of services do young people want? Do they exist? How can providers improve their provision for young people? This short book provides some of the answers.

The authors tried surveying 297 trusts - only 70 responses could be used and nine of those provided no specialised provision for young people. Some trusts were using imaginative techniques which included one-stop projects for health drop-in clinics in schools community and youth projects, mobile outreach projects, collegebased clinics and youth people's sessions at established sexual health clinics. Many trusts were struggling to fund the projects, and were unable to provide enough to meet the needs of all the young people. Although there were many examples of collaboration between parts of the health service, most of the health professionals seemed motivated by the governmental concerns about teenage pregnancy, rather than the needs of the teenagers themselves. Only 5% involved young people fully in the planning, development, delivery and evaluation of the services. In 21% young people did not appear to be involved at all, and they participated to a greater or lesser extent at some stage in most of the others.

If you want to know how to go about developing or improving your own services, you should look at the more detailed research into five innovations providing targeted sexual health services for young people. These were:

- Clinic in a Box: a mobile outreach service in North Staffordshire
- End House project: a city centre youth support project in County Durham
- Park House project: a community-based service in North Tyneside
- Burnham project: a GP practice-based dropin project in Somerset
- Van project: a mobile youth support service in west Yorkshire.

The variety of projects shows that there is not one 'best' solution. The lessons learned by those setting up the services illustrate the triumphs and the difficulties. Those that follow can try to emulate the successes and avoid making the same mistakes. The report draws some conclusions, many of which will be familiar to readers working in sexual health with young people – the need for good relationships, for not judging the young, for being welcoming and accessible and, particularly, for maintaining confidentiality. The main conclusion I drew from this study is that we all need to involve the young people more fully at all stages right from design to the final evaluation. This participation is hampered by the short-term nature of much of the funding available for these projects.

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WEBSITE REVIEWS

Websites for men's health

Men can find it hard to access traditional health services. Men's sexual health needs are often neglected or forgotten.

The voluntary organisation, Men's Health Forum, runs a comprehensive website (www. menshealthforum.org.uk) which is frequently updated with news of events, projects and studies relevant to men's health. The Forum's president is Dr Ian Banks who is a GP and the BMA's spokesman on men's health. This reliable website provides a wealth of data and resources and may

be more useful to the interested health professional than the man in the street. However, it is widely linked to other useful websites and an associated website (www.malehealth.co.uk) provides useful advice and information for men with personal health concerns. Financial constraints mean that users' questions cannot be answered currently but a useful searchable database lists doctors' answers to hundreds of questions already submitted.

For a lively, youthful look at young men's health issues, www.youngscot.org has useful sections on sexual health and adolescence within a website aimed at the 12–26 years age group. The website is run by Young Scot Enterprises and supported by European Commission grants with the aim of helping adolescents get more involved in the community and to make the most of their leisure and education opportunities.

Sources: www.menshealthforum.org.uk, www.malehealth.co.uk, www.youngscot.org

Amedeo

This website provides a valuable, free search service for the medical topics and medical journals of your choice, sending a weekly e-mail update of the abstracts of new publications in your area of interest. It also offers free access to online medical journals such as the newly-updated *HIVmedicine 2003*.

Source: www.amadeo.com

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