NEWS ROUNDUP

Teenage Pregnancy Strategy

The Independent Advisory Group on Teenage Pregnancy was established in 2000 to provide advice to the Government and monitor the success of the Teenage Pregnancy Strategy. Their second annual report, published in July 2003, suggests that the Teenage Pregnancy Strategy is working and young people are becoming more confident about using sexual health services. The latest figures showed a 10% reduction in the rate of teenage conceptions amongst the under-18s, and an 11% fall in the under-16 age group since 1998. The group made eight key recommendations to Government, including asking for the national information campaign to be intensified to target specific groups, such as boys and young men, who are disadvantaged or hard to reach. They also suggested a new campaign to ensure that professionals and under-16s know they have the same rights as adults to confidentiality when they seek advice and information about contraception, sex and relationships. The full report is available from the National Children's Bureau, 8 Wakley Street, London EC1V 7QE, UK and **www.ncb.org.uk**.

Updated Cochrane Reviews

Amongst the updated Cochrane Reviews for 2003 are: 'The skin patch and vaginal ring versus the combined oral contraceptive for contraception', 'Combination contraceptives: effects on weight', 'Sponge versus diaphragm with spermicides for contraception' and 'Immediate postpartum insertion of intrauterine devices'. Cochrane Reviews are available on the link from **www.nelh.nhs.uk**.

New Chair for IWHC

The International Women's Health Coalition (IWHC) has elected a new chair, Kati Marton, who is a journalist and vociferous human right's activist. Other members of the board come from Argentina, Colombia, England, The Netherlands, India and the USA. Founded in 1984, IWHC works to promote health and population policies and programmes and funds projects to protect the rights and health of girls and women worldwide, especially in Africa, Asia and Latin America. More information about their work can be obtained on their website at **www.iwhc.org**.

New leaflets

Brook have launched some new leaflets for 14–16-year-olds entitled: 'But that's double Dutch', 'Play safe on holiday' and 'The cool lover's guide to condom use'. The leaflets are available from Brook, telephone +44 202 7284 6040. A guide to the full range of leaflets and other publications from Brook is available on their website at **www.brook.org.uk**.

Wyeth have sponsored a leaflet called 'Hysterectomy and oophorectomy'. It is written in clear English with good illustrations and will go a long way towards meeting the needs of women for information before and after this operation. This non-promotional leaflet is available from Wyeth Laboratories on request, telephone +44 1628 604377.

A new leaflet that explains sexual health issues of relevance to young South Asian women was published in May 2003. The leaflet, entitled 'Jeena', has been written after a year-long project by the fpa working with South Asian women's groups to establish what kind of information they would find useful. 'Jeena' is written in English and uses real-life scenarios to introduce subjects such as cervical smears, the Pill and sexually transmitted infections. Anyone working with South Asian women will appreciate the help that this leaflet will give to young women who can read English and who often feel excluded from the sexual and relationship courses available in secondary education. 'Jeena' leaflets are available from fpa direct, PO Box 1078, East Oxford DO, Oxfordshire OX4 6JE, UK or telephone +44 1865 719418.

Sexual health on holiday

Marie Stopes International have released a new edition of their successful 'Passport to Health', a booklet full of advice about how to maintain or rescue your sexual health while on holiday. It includes a guide to over 50 destinations listing resources for obtaining information or services. A self-help section gives tips on conditions such as thrush or cystitis. It contains advice for the long-haul traveller on methods and how to look after your contraceptive supplies while abroad. A copy is available free by sending a A5 stamped addressed envelope to 'Passport', Marie Stopes International, 153 Cleveland Street, London W1T 6QW, UK or it can be downloaded from **www.mariestopes.org.uk**.

Comments by **Gill Wakley**, MD, MFFP
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Condom advertisement withdrawn

The advertisement for the condom Durex Perform® has been withdrawn, following three complaints to the Advertising Standards Authority. The advertisement was for billboards that people cannot avoid seeing and reading. The message that longer-lasting sex could be better as well as safer with a condom obviously offended some people. It is often difficult to draw the line between sexual suggestiveness and the promotion of sexual health. Public advertisements about condoms have to be subtle and tasteful because they concern an area of life that is usually private – and about which people have strong feelings.

Comment by **P S Arunakumari**, MD, MRCOG
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JOURNAL CLUB

Screening for *Chlamydia trachomatis* infection is indicated for women under 30 using emergency contraception. Kettle H, Cay S, Brown A, et al. *Contraception* 2002; **66**: 251–253

Screening for *Chlamydia trachomatis* in the pharmacy? Perenans L, Verhoeven V, Van Royen P, et al. *Contraception* 2003; **67**: 491–492

Both these studies investigated the prevalence of *Chlamydia trachomatis* infection in women. The first study from Scotland tested 837 women requesting emergency contraception (EC). They found that those between the ages of 25 and 30 years had a significantly higher rate of positive tests for chlamydia than the same age group of general family planning attendees. At 5.3% the prevalence rate was above the level of 3% recommended for cost-effective screening. The second study tested 787 women attending their general practitioners in Belgium. Overall the prevalence rate of chlamydia detected in this population was 4.96% and in a univariate analysis chlamydia infection was strongly associated with attendance for EC. The rate in EC users was 9.2%. The prevalence in the women aged 25–29 years was as high at 13.7%.

Current advice is to select those under the age of 25 years for chlamydia testing The conclusion from these two articles is that the criteria for advising chlamydia testing should include those older than 25 years requesting EC. Pharmacists offering advice on EC should include the risk of chlamydial infection and where the test can be obtained. These studies reinforce the conclusion from other studies that it is the sexual lifestyle of the individual, rather than the age group to which they belong, that is important.

Reviewed by **Judy Murty**, DRCOG, MFFP
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Extending the time limit for starting the Yuzpe regimen of emergency contraception to 120 hours. Ellertson C, Evans M, Ferden S, et al. *Obstet Gynecol* 2003; **101**: 1168–1171

The 72-hour cut-off for the use of hormonal emergency contraception (EC) is neither evidence-based nor biologically plausible. Although effectiveness has been shown to decline with time since unprotected sexual intercourse, it would seem unlikely that it falls to zero at 72 hours exactly. Indeed, the levonorgestrel-only regimen and mifepristone have been shown to be effective when used within 120 hours.[1] This prospective observational study involved the Yuzpe regimen of EC and determined the failure rates in women presenting 72–120 hours (i.e. Days 4–5) after unprotected intercourse with women who started treatment before 72 hours.

The multicentre trial was performed in several clinics in the USA and UK. One hundred and sixteen women who had refused postcoital copper intrauterine device (IUD) insertion were assigned to the 'Days 4–5' group, and 699 otherwise similar women were assigned to the standard Yuzpe control group. The women returned for follow-up 1 week after the expected start of their next menses. A total of 4.3% of women in the Days 4–5 group and 3.0% of the control group were lost to follow-up. The typical use failure rates were four pregnancies in 111 women (3.6%, 95% CI 0.9–9.0) in the Days 4–5 group and 17 pregnancies in 675 women (2.5%, CI 1.5–4.0) in the control group. The failure rates during perfect use were 1.9% (CI 0.2–6.8) and 2.0% (CI 1.1–3.5) in the Days 4–5 and the control group, respectively. Expressed in terms of pregnancies prevented, perfect use of the Yuzpe regimen on Days 4–5 prevented 77% (CI 15–94) of pregnancies compared with 73% (CI 51–85) in the control group.

Due to the small sample size of 111, the confidence intervals were wide and the study had insufficient power to demonstrate any difference in efficacy with time. The authors concede this deficiency in their study but claim to have demonstrated at least partial efficacy of the Yuzpe regimen beyond the 72-hour cut-off. It is impossible to determine the precise magnitude of this effect as there have not been any trials comparing EC to placebo. The paper concludes that women who request the Yuzpe regimen for EC more than 72 hours after unprotected intercourse should be allowed to receive it.

In the light of current evidence it may indeed be appropriate to adopt this practice for both the Yuzpe and levonorgestrel-only methods. It would be important, however, to inform patients that evidence is limited, and to emphasise the far superior efficacy of the copper IUD.

Reference

1 Von Hertzen H, Piagio G, Ding J, et al. Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: A WHO multicentre randomised trial. *Lancet* 2002; **360**: 1803-1810.

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