

methods avoiding first-pass hepatic metabolism. The value and safety of 3-monthly intramuscular DMPA have been ascertained<sup>11</sup> and an injectable monthly contraceptive with combined oestrogen and progestogen is also available. Recently, a male long-acting delivery system consisting of intramuscular DMPA and testosterone implant has been found to have a high contraceptive efficacy, which is even superior to the male condom.<sup>12</sup> Besides providing excellent contraception, the levonorgestrel-releasing intrauterine system is licensed for treating menorrhagia and has great potential for hormone replacement therapy. Progestogen-releasing subdermal implants have a very high use-effectiveness, whereas a single dose of levonorgestrel given within 5 days of unprotected intercourse constitutes a recognised regimen for emergency contraception.

COCs continue to be used off-label for modifying the length of the menstrual cycle including continuous use of more than one cycle of 21 pills: bicycling for two cycles and tricycling for three cycles. The latest regimen consists of an annual pattern with four seasonal withdrawal bleeds through 91-day cycles: four continuous packs, each of 21 pills of COCs, for 84 days are followed by an interval of seven pill-free days.

### Implications for current practice

Newer products should be given a chance to prove themselves, as any risk of belying expectations from their biochemical and pharmacological profiles can be identified through clinical trials and postmarketing surveillance. Individuals seem to be more interested in the positive aspects of health and the avoidance of side effects, such as acne, bloating and perceived weight gain, as compared to concerns regarding an apparent small increase of mortality risk from thromboembolism and cancer. Therefore, it seems reasonable to seek products that address morbidity issues pertaining to contraceptive methods.<sup>13,14</sup> Hormonal replacement therapy for the prevention of postmenopausal coronary heart disease was popular until recently when it was associated with the opposite effect: the metabolic effects of the progestogen component being incriminated, there is current interest in regimens using newer progestogens administered through alternative delivery systems.

Whereas the ramifications of new products and procedures are not always clear, clinicians have a duty to apply sound research findings in their professional practice even in defiance of official guidelines, promulgations from drug regulatory authorities and product labelling from manufacturers. In selecting products for primary care and

public health programmes, cost considerations should permeate a culture of maximising benefits at the community level whilst recognising the need for certain products to be available beyond the primary care level for medical conditions, such as menorrhagia, that interface with contraception.

The search for new compounds and subsequent development of related formulations are expected to enable individuals to exert the right to choose the most appropriate product to meet their needs. With advances in molecular biology, progestogens have recently been defined in terms of their affinity for binding with progesterone receptors. Applications of selective progesterone receptor modulators could drastically alter the future use of contraceptive products containing progestogens whose original recognised role in protecting gestation has resurfaced lately, albeit beyond the first trimester, for the prevention of preterm labour.<sup>15</sup>

### References

- 1 Smith M. Obituary – Peter Maxwell Farrow Bishop. *Br J Fam Plann* 1979; **5**: 20.
- 2 Editorial. Hormonal contraception. *Br J Fam Plann* 1979; **5**: 69.
- 3 Newsom RA. IUCDs and related contraceptive systems. *Br J Fam Plann* 1979; **5**: 71–72.
- 4 Lydeken K. Experiences with the use of long-term lynestrenol in the treatment of mentally handicapped patients. *Br J Fam Plann* 1979; **4**(Suppl. 2): 15–16.
- 5 Harrison S, Harrison E. A reappraisal of fertility control – benefits vs risks. *Br J Fam Plann* 1979; **4**: 77–79.
- 6 Anonymous. News and views – Handbook of contraceptive practice. *Br J Fam Plann* 1979; **5**: 50.
- 7 Swyer GIM. Carbohydrate and lipid metabolism in oral contraceptive users. *Br J Fam Plann* 1979; **5**: 67.
- 8 Pearce HM, Layton D, Wilton LV, et al. Reports of pulmonary embolism and deep vein thrombosis from a prescription event monitoring study of Yasmin™ in England. *Pharmacoepidemiol Drug Saf* 2004; **13**: S256.
- 9 Heinemann LAJ, Assmann A, Lewis M, et al. The European Active Surveillance Study on Oral Contraceptives (EURAS-OC). Results after 50,000 WY of observation. *Pharmacoepidemiol Drug Saf* 2004; **13**: S273–S274.
- 10 Electronic Medicines Compendium. Cerazette. May 2004. <http://emc.medicines.org.uk/emc/assets/c/html/displaydoc.asp?documentid=10098>.
- 11 Editorial. DMPA and breast cancer: the dog has had its day. *Lancet* 1991; **338**: 856–857.
- 12 Turner L, Conway AJ, Jimenez M, et al. Contraceptive efficacy of a depot progestin and androgen combination in men. *J Clin Endocrinol Metab* 2003; **88**: 4659–4667.
- 13 Anonymous. Yasmin advert withdrawn – why and how. *Drug Ther Bull* 2003; **41**: 17–18.
- 14 Wooltorton E. Diane-35 (cyproterone acetate): safety concerns. *CMAJ* 2003; **168**: 455–456.
- 15 Meis PJ, Klebanoff M, Thom E, et al. Prevention of recurrent preterm delivery by 17 alpha-hydroxyprogesterone caproate. *N Engl J Med* 2003; **348**: 2379–2385.

## BOOK REVIEW

**Exploring Human Sexuality. Making Healthy Decisions** (2nd edn). R McNulty, M Burnett. Boston, MA: Pearson Education, 2004. ISBN: 0 205 38059 X. Price: £36.99. Pages: 136 (hardback)

The two authors have an extensive background in clinical psychology. The book speaks to an American audience and the authors state in the preface that they aim to 'arm students with information that will help them to make healthy decisions about their sexuality'. They do not define their target student population. However, the book covers a breadth of information for qualified professionals coming from all medical, nursing and paramedical backgrounds and indeed would interest the student and layperson.

The text is wide ranging and is divided into five key sections covering the following topics:

introduction to sexuality and sexual health, the biological basis of sexuality, the social context of sexuality, reproduction and sexual development, and issues and challenges in sexuality.

Each key section comprises several chapters and each chapter begins with a provocative quotation from individuals offering a perspective on sexuality or from a popular sexuality text such as 'Mars and Venus in the bedroom'. The text is readable and thought provoking but is disjointed by various directions to the reader. Featured subsections in each chapter are 'Did you know?', 'Looking at, thinking about', 'Close up on culture' and 'Health matters'. The text is also peppered with a range of definitions despite an extensive glossary and directs the reader to websites for further exploration of a topic. These textual interruptions give a discontinuity to the text, which may irritate some readers.

The sections on the physiological and biological issues of reproductive health, contraception, sexually transmitted infections, pregnancy and abortion are accurate and offer a comprehensive, up-to-date, broad ranging

review for specialist and primary health care providers.

The strength of the book is in its holistic approach to relationships, psychosexual problems, sexuality, gender and cultural issues. It challenges the readers to review their own attitudes and experience and offers excellent insight into the human and sexual being. Issues affecting lesbian, gay, bisexual, transgender and ethnic minority groups resonate from the text although there is less that is pertinent to those with learning and physical disability.

This is not an experts' book but it contains a great deal of useful information absent from the conventional gynaecology and reproductive health care texts and challenges professionals from a variety of disciplines to explore the human aspects of sexuality. This would be a good reference book for a general practice or sexual health service library.

Reviewed by **Lora Green**, RGN, FP Cert  
Senior Nurse, Lothian Family Planning and Well Woman Services, Edinburgh, UK