contains updated content and illustrations and an expanded description of ligation and excision with fascial interposition, a method that has been shown to significantly improve the procedure's effectiveness.

Founded in 1943, EngenderHealth is a non-profit organisation that has been working internationally for more than 30 years to support and strengthen reproductive health services for women and men worldwide. Since its inception, its work has improved the health of more than 100 million individuals in 90 countries. Further information about the agency and copies of the guides are available at http://www.engenderhealth.org.

New prescribing information for the desogestrel oral contraceptive

Following new evidence, the prescribing information for the desogestrel oral contraceptive (Cerazette®) has been changed. One of the disadvantages of progestogen-only pills (POPs) compared with combined oral contraceptives (COCs) has been the need to take it at the same time each day, with only 3 hours' 'forgetting time'. Now a study has confirmed that forgetting this desogestrel pill for 12 hours is not related to ovulation.[1] In a study of women with confirmed previous ovulation, 103 women took Cerazette for 56 days and 12 hours late on three scheduled occasions. Only one ovulated (measured by alternate day progesterone P levels). That episode was not temporally related to late taking of the pill. The minimum time to post-treatment ovulation was 7 days with an average of 17.2 days from the last tablet taken to ovulation. So now you can give people taking the desogestrel POP the same information as you have done for COCs – if the missed pill is remembered and taken within 12 hours, no additional contraceptive precautions are required.

Reference

1 Korver T, Klipping C, Heger-Mahn I, et al. *Maintenance of consistent ovulation inhibition with the 75 mcg desogestrel-only contraceptive pill Cerazette® after scheduled 12-hour delays in tablet-intake*. Study reported at the European Society of Contraception, Edinburgh, UK, July 2004.

Anaphylactic shock and DMPA

Depot medroxyprogesterone acetate (DMPA) is thought to be very safe. Occasionally serious and potentially life-threatening adverse effects can occur. This case study reports a 40-year-old woman who went into anaphylactic shock after receiving 150 mg DMPA intramuscularly.[1] She was not taking any other medication, and there was no history of allergy to food or cosmetics. She responded fully to immediate resuscitation. A repeat episode occurred when she received another dose 12 weeks later (I would not have risked it!). Life-threatening adverse effects can occur with administration of any medication and clinicians should be prepared for such an eventuality.

Reference

1 Selo-Ojeme DO, Tillisi A, Welch CC. Anaphylaxis from medroxyprogesterone acetate. *Obstet Gynecol* 2004; **103**(5 Pt 2): 1045–1046.

Condom express

The Swedish Organisation for Sexual Education has launched a service to provide emergency condoms to those in desperate need! Using the name Cho-San Express, the organisation will have four cars loaded with condoms patrolling the streets of the capital, Stockholm, along with a pair of vehicles each in Goteborg and Malmoe, Sweden's second and third largest cities, respectively. The express will deliver a pack of 10 condoms for slightly less than is charged at a state-owned pharmacy. The organisation hopes to 'reach young people with a humorous twinkle in their eye'. They hope that the contraceptive will be seen as a fun sex accessory and not just as a way to protect against STIs. The initiative follows similar increases in STIs to those seen in the UK. Further information is available at http://ippfnet.ippf.org/pub/IPPF_News/News_Details.asp?ID=3503.

Collated and reported by **Gill Wakley,** MD, MFFP
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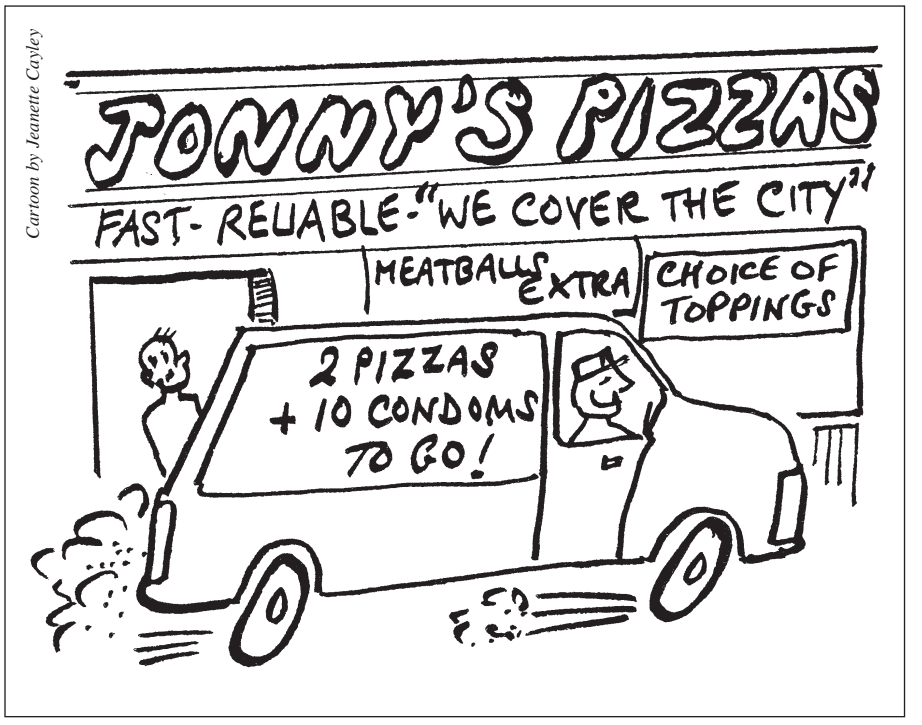

Cartoon by Jeanette Cayley

JOURNAL CLUB

Reproductive effects of male psychologic stress. Henrik N, Bonde J, Henriksen T, et al. *Epidemiology* 2004; **15**: 21–27

This interesting study looks at the relationship between stress and infertility, and whether higher stress levels are related to low sperm counts. A total of 430 Danish couples who were trying to become pregnant for the first time were followed prospectively. Initially the clients filled out a general health questionnaire and had a blood sample taken for luteinising hormone, follicle-stimulating hormone, inhibin B, testosterone or oestradiol. The men also collected a semen sample at the beginning and each month during the 6-month follow-up. A shorter version of the general health questionnaire was completed each month following. The pregnancy rate was 14% in those with the highest scores for stress and 18% for those with the lowest scores. The odds for pregnancy per cycle were reduced significantly as the stress score increased. However, the median values of semen volume, sperm concentration and motility showed no statistical difference in the various ranges of the general health questionnaire scores. Neither was there much effect on the hormone levels. This would seem to suggest that day-to-day stress is not a strong determinant of semen quality, but that stress may have an effect on fecundity.

Reviewed by **Laura Patterson,** MRCGP, DFFP
GP Non-Principal and Associate Specialist in Family Planning, Swindon, UK

How is the high vaginal swab used to diagnose vaginal discharge in primary care and how do GPs' expectations of the test match the tests performed by their microbiology services? Noble H, Estcourt C, Ison C, et al. *Sex Trans Infect* 2004; **80**: 204–206

This paper cannot be regarded as a reliable guide to opinion as the researchers only obtained a response from 26% of the 2146 general practitioners (GPs) and 22 laboratories in the North Thames area. A postal questionnaire asked GPs how they would manage a young woman with vaginal discharge and what information they would like on the laboratory report. The questionnaire for the laboratories asked how they processed and reported on a high vaginal swab (HVS). Most of the GPs who replied (78%) said that they would have liked to have a diagnosis suggested, and 74% would have liked the laboratory to suggest treatment. The majority of the 14 laboratories that replied did not meet their wishes. The diagnosis was given in 43% and a treatment advised in only 14% of cases. Perhaps the GPs and the laboratories should talk to each other to determine each other's needs? This paper might make other areas look at what GPs and laboratories expect from each other and, if there is a similar mismatch, find ways of rectifying it.

Reviewed by **Gill Wakley,** MD, MFPP
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Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83 000 women with breast cancer from 16 countries. Collaborative Group on Hormonal Factors in Breast Cancer. *Lancet* 2004; **363**: 1007–1016

Pregnancies that result in a birth are known to reduce a woman's risk of breast cancer, but the effect of pregnancies that end as an abortion is less clear. Evidence from retrospective studies has been difficult to interpret because women have a tendency to under-report both spontaneous and, particularly, induced abortion, whereas women diagnosed with breast cancer may be more likely to disclose this information.

The authors of this paper reviewed worldwide evidence and analysed the results from prospective and retrospective studies separately. Among women with a prospective record of having had one or more induced