

and in some cases women using N-9 gel had a higher rate of HIV infection than those using a placebo.¹⁹ N-9 can also cause epithelial damage, especially if used frequently, which increases the risk of HIV acquisition. The findings from the present study can, however, still be applied to assess the acceptability of other microbicides under development such as Acidform[®] and BufferGel.²⁰ What is important is that products under development should incorporate contraceptive properties and should be in formulations that do not make the vagina more watery as women would not use it for fear of driving their husbands away. This indicates that a powder formulation would be more acceptable to women in Malawi. Perhaps what was even more interesting about this study was the finding that women were more concerned about dry sex than men.

It is clear that men do not want a female-controlled method of HIV prevention, fearing that this may encourage women to engage in extramarital sex knowing that they will be protected from STIs and pregnancy. What these men do not realise is that the women are in fact trying to protect themselves from unfaithful husbands. Since in Malawi the family unit is still primarily a childbearing institution, the use of female-controlled methods like microbicides could be an effective strategy for prevention of mother-to-child HIV transmission.

Conclusions

Although N-9 did not make it to the finish line in this particular microbicide race, the information collected during its acceptability studies can inform the development of other promising microbicide candidates. It is suggested that in order to be more acceptable to users, any future microbicide should have properties that do not alter the vaginal environment significantly and in addition it should also have some contraceptive properties. This study, therefore, highlights the importance of paying attention to how new microbicides are formulated rather than just concentrating solely on an individual product's effectiveness.

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Competing interests None identified.

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Menopause for the MRCOG and Beyond (2nd edn). Margaret Rees. London, UK: RCOG Press, 2008. ISBN-13: 978-1-90475244-8. Pages: 100. Price: £28.00 (paperback)

For those who have heard Margaret Rees lecture, one can imagine being read to from this book with her typical succinct delivery. This is a no-nonsense brief guide to all you need to know about the menopause. Although a short book, it is well referenced for further information. The frustrations one has with the book are those one has with the topic in general: one can only make evidence-based judgements where there is

evidence and for some common questions from patients, particularly regarding 'natural' remedies, one has to acknowledge there simply is no evidence. However, Dr Rees includes useful information about diet and lifestyle that should be used in everyday practice.

Perhaps the most useful part of the book is the guidance on explaining risk to patients. It is instructive to doctors and will help reassure those women for whom hormone replacement therapy is an appropriate treatment for their symptoms. Pragmatic and clear advice is provided throughout the book, for example, when not to measure follicle-stimulating hormone levels.

I would recommend this book to all health professionals and trainees. For those taking MRCOG or MFSRH qualifications this is manageable, clear reading that will help with essay writing (adopt this style!) and also with objective structured clinical examinations (OSCEs), where consultation skills are assessed. For those beyond, useful revision and reminders make this book merit its space on your bookshelf.

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