

however, this is not the same as BMI. A woman over 6 feet tall may well weigh more than 70 kg. Does this make a difference? Trussell *et al.*⁷ have recently highlighted the limitations in obtaining reliable data, for example, when based on patients' self-reported pill adherence. With the growing incidence of obesity, the need for conclusive guidance becomes increasingly relevant and vital. We would suggest that in the absence of definite evidence it is safer for heavier women to take two POPs than risk an unintended pregnancy. However, we would welcome more evidence on this issue, and indeed some evidence specifically relating to Cerazette.

Statements on funding and competing interests

Funding None identified.

Competing interests None identified.

Editor's note

The FSRH Clinical Effectiveness Unit (CEU) was invited to comment on this Case Report. Their response letter is on page 181 of this issue.

References

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- 6 De Souza A, Brechin S, Penney G. The members' enquiry service: frequently asked questions. *J Fam Plann Reprod Health Care* 2003; **29**: 160–161.
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NEWS ROUNDUP

Contraception in the BNF

The Faculty of Sexual and Reproductive Healthcare's Clinical Effectiveness Committee have recently been working closely with the *British National Formulary* (BNF) in an effort to try and improve the consistency and standardisation of the information provided on contraception. Changes to Section 7.3 (Contraceptives) have been made that bring the BNF into line with the 2009 edition of *UK Medical Eligibility for Contraceptive Use* (UKMEC 2009) and Faculty guidance. The two-way consultation that resulted in the recent amendments is envisaged to be an ongoing process. Hopefully Journal readers/clinicians who use the BNF will have noticed these changes.

Reviewed by **Shelley Mehigan**, RGN Nurse Specialist (Contraception), Berkshire East Community Health Services, Sexual Health, Upton Hospital, Slough, UK

Decrease in the abortion rate and major shift towards early abortion

The publication of the 2009 abortion statistics from the Department of Health reveals that the number of abortions for women resident in England and Wales was 189 100 compared with 195 296 in 2008, a fall of 3.2%. The total figure, including those performed for non-residents, was 195 743 for 2009, compared with 202 158 in 2008.

The majority of abortions are performed at under 13 weeks' gestation. The latest data for 2009 show that progress continues to be made to increase early access: 74% of National Health Service (NHS)-funded abortions took place at under 10 weeks' gestation compared with 51% in 2002.

In 2009, 94% of abortions were funded by the NHS; of these over half (60%) took place in the independent sector under NHS contract. In 2002, 78% of abortions were funded by the NHS; of these just over a third took place in the independent sector under NHS contract.

Ann Furedi, Chief Executive of the British Pregnancy Advisory Service (BPAS), said of the new statistics: "It's interesting to see that fewer abortions took place last year, for the second year

running. We're really pleased that a greater proportion of abortions took place at the earliest stages in 2009. There has been a 2% rise in the number of under 10 weeks' abortions, which now make up three quarters of all abortions. In fact, 91% of all abortions were carried out at under 13 weeks of pregnancy. This probably indicates that better NHS funding has helped to build in more of the capacity needed to care for women when they need it. Unintended pregnancy and abortion will always be facts of life, because women want to make sure the time is right for them to take on the important role of becoming a parent. Abortion statistics are reflective of women's very serious consideration regarding that significant role within their current situation."

Source: www.dh.gov.uk

The Pleasure Principle

FPA is offering a fresh new course for professionals called 'The Pleasure Principle', which explores how to carry out safe, educational work with young people around pleasure. Young people tell us, as part of their Sex and Relationships Education (SRE), they would like less factual information and more about forming positive partnerships and getting the most from an intimate relationship. The Pleasure Principle aims to explore how to support young people to have positive and enjoyable sexual relationships that can fit into conversations about risk and enable young people to feel more engaged with sexual health messages.

Professionals can expect discussions around promoting sex relationships, exploration into personal and professional attitudes to sex-positive work, exploration of sex-positive approaches to group work with young people, and communication about safer sex with young people in a sex-positive manner. For more details contact Helen Shipley (e-mail: Helens@fpa.org) or see the advertisement on page 184 of this issue.

Mifepristone for intermenstrual bleeding with the LNG-IUS

A group of researchers in New Delhi have studied the effects of mifepristone on intermenstrual bleeding in levonorgestrel-releasing intrauterine

system (LNG-IUS) users. Thirty-six women using LNG-IUS for menorrhagia received 100 mg mifepristone every 30 days for 3 months (Group 1). Fifty age-matched LNG-IUS users receiving no mifepristone were the control group (Group 2). At 3 months, median duration and episodes of intermenstrual bleeding/spotting were significantly lower in Group 1 compared with Group 2 (6 vs 12.5 days, $p = 0.01$; 2.5 vs 3, $p = 0.05$, respectively). More women were satisfied with the LNG-IUS in the mifepristone group compared with the control group (75% vs 44%, $p = 0.004$). The effect was similar at 6 months. The researchers have concluded that mifepristone was effective in reducing the number of episodes and duration of intermenstrual bleeding/spotting in LNG-IUS users.

Reference

- 1 Lal S, Kriplani A, Kulshrestha V, Sharma M, Agarwal N. Efficacy of mifepristone in reducing intermenstrual vaginal bleeding in users of the levonorgestrel intrauterine system. *Int J Gynaecol Obstet* 2010; **109**: 128–130.

Social networking sites blamed for increase in syphilis

Professor Peter Kelly, Director of Public Health for NHS Tees, said the biggest cause of spreading this serious disease was unprotected sex. He blames the use of social networking sites for casual sex on the four-fold rise in the number of cases of syphilis in heterosexuals in his area. More young women are being affected. In pregnancy syphilis can lead to miscarriage, stillbirth or disability. Professor Kelly warned people using the Internet to find sex to protect themselves. Symptoms depend on the development of the disease, and at first many sufferers are unaware of any problem. Nationally, the highest rates of syphilis are seen in women aged 20–24 years and men aged 25–34 years. In 2008 there were 3588 cases of syphilis diagnosed in sexual health clinics across the UK.

Source: <http://www.independent.co.uk/life-style/health-and-families/health-news/internet-casual-sex-is-blamed-for-rise-in-syphilis-1926371.html>

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