

Ovarian suppression in normal-weight and obese women during oral contraceptive use: a randomized controlled trial. Westhoff CL, Torgal AH, Mayeda ER, Stanczyk FZ, Lerner JP, Benn EK, *et al.* *Obstet Gynecol* 2010; **116**(2 Pt 1): 275–283

Some studies have shown that obese women are more likely to experience unintended pregnancy during combined oral contraceptive (COC) use than normal-weight women, but whether this is due to physiological differences or behavioural differences in taking COC is unclear. This paper aimed to answer that question and reports on a randomised double-blind trial of COC in obese and normal-weight women in New York, NY, USA.

Women were recruited with a body mass index (BMI) of either between 19.0 and 24.9, or between 30.0 and 39.9. The COC used was in the form of ethinylestradiol (E2) and levonorgestrel, and participants were randomised to receive either a 30/150 or a 20/100 µg preparation, with 21 active and seven inactive pills. Because women who are obese are more likely to be anovulatory than normal-weight women, the investigators only recruited women with regular periods and normal ovaries on ultrasound scan. Compliance was monitored by measuring blood levonorgestrel levels and ovarian suppression, and ovulation by ultrasound scan and blood progesterone levels.

The study found that women who were using the COC consistently had substantial ovarian suppression, and this was no different for obese or normal-weight women, and for both low-dose and high-dose preparations. However, 17% of the women in the trial used the COC inconsistently or not at all, despite reporting correct use, and unsurprisingly there were high rates of ovulation in these women. An unexpected finding was that obese women were more likely to be using the COC inconsistently than women in the normal-weight group. Why this was is unclear, although the authors noted that obesity is associated with poverty and markers of social deprivation, and

such factors may also influence who takes part in a trial offering financial remuneration.

This study is useful because it demonstrates that both normal-weight and obese women can be confident of substantial ovarian suppression if using either high- or low-dose COC correctly, and thus obese women using the COC consistently are not at higher risk of unintended pregnancy. It also highlights the importance of helping women choose a contraceptive that they are comfortable using consistently, to decrease the risk of unintended pregnancy.

Reviewed by **Ellie Golightly**, MBChB, MRCOG
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Sexuality and obesity, a gender perspective: results from a French national random probability survey of sexual behaviours. Bajos N, Wellings K, Laborde C, Moreau C. *BMJ* 2010; **340**: c2573

Obesity and poor sexual health outcomes. Goldbeck-Wood S. *BMJ* 2010; **340**: c2826

I found both these articles fascinating, not least because I was unaware that obesity *per se* was associated with such poor sexual health outcomes.

The research paper originates from France; I rather doubt that this study could be conducted in the UK! It is a national random population-based study of sexual behaviour in men and women aged 18–69 years living in France. The methodology appears sound. In brief, 10 170 individuals were questioned, on the telephone, about their sexual behaviour. Data were collected about total number of partners, number of partners in recent months, their sexual practices, non-consensual sexual relations, health-seeking problems and sexually transmitted infections.

Some 9% of both female and male respondent were obese; 35% of men and 21% of women were overweight and 34% of men and

63% of women were of normal weight. Obese individuals were more likely to be older and less well educated.

Among those with a regular heterosexual sexual partner, the body mass index (BMI) of the two individuals was strongly correlated, with the association being stronger for women than men. Obese women were 30% less likely than women of normal weight to report a sexual partner in the last 12 months. Whilst obese women were as likely as normal-weight women to be living with a partner, they were significantly less likely to have an occasional sexual partner.

Obese women aged 18–29 years were three times more likely than women of normal weight to meet their partners over the Internet.

Obese women had a four-fold increase in unintended pregnancy or abortion as compared to normal-weight women. They were 70% less likely to use the Pill and eight times more likely to use less effective contraceptive methods than normal-weight women.

The accompanying editorial draws attention to the public health implications of the study. Obesity in pregnancy is a major health concern, so the finding that obese women have nearly five times the risk of unwanted pregnancy is alarming. Although the research paper concentrated on oral contraception and condoms, the authors argue that long-acting reversible contraception (LARC) methods are not widely used in France. Consequently, their findings are probably applicable to other geographical areas where LARC is more widely used, but it is probably not the method that is important rather that obese women are less likely to seek medical advice about contraception.

Obese women have complex contraceptive needs. These papers draw attention to this fact and warn that obesity may harm your sex life.

Reviewed by **Gillian Robinson**, FRCOG, FFSRH
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Award: Three prizes awarded annually for the best essays on a topic related to contraceptive, reproductive and sexual health care. The first prize is £300, with £100 each for the two runners-up.

Eligibility: Individuals (undergraduate medical students)

Closing date: 24 March annually

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