

In this issue

doi:10.1136/jfprhc-2011-100270

VTE and the Pill ... again

The re-analysis of the Danish Cohort Study has recently been published in the *British Medical Journal* (BMJ). Unfortunately, there are still many methodological issues with it, as discussed in this commentary by Dinger and Shapiro. The authors also point out that the important analysis that was actually requested by the regulatory authority (but not published in the BMJ paper) showed no difference in risk between combined oral contraceptives.

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CMACE early pregnancy recommendations

The most recent Centre for Maternal and Child Enquiries (CMACE) report attracted critical correspondence to the *British Journal of Obstetrics and Gynaecology* (BJOG) in relation to the chapter relating to deaths in early pregnancy and a recommendation to abandon the term 'pregnancy of unknown location' (PUL). This thought-provoking commentary from leading UK experts in the field points out that this statement is at odds with both the current scientific evidence and clinical experience. In the authors' opinion, the CMACE recommendation signifies a retrograde step in the management of early pregnancy problems as it could lead to unnecessary intervention in many cases.

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Men and sexual health

Sexual health is not just a 'woman's business' – men too are involved. However, while sex is always on the agenda from selling cars to the media's obsession with who is doing what with whom, less attention is given to sexual health. This is particularly true of men. David Wilkins of the Men's Health Forum argues in this commentary that it is time we reached a level of public and professional understanding where it is normal to think of the two together, without stigma, embarrassment or value judgements. This means ensuring a better knowledge of men's attitudes and behaviours in relation to sex and sexual health, and by improving services to enable men's needs and sensibilities to be taken into account.

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Annual IUD health checks are unnecessary

This study questions the value of frequent intrauterine device (IUD) checks. The authors compared frequent and infrequent IUD check attenders in one

practice in a retrospective observational study. The analysis demonstrates that infrequent IUD checks do not adversely affect patient outcomes. Regular annual health checks for IUDs are not recommended in NICE CG30 and this study adds weight to the assertion.

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What's in a name?

This is an interesting questionnaire study of 1428 sexual health clinic attendees and 250 staff members in five centres in the UK. The study attempts to put to bed the issue of whether we should call attendees at sexual health clinics 'patients', 'clients', 'customers', 'users' or something else. It seems to be a resounding victory for the traditional use of the term 'patient' which, as the authors suggest, retains the focus of the caring role of health professionals.

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Missing family planning in HIV

It is estimated that more than 80% of individuals living with HIV are of reproductive age. Unfortunately, HIV and family planning (FP) services are not always integrated. Dr Kipp and his team use qualitative data to highlight the unmet need for access to effective methods of FP in HIV-positive individuals wanting to prevent pregnancy.

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Use of leftover LBC samples

Most women do not mind the remains of their liquid-based cytology (LBC) sample being used anonymously for research. The authors argue that this suggests there should be a 'once for all' consent to the collection and storage of remnant LBC samples for future research.

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EMA at home vs in hospital

This important retrospective audit compares unscheduled re-attendance rates and methods of contraception at discharge among women having the final stage of early medical abortion (EMA) at home and with those remaining in hospital. It was reassuring that the authors showed that women undergoing EMA, who choose to expel the pregnancy at home, are no more likely to re-attend hospital with a postabortion complication and are just as likely to receive effective contraception than those who remain on hospital premises.

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Co-cyprindiol – is it indicated?

Co-cyprindiol is indicated for treatment of severe, refractory acne and hirsutism, but should not be prescribed for contraception alone. A large rural practice in England audited the prescribing of co-cyprindiol and found that these prescriptions contravened guidelines in 70% of cases. Following an invitation to patients to discuss this, the number of prescriptions more than halved and these were within guidelines in 75% of cases.

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Young men and contraception

It is rare to see a study looking at young men and their contraceptive views. The young men who participated in this pilot study were willing to consider shared responsibility for contraception when talking with the researcher about their contraceptive choices. How these young men view women who take charge of their sexual health reveals a lot about the dynamics of relationship forming and the confusion around contraceptive responsibility felt by young people.

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Clomifene use in a primary care setting

Clomifene citrate has been prescribed for ovulatory disorders in general practice for many years. This review by a general practitioner and fertility expert highlights the fact that clomifene should not be used in couples with a diagnosis of unexplained infertility and that it should be given with caution due to the risk of multiple pregnancy (~10%). The review also suggests that treatment should be limited to six cycles, and that cycles should be monitored using mid-luteal progesterone or ultrasound scanning.

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Advances in intrauterine technique training

This article describes an innovative new way for doctors and nurses to be able to learn how to fit IUDs and systems with realistic simulation, which is much better than a 'Zoe'. This should increase their confidence and make the first encounter with the 'live' patient less stressful for all concerned.

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NHS Choices: making voices heard?

Our Consumer Correspondent profiles the NHS Choices website.

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