

### Attending to one's own pleasure, as well as a partner's, is helpful for women with vulvodynia

If you have vulvodynia and are focused on pleasing your partner completely at the expense of your own sexual needs, both of you may suffer. A survey of couples in the USA reports that being motivated to meet a partner's sexual needs was associated with less pain and anxiety for women with vulvodynia, but when this motivation excluded a focus on their own sexual needs, both parties reported more depressive symptoms and women reported more vulval pain.

*J Psychosom Res* 2018;doi:10.1016/j.jpsychores.2018.01.006

### Emergency caesarean section is linked to postpartum depression

Emergency caesarean section does not directly lead to postnatal depression, according to a Swedish longitudinal study following almost 4000 pregnancies. Emergency caesarean section and vacuum extraction were indirectly associated with increased risk of postpartum depression, by leading to complications, self-reported physical symptoms, and a negative delivery experience. A history of depression and fear of delivery increased the odds of postpartum depression and led more frequently to elective caesarean section, but was associated with a positive delivery experience.

*Acta Obstet Gynecol Scand* 2018;doi:10.1111/aogs.13275

### Antibiotics may not interfere with hormonal contraception

The common tale that antibiotics interfere with the way hormonal contraception works may, in most cases, be more myth than fact. A systematic review found that evidence from clinical and pharmacokinetic outcomes studies does not support the existence of drug interactions between hormonal contraception and non-rifamycin antibiotics. The data are largely limited by low quantity and quality for some drug classes (particularly metronidazole, sulfa drugs and nitrofurantoin) but no differences in ovulation suppression or breakthrough bleeding were observed in any study that combined hormonal contraceptives with any antibiotic.

*Am J Obstet Gynecol* 2018;doi:10.1016/j.ajog.2017.07.003

### Early diagnosis of HIV saves money

A 2-year retrospective cohort study of 56 patients in New Orleans reports that the median total cost for a newly diagnosed patient over the first 2 years was US\$36 808, driven predominantly by outpatient costs of US\$17 512. Median inpatient and total costs were significantly different between the lowest (<200 cells/mm<sup>3</sup>) and highest (>499 cells/mm<sup>3</sup>) CD4 count categories. Patients with higher viral loads (another marker of disease progression) had almost twice the costs as those patients with lower viral loads.

*J Int Assoc Provid AIDS Care* 2017;doi:10.1177/2325957417737381

### Camomile extract may help control cyclic breast pain

Venus enjoys a good cup of camomile tea before retiring to bed but she had no idea it might be helpful for breast pain (mastalgia). A double-blind randomised controlled trial of *Matricaria chamomilla* extract to help manage cyclical premenstrual breast pain is reported as being well tolerated, safe and effective in bringing about a significant decline in pain. Both camomile and placebo groups reported a significant reduction in pain after 2 months, and there was also a significant difference between the groups.

*J Obstet Gynaecol* 2017;doi:10.1080/01443615.2017.1322045

### PHE encourages trans people to take up screening

Public Health England (PHE) has some advice for the transgender community: don't miss out on health screening programmes which will be beneficial for your health. Patients identifying as male, but with female bodies, may be missing out because they are registered with their GP surgery as male and therefore not in receipt of invitations for appropriate screening services. A booklet has been produced by PHE entitled 'Information for Trans People' (NHS Screening Programmes).

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/623309/Transgender\\_cross\\_programme\\_screening\\_leaflet.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/623309/Transgender_cross_programme_screening_leaflet.pdf)

### Radical, especially open, prostatectomy affects sex via both mood and erectile function

Radical prostatectomy can affect sexual function in a variety of ways. A study of

over 800 men in a 'real-life' setting asked about the rate and predictors of depressive symptoms and impaired sexual desire after open and robot-assisted prostate surgery. One in three men reported depressive symptoms long after prostatectomy, with depression scores being significantly lower after open surgery compared with robot-assisted surgery. Sexual desire was highly affected after radical prostatectomy, with greater impairment reported by patients who underwent open radical prostatectomy. Age, open radical prostatectomy, and postoperative erectile dysfunction were all independent predictors of depression scores and impaired sexual desire.

*J Urol* 2018;doi:10.1016/j.juro.2017.08.104

### Lifestyle choices can augment female sexual well-being

About 40% of women experience some sort of sexual problem over the course of their lifetime, yet women may be reluctant to discuss sexual issues with their doctors, and doctors may not fully address all aspects of female sexuality. A North American case study and review article say that exercise, yoga and mindfulness have all been demonstrated to improve sexual well-being in women throughout the lifespan. Doctors, meanwhile, claim time constraints, embarrassment, lack of effective treatment options, and their reliance on women to broach the topic limits their ability to explore it.

*Am J Lifestyle Med* 2017;doi:10.1177/1559827617740823

### A menopause-friendly workplace can help women manage menopausal challenges

In 2017, the employment rate for women in the UK was the joint highest since records began in 1971. And at some point in their working lives, all women will experience menopausal transition. Employers are not obliged to recognise the issues that menopause brings to women but occupational health and safety policies should recognise the different needs of men and women. A 'menopause-friendly' workplace could include a culture where health problems that impact on work can be disclosed, where signposting to sources of advice and flexible working hours are available, a comfortable physical working environment is on offer, and (when required) uniforms and personal protective equipment are provided which enable women to keep cool.

*Post Reprod Health* 2018;doi:10.1177/2053369117734714