

FROM THE JOURNALS

Wight D, et al. **Extent of regretted sexual intercourse amongst young teenagers in Scotland: A cross-sectional survey.** *BMJ* 2000; **320**: 1243-244.*

This report describes a survey of the sexual behaviour of teenagers' aged 14 years in Scotland.

The questionnaire is part of an on going trial of sex education in Scotland. The participation rate was 94%, resulting in 7395 usable questionnaires. Eighteen percent (n = 661) of boys and 15.4% (n = 576) of girls reported heterosexual intercourse. Condom use was reported by 60.2% of respondents. More girls (19.8%) than boys (7%) reported that they were under pressure to have sex at first intercourse.

Two fifths of all respondents said first intercourse 'was about the right time'. Thirty-two percent of girls and 27% of boys said it had happened too early, and 13% of girls and 5% of boys said it should not have happened at all.

For boys, the only variable related to regret was the fact that they had exerted pressure. For girls' reports of being pressurised, exerting pressure, not having planned the intercourse with their partners, and relatively high levels of parental monitoring were all significantly related to regret.

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Merki-Feld GS, Neff M, Keller PJ. **A prospective study of the effects of depot medroxyprogesterone acetate on trabecular and cortical bone after attainment of peak bone mass.** *BJOG.* 2000; **107**: 863-869.**

In this report from Switzerland 36 women aged 30-45 years were studied over 1 year. All were taking injections of medroxyprogesterone acetate (DPMA) 150 mg every 12 weeks. Bone mass was measured at the distal radius by peripheral quantitative computed tomography. The mean annual changes in trabecular and cortical bone mass were 0.06 and -0.26, respectively. The decrease in cortical bone mass was not significant because the changes were within the precision error of the method. Duration of DPMA use and oestradiol levels were not associated to the bone parameters. They also found that calcium intake was associated with a higher trabecular bone mass and that early menarche was associated with a higher cortical bone mass. Their conclusion was that DPMA does not have an overall negative impact on the bone mass of pre-menopausal women aged 30-45.

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Post-Ovulatory Methods of Fertility Regulation. **Efficacy and side effects of immediate postcoital levonorgestrel used repeatedly for contraception.** *Contraception* 2000; **61**: 303-308.***

With the feasibility of emergency contraception becoming available at pharmacies, there is a possibility of women using the method instead of seeking a regular method of contraception. This article studied the effects of using levonorgestrel 0.75 mg immediately after intercourse as the only method of contraception.

Two hundred and ninety-five women were enrolled at six study sites. They were older women with proven fertility and who had infrequent intercourse. The Pearl index failure rate was 6.8 (95% CI 3.1-12.9) pregnancies per 100 women-years of use. The overall probability of pregnancy per coital act was 1.4 per 1000. Menstrual complaints were reported by 70% of women. The conclusion was that high dose levonorgestrel pills are unsuitable for regular postcoital contraception.

Phupong V, Sueblinvoag T, Pruksananonda K, et al. **Uterine perforation with Lippes Loop intrauterine device-associated actinomycosis. A case report and review of literature.** *Contraception* 2000; **61**:347-350.***

This is a cautionary tale of a woman aged 67 years who presented at hospital with epigastric pain of 1 day. She was 22 years past the menopause and had a Lippes Loop for 35 years. She had an acute abdomen with symptoms of a perforated peptic ulcer. At surgery there was extensive pelvic infection from actinomycosis from a partial perforation of the uterus by the IUD. The article concludes that in postmenopausal women the Lippes Loop should be removed as soon as possible as it may cause intra-uterine device-associated actinomycotic infection leading to perforation. Although the incidence is very low, misdiagnosis can cause serious morbidity and possible fatal outcome.

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Stebbing J, Gregory R. **The use of HRT in patients with breast cancer: yes or no, or sometimes?** *BJGP* 2000; **50**: 356-357. ****

An editorial by specialist registrars at the Breast Unit, Royal Marsden Hospital reminds us that oestrogen is the most important mitogen and that breast cancer is the most frequent cause of death in middle age women in the Western world. After 10 years of use of HRT, breast cancer risk increases.

Seventy-five percent of breast cancers are oestrogen receptor positive, and tamoxifen reduces recurrence rate by 50% and results in a 25% annual reduction in death rate. The case against HRT seems persuasive, but is it? The authors state that there is no real evidence for this conclusion, and that in severe menopausal symptoms HRT might be used with tamoxifen, particularly when the tumour has good prognostic features.

Raloxifene is now used for HRT, and the STAR trial is designed to observe its possible anti-oestrogenic effect in breast cancer. Evidence does not yet, however, exist for raloxifene to be considered more efficacious than tamoxifen.

Selective oestrogen receptive modulators (SERMS) such as raloxifene and tamoxifen, are highly tissue-specific. A current trial is comparing early breast cancer treatment with and without HRT. Who knows what combination of drugs in this ever-changing field will be the most useful?

Bailey J, Kavanagh J, Owen C, et al. **Lesbians and cervical screening.** *BJGP* 2000; **50**: 481-482.****

This paper presents findings of a self-administered survey to 624 women presenting to two London lesbian sexual health clinics, essentially debunking the myth that women presenting as lesbians, as a group, do not qualify for cervical screening, but also displaying various revealing factors about lesbian lifestyle relating to sexual health.

All participants gave a history of lesbian sexual behaviour and all had smears taken. Eighty percent, however, had heterosexual histories (coercive and consenting). Heterosexual behaviour stopped 6 years ago for 50%. Twenty-six percent reported first sex with a man before age 16 years, but they were not significantly different from the 20% exclusively lesbian subjects in ethnicity, employment status, or smoking habits.

Exclusive lesbians were younger, (therefore not surprisingly) less likely to have had a smear before, or to have cytological changes, and indeed more likely to believe that they do not need a smear.

Risk factors for cytology abnormalities such as number of (male or female) partners, age of first sexual contact, or smoking, were not statistically associated with abnormal cytology.

The authors urge more study on HPV transmission in lesbian sex, rather than using cervical cytology as a marker, could it be from oro/genital/ digital contact or shared sex toys?

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Wong M-L, Chan RKW, Koh D, et al. **A prospective study of condom slippage and breakage among female brothel workers in Singapore.** *STDs* 2000; **27**(4): 208-214.*****

This was a prospective study over a 1 day period in 1997. Diaries were completed by 219 female sex workers, following a training session on condom use. Out of a total of 1885 condoms used, a breakage rate per condom use of 1.2% and a slippage rate of 2.1% were documented. Higher rates of breakage and slippage were seen in non-spontaneous condom using clients (i.e. those who needed persuading to use a condom). Higher slippage rates were also seen in new sex workers. Reasons given for breakage or slippage were 'rough' sex, 'lengthy' sex, condom too small/too large and delayed withdrawal after loss of erection.

Simms I, Stephenson JM. **Pelvic inflammatory disease epidemiology: what do we know and what do we need to know?** *Sex Transm Inf* 2000; **74**(2): 80-97.*****

An excellent review of PID epidemiology, which goes on to suggest future research priorities.

Kjaer NO, Dimcevski G, Hoff G, et al. **Recurrence of urogenital *Chlamydia trachomatis* infection evaluated by mailed samples obtained at home. 24 weeks' prospective follow up study.** *Sex Transm Inf* 2000; **76(3)**: 169-172.*****

This study assessed the recurrence rate of *Chlamydia trachomatis* infection after antibiotic therapy in a general practice population. It showed a cumulated incidence of recurrence of 29% during 24 weeks of follow-up.

The possible reasons given for recurrence were re-infection from the same partner, new infection from a new partner, or relapse following insufficient antibiotic therapy.

Garland SM, Tabrizi S, Hallo J, et al. **Assessment of *Chlamydia trachomatis* prevalence by PCR and LCR in women presenting for termination of pregnancy.** *Sex Transm Inf* 2000; **76(3)**: 173-176.*****

This study aimed to determine the prevalence of *Chlamydia trachomatis* by using PCR and LCR to test first catch urine and self-administered tampons. This was then compared with a traditional endocervical swab. One thousand one hundred and seventy-five patients were included, 33 (2.8%) of these were positive for *Chlamydia*. Detection of *Chlamydia* using PCR or LCR from endocervical swab, first catch urine or tampon was not statistically different ($p = 0.25, 0.5$ and 0.5 , respectively); whereas from endocervical swab, detection by PCR/LCR compared with culture was significantly better ($p = 0.0005$).

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