A new contraceptive patch

A new contraceptive patch, Ortho Evra®, has been approved in the US and should be ready for European approval later this year. The once-a-week transdermal patch should improve compliance. It adds to the selection of safe, effective and convenient contraceptives presently available. Transdermal hormonal delivery systems have been used effectively by women as hormone replacement therapy for many years. The patch may provide an alternative to contraceptive injections, implants and oral contraception, particularly in women who are unreliable pills users. Although cost may be an important issue in prescribing, if compliance is increased and unintended pregnancies reduced it may well be a cost-effective option.

Source: Datamonitor news release at www.datamonitor.com

Violence against women

A series of six articles were published recently in *The Lancet* (April–May 2002). This series provided an overview of health issues central to violence against women. A summary of each article is outlined here. Violence has been defined by the United Nations Declaration on the Elimination of Violence Against Women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women'. The reporting of violence is likely to be universally under-reported. Figures are often obtained via cross-sectional population surveys, either by face-to-face interviews or by structured questionnaires. Women may not feel able to report violence. These violent acts towards women are not a unique event but part of ongoing abuse and have been shown to have a major impact on general health.

I: Global scope and magnitude

This paper outlines the global problem of violence against women. Intimate partner violence: between 10% and 50% of women worldwide have been physically assaulted by a partner. Although sexual assault by a stranger is acknowledged as a crime in many countries, sexual assault within marriage is often tolerated. Prostitution and trafficking: 700 000 to 2 million women and girls are trafficked for prostitution, across international borders, every year. Rape in war: an estimated 20 000 to 50 000 women were raped in the conflict in Bosnia-Herzegovina between 1992 and 1995. Missing women: worldwide an estimated 60 to 100 million women and girls are 'missing' through sex-selective abortion, female infanticide and deliberate neglect.

Source: Watts C, Zimmerman C, Violence against women: global scope and magnitude, Lancet *2002; **359:** 1232–1237*

II: Health consequences

This paper outlines how women who are victims of abuse may present to health care professionals. Although many abused women never attend hospital for treatment of acute injury, many are treated within the health care system. It is recognised that intimate partner violence results in long-term negative health consequences. Battered women can present with gynaecological symptoms, gastrointestinal symptom or stress-related disorders. Abuse may also occur during pregnancy. In the last year, 2.5% of women in the UK reported abuse during pregnancy. Figures for other countries varied from almost 6% in Canada, 7% in South Africa to 11% in Sweden. An awareness of, and an ability to assess, intimate partner violence should be within the remit of all health care professionals.

Source: Campbell JC, Health consequences of intimate partner violence, Lancet *2002; **359:** 1331–1336*

III: Cause and prevention

This paper outlines some of the causes and strategies for prevention of domestic violence. Understanding the causes of intimate partner violence is more complex than understanding a disease. With the exception of poverty, most demographic and social characteristics of men and women are not associated with an increased risk of partner violence. The challenges for the health sector are to recognise that addressing intimate partner violence should be part of the public health agenda. Prevention strategies to tackle violence include: creating a climate of non-tolerance within society; reducing unemployment; addressing alcohol consumption; empowering women to control their fertility through accessible contraceptive and abortion services; continuing to research and monitor violence; and legislation on sex equality.

Source: Jewkes R, Intimate partner violence: causes and prevention, Lancet *2002; **359:** 1423–1429*

IV: Health service response

This paper describes selective screening for intimate partner violence by health care professionals. Recent initiatives in developing countries to raise awareness of violence against women are outlined. Dilemmas and challenges posed by current approaches to intimate partner violence are also discussed. Selective screening involves asking questions of women in whom one has reason to suspect violence is occurring. An awareness of the problem and adequate training of health care workers in asking such questions is essential. Providing a safe environment and assurances of confidentiality may increase the number of women disclosing intimate partner violence. Health care professionals may also have a role to play in identifying and helping men who abuse women.

Source: Garcia-Moreno C, Dilemmas and opportunities for an appropriate health service response to violence against women, Lancet *2002; **359:** 1509–1514*

V: Ethics in domestic violence research

This paper reports on findings from the World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence Against Women. Guidelines exist for the ethical review of epidemiological studies, which outline basic principles of research including respect, minimising harm, maximising benefits and justice. How these principles can be adhered to when researching issues such as domestic violence are outlined.

Source: Ellsberg M, Heise L, Bearing witness: ethics in domestic violence research, Lancet *2002; **359:** 1599–1604*

VI: Violence against women in health care institutions

This paper describes research carried out over the last 10 years on violence committed by health care professionals. Violent acts include: neglect during childbirth; verbal violence such as threats, shouting and intentional humiliation; physical violence including rough treatment or denial of pain relief; and sexual violence. Many of these research studies have been carried out in the developing world, but violence by health care professionals may also occur in developed countries. This form of abuse is a serious violation of human rights and this type of abuse must be minimised by adequate training of staff and resources.

Source: d'Oliveira A, Diniz S, Schraiber L, Violence against women in health-care institutions: an emerging problem, Lancet *2002; **359:** 1681–1685*

BOOK REVIEW

Management of the Menopause (3rd edn) (The Handbook of the British Menopause Society). Margaret Rees and David W Purdie. Marlow: British Menopause Society Publications Ltd, 2002. ISBN: 0-9536288-1-9. Cost: £15.00 (plus P+P). Pages: 127.

The substantially revised version of this book, released recently by the British Menopause Society (BMS), provides an up-to-date review of the current knowledge on various subjects relevant to the menopause and its practical management. The editors acknowledge the help of 27 experts to make available an unbiased, comprehensive but compact practical guide. There is a clear emphasis on clinical aspects and, where evidence exists, the text is evidence-based. Besides covering symptoms and the long-term consequences of the menopause, the book focuses on the numerous hormone replacement options and objectively assesses their therapeutic benefits and risks. This edition has two added chapters: the first deals with women with specific medical conditions and the second with complementary and alternative therapies. The next edition will hopefully include an index for rapid retrieval from a ready source of largely evidence-based information. The broad objective laid out by the BMS, to promote optimal management of the menopausal woman, is well attended to in this handbook.

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