Football helps the fight against HIV

During the course of a 90-minute football match, 400 young people aged 15 to 24 years will have contracted human immunodeficiency virus (HIV) worldwide. Around 100 children under the age of 15 will die from acquired immunodeficiency syndrome (AIDS) and another 400 will lose parents through AIDS. The United Nations Children’s Fund (UNICEF) has joined forces with the International Federation of Association Football (FIFA) to use the power of football to educate young people around the world about HIV/AIDS. In Ethiopia and Kenya there are projects that involve a variety of football programmes. At half time players, coaches and health workers distribute brochures and information to supporters and opponents about preventing the disease. Young people are being encouraged in these programmes to play a role in the fight against the spread of HIV.

Source: www.dureshealthcare.com

Proposal for health services in UK schools welcomed by fpa

Anne Weyman, the Chief Executive of fpa (previously the Family Planning Association), said: ‘We welcome the Government’s acceptance of the recommendation that health services should be available on site in schools. The rate of teenage pregnancy in this country is too high and action to bring it down is essential. Measures such as this are eminently sensible’. Ms Weyman went on to state: ‘Young people need easy access to confidential and holistic health services that meet their needs and cover a range of issues, such as relationships with family and friends, emotional problems and general health as well as sexual health. Provision of such services is up to the school community of parents, teachers, pupils and governors but ideally we’d like to see them available in schools throughout the country’.

Source: fpa press office June 2002

Perpetuating the negative attitude toward the intrauterine contraceptive device

The intrauterine device (IUD) has received a plethora of bad publicity since the 1970s and has been blamed for everything from pelvic infection to infertility and ectopic pregnancy. Studies since the 1970s, however, have shown that the risk of infection is largely confined to the immediate time following insertion and that the ectopic risk overall is reduced. A recent study by Espey and Ogburn published in Contraception examined the information regarding the IUD in medical textbooks published between 1996 and 2001 in both Britain and the US. It was disappointing that over half of the textbooks published still mentioned these factors as risks associated with the IUD and suggested that the IUD should only be used as a last resort. The authors state that many of the teachers in medical schools also be present to continue to pass on these myths. It is clear that new evidence needs to be in the public and professional domain so that these myths can be dispelled.

Source: Espey E, Ogburn T. Perpetuating the negative attitudes about the intrauterine device: textbooks lag behind the evidence, Contraception 2002; 65: 389–395

New website for health care professionals caring for asylum seekers in the UK

A national website has been launched for health professionals and volunteers working with asylum seekers and refugees. This website can be found at www.harwpub.org.uk and provides a huge amount of useful information for all health care personnel involved in the management of the many health issues faced by asylum seekers. It covers issues related to men and women including emotional problems, genital mutilation and cultural issues. It has very useful links called ‘communicate’ that provides access to a multilingual appointment card. Name, address, consultant, place of appointment is typed in English and it is automatically translated into one of many languages. It can be used and printed online. This site will prove useful to anyone with an interest in issues facing asylum seekers.

Source: www.harwpub.org.uk

New international society for sexuality and cancer

One of the hidden areas in relation to cancer, particularly gynaecological cancer, is sexuality and associated sexual problems. Patients often feel unable to talk to their doctor for a variety of reasons, and even when they do there is a lack of availability of trained professionals to work with them. This can have a negative impact on their quality of life even when the cancer has been treated successfully. As a response to clinical observations and calls from service user groups, back in 1999 the newly formed Family Planning Association (FPA) published a new international society is being formed which aims to focus on this area of clinical care. A core ‘start-up’ group formed by the UK, The Netherlands, Belgium, Israel and Australia is in the process of compiling a mailing list, preferably by e-mail. If readers require further information, or wish their names to be added to the list of interested professionals, they should contact Dr Susan Carr, Consultant in Family Planning and Reproductive Healthcare, The Sandford Initiative, 6 Sandyford Place, Glasgow G3 7NB, UK, or e-mail the Journal at www.ffprhc.org.uk and their e-mail will be forwarded on to the relevant parties.

Source: Susan Carr, Consultant in Family Planning and Reproductive Healthcare, The Sandford Initiative, Glasgow, UK

First phase of chlamydia screening programme announced in the UK

Thousands of women will shortly be offered testing for chlamydia – the most common sexually transmitted infection (STI) according to new statistics published recently. The Department of Health has identified ten locations to take forward the first phase of a national chlamydia screening programme.

The screening programme, outlined in the National Strategy for Sexual Health and HIV, will tackle bacterial infection which, because it often has no obvious symptoms, frequently remains undiagnosed. Although easily cured with antibiotics, if untreated chlamydia in women can lead to pelvic inflammatory disease (PID), ectopic pregnancy and infertility, the ten sites will save £1.5 million additional funding to set up the screening programme which will take place in clinics where young people access sexual health services such as family planning and genitourinary medicine (GUM) clinics. Locations have been chosen to give an even spread geographically, to provide an urban/rural balance and reach minority ethnic groups. The ten sites will build upon earlier work carried out at two pilot schemes in Portsmouth and the Wirral and further inform the gradual roll-out of a nationwide programme.
Legal action against the manufacturers of third-generation pills fails in the UK

An action against the manufacturers of combined oral contraceptives (COCs) containing third-generation progestogens began in 1997 and was heard in court between March and July 2002. The lawyers representing the former users of these contraceptive pills had to show beyond reasonable doubt that the third-generation pills were defective (i.e. not as safe as the women were entitled to expect) and that they caused the injuries sustained by the women. On 29 July 2002, the judge gave his judgement that he accepted the defence case that the evidence did not establish reliably that there was an excess risk from third-generation pills compared to second-generation pills. The judge also concluded that none of the claimants were able to demonstrate that their venous thromboembolism (VTE) was ‘more likely than not to have been caused by the third-generation contraceptive pill’. The claimants had to show that the third-generation pills were twice as likely to have caused the VTE than a second-generation pill containing levonorgestrel and this they had failed to do.

Although the judge expressed the view that this trial was ‘the most exhaustive examination this question has ever received’, this can only be said to be true in the legal sense.

Most readers of this journal will remember the intense and sometimes acrimonious public and private discussions following the publication of the four epidemiological studies in 1995 and 1996 showing a difference in the incidence of venous thrombosis between second- and third-generation pills. Not only was the number of events small compared to the number of users. However, the conclusion from these studies that third-generation pills carried twice the risk of the second-generation pills led to the Committee for Safety of Medicines (CSM) in the UK issuing a warning to prescribers. The advice was to only use third-generation pills if the user was intolerant of second-generation pills. Following reanalysis of the original data obtained in the epidemiological studies, the estimated rate had been revised downwards, while controversy continued about bias and statistical manipulation.

By 2001, the regulatory authorities in the UK and in Europe had concluded that degree of difference in risk between second- and third-generation pills was of no clinical significance. The information that is given to patients quantifies the risk of VTE as:

- about five cases per 100 000 women per year when not taking any hormonal contraceptive
- about 15 cases per 100 000 women per year when taking second-generation COCs
- about 25 cases per 100 000 women per year taking third-generation COCs.

The legal decision does not affect this advice which should be put into proportion by considering the risk of VTE in pregnancy (about 60 per 100 000 women per year).

While welcoming the news that the class action against the manufacturers of the third-generation COCs has failed, the legal decision does little to help practising clinicians in their everyday work with patients. Scientific evidence, argued over by many experts in journals, seems a better guide than a decision based on a single legal judgement. For the majority of patients with no added personal risk factors, the differences between the small risks of VTE associated with the use of a second- or third-generation progestogen will matter less than the acceptability of their chosen pill. Discussion of the risks and benefits with patients, in language that they can understand, will be the best protection against further legal actions.

Source: Report and comment by Dr Gill Waleyl, Writer and Lecturer, General Practitioner Non-principal, Abergavenny, UK