US Government attacked on sexual health policies

In its first year, the Bush administration did not publicly mentioned the role of health-related issues, especially in combating sexually transmitted infections (STIs) and HIV/AIDS. The Bush administration's lack of attention to these issues is seen as a failure to address the needs of the American public.

The Bush administration's approach to sexual health policies has been criticized as insufficient and misguided. The administration's emphasis on abstinence-only education and the elimination of funding for Planned Parenthood has been seen as inadequate to combat the growing problem of sexually transmitted infections and HIV/AIDS.

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JOURNAL CLUB

Although cervical cancer is now relatively uncommon in the UK, it is estimated that 12,000 cases occur each year. The disease is more common in women aged over 50 years, but can occur at any age. The most common cause of cervical cancer is infection with human papillomavirus (HPV), a sexually transmitted infection. It is estimated that 1 in 4 women have been infected with HPV at some point in their lifetime.

This study has concentrated on HPV infection and the development of cervical cancer. The subjects in this study came from a high prevalence group. A public health vaccination programme should be directed to sexual behaviour and need to know the effect of vaccination on a population-based cohort. This is of particular importance in developing countries where such vigorous selection criteria and evaluation of HPV infection are not practical and the impact on cervical cancer, where screening is not an option, needs to be seen. This will require much larger population studies than the follow-up study presented here.

In addition, HPV vaccines are known to be highly specific and vaccinating against one subtype may produce less effect on cervical disease as other HPV infections replace the eliminated type.

Effective vaccination against HPV has been anticipated for a number of years now and this has led to a number of significant developments in the field of HPV infection. The completion and final analysis of the trial will be as important as these early results and may produce essential data on the long-term efficacy of the vaccine regime.

Reviewed by Maggie Cruikshank, MB ChB, DRCOG
Senior Lecturer in Gynaecology Oncology, Aberdeen Maternity Hospital, Aberdeen, UK


This study questioned 186 university students on their understanding of the risks of venous thromboembolism (VTE) when taking the combined oral contraceptive (COC). One hundred and sixty-five women in this group were taking the pill or had taken it in the past. The study found that a large proportion of the women were not aware of the increased risk of VTE following the Committee on Safety of Medicines (CSM) in 1999, where the previous advice of 1995 was withdrawn. Only about two-thirds of each group could give the correct advice when asked in a questionnaire. The additional information made no difference. The authors are of the opinion that there is very little research done on how to put information cross to women regarding the risks of the pill, especially when information becomes sanitised by unbalanced reporting in the press.

Reviewed by Judy Murty, DRCOG, MFPP
SCMO, Contraceptive and Sexual Health Services, Leeds, UK


This paper reviews a method of starting the pill at the first visit to the clinic. The authors describe this as the ‘Quick Start’ method. This method is based on the traditional way of starting the pill on the first day of the menstrual cycle is to avoid an unexpected pregnancy occurring in the first packet of pills. It is now established that taking hormones in early pregnancy are not harmful to the fetus, so does it matter when the pill is started? The authors have used the Quick Start method of starting the combined oral contraceptive (COC) for several years in their clinics and it is offered to patients at the discretion of the provider. How they advised starting the pill was at the preference of the clinician.

The study was not randomised. Two hundred and fifty women were recruited and 62 (25%) took the first pill at the clinic. The study showed that 89% of women took the pill at the first visit. The authors suggested using the Quick Start method, as it is a simple and effective way of starting the pill.

This study was not randomised and it depended on the clinician’s opinion whether the woman was offered Quick Start. In addition, the follow-up time was very short. So is the answer of the clinicians’ practice rather than the way the pill is started? The authors admit that a randomised trial is needed to see if there is a true effect. Overall, the study is an important one in this area of practice. The authors feel that it reduced the amount of counselling needed at the first visit as the women needed less information about how and when to start the pill. They have already started the association with continuing the COC was if the partner was aware (odds ratio (OR) 3.9; 95% CI 1.9–8.3). This was followed by Quick Start (OR 2.8; 95% CI 1.1–7.3).

There were no differences in bleeding pattern when the Quick Start method was used.

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