
This study presents further data from the previously reported Women’s Health Initiative (WHI), which specifically looked at the effects of hormone replacement on health-related quality of life issues. In brief, the WHI study randomly allocated over 16,000 women to a continuous combined preparation of oestradiol plus progestin (0.625 mg Premarin plus 2.5 mg Provera) or placebo. The risk–benefit profile of the combined hormone replacement therapy (HRT) preparation was not found to be consistent with primary prevention of coronary disease and the trial was halted early because it exceeded the previously determined threshold for increased risk of breast cancer. In this recent publication, data are presented on the same group of postmenopausal women aged 50–70 years of age randomised to HRT or placebo. The main conclusion I drew from this study is that we need to continuously re-examine the indications for prescribing HRT to women in the light of new data. We know without doubt from numerous randomised trials that, in symptomatic women, HRT improves vasomotor symptoms and has a beneficial effect on well-being as a whole. However, this study does not contradict that finding but does show that HRT has no apparent benefit on quality of life measures in asymptomatic women. Clinicians need to continually re-examine the indications for prescribing HRT to women in the light of publication of high-quality data from studies such as the WHI.

Reviewed by Ailsa Gebbie, MRCPG, MFFP Consultant in Community Gynaecology, Dean Terrace Family Planning and Well Woman Clinic, Edinburgh, UK

BOOK REVIEWS


The author explains how we all make health valuations in some way. This valuation has to be understood in the context in which it was calculated and for what purpose. Programmed budgeting and marginal analysis (PBMA), cost-effectiveness analysis (CEA), cost–benefit analysis (CBA), QALYs, and health-related quality of life (hrqol) are all explained in language that I could understand and appreciate. Illustrations help to make this difficult subject more transparent.

One quote I particularly treasured was: ‘...while health valuation is unavoidable, it cannot be objective; the question is not how can objectivity be achieved, but what subjective measure is the best?’

Every time you make a decision about using this medication instead of that, or promoting one ‘best’ solution. The lessons learned by those that follow can try to emulate the triumphs and avoid making the same mistakes. The report draws some conclusions, some of which will be familiar to readers of child health, many of which will be familiar to readers working in sexual health with young people – the young, for being welcoming and accessible and, at some stage in most of the others. If you want to know how to go about developing or improving your own services you should look at the more detailed research into five innovations providing targeted sexual health services for young people. These were:

- Clinic in a Box: a mobile outreach service in North Staffordshire
- End House project: a city centre youth support project in County Durham
- Park House project: a community-based service in North Tyneside
- Burnham project: a GP practice-based drop-in project in Somerset
- Van project: a mobile youth support service in west Yorkshire.

The variety of projects shows that there is not one ‘best’ solution. The lessons learned by those setting up the services illustrate the triumphs and the difficulties. Those that follow can try to emulate the successes and avoid making the same mistakes. The report draws some conclusions, some of which will be familiar to readers working in sexual health with young people – the young, for being welcoming and accessible and, particularly, for maintaining confidentiality. The main conclusion I drew from this study is that we all need to use the young people more fully at all stages right from design to the final evaluation. This participation is hampered by the short-term nature of much of the funding available for these projects.

Gill Wakley, MD, MFFP Writer and Lecturer, General Practitioner Non-principal, Abergavenny, UK

Amedeo

This website provides a valuable, free search service for the medical topics and medical journals of your choice, sending a weekly e-mail update of the abstracts of new publications in your area of interest. It also offers free access to online medical journals such as the newly-updated HVMedicine 2003.

Source: www.amedeo.com

Reviewed by Kate Weaver, MB ChB, MFFP Specialist Doctor in Reproductive Health Care, Dean Terrace Family Planning and Well Woman Clinic, Edinburgh, UK

WEBSITE REVIEWS

Websites for men’s health

Men can find it hard to access traditional health services. Men’s sexual health needs are often neglected or forgotten.

The voluntary organisation, Men’s Health Forum, runs a comprehensive website (www.menshealthforum.org.uk) which is frequently updated with news of events, projects and studies relevant to men’s health. The Forum’s president is Dr Ian Banks who is a GP and the BMA’s spokesman on male health. The website provides a wealth of data and resources and may provide useful advice and information for men with personal health concerns. Financial constraints mean that users’ questions cannot be answered currently but a useful searchable database lists doctors’ answers to hundreds of questions already submitted.

For a lively, youthful look at young men’s health issues, www.youngscot.org has useful sections on sexual health and adolescence within sections on sexual health and adolescence within sections on sexual health and adolescence within sections on sexual health and adolescence. This website is run by Young Scot Enterprises and supported by European Commission grants with the aim of helping adolescents get more involved in the community and make the most of their leisure and education opportunities.

Source: www.youngscot.org

Reviewed by Gill Wakley, MD, MFFP Writer and Lecturer, General Practitioner Non-principal, Abergavenny, UK


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