NEWS ROUNDUP

Teenage Pregnancy Strategy

The Independent Advisory Group on Teenage Pregnancy was established in 2000 to provide advice to the Government and monitor the success of the Teenage Pregnancy Strategy. Their second annual report, published in July 2003, suggests that the Teenage Pregnancy Strategy is working and young people are becoming more confident about using sexual health services. The latest figures showed a 10% reduction in the rate of teenage conceptions amongst the under-18s, and an 11% fall in the under-16 age group since 1998. The group made eight key recommendations to Government, including asking for the national information campaign to be intensified to target specific groups, such as boys and young men, who are disadvantaged or hard to reach. They also suggested a new campaign to ensure that professionals and under-16s know they have the same rights as adults to confidentiality when they seek advice and information on contraception, and relationships. The full report is available from the National Children’s Bureau, 8 Walkey Street, London EC1V 7QE, UK and www.nchb.org.uk.

Updated Cochrane Reviews

Amongst the updated Cochrane Reviews for 2003 are: ‘The skin patch and vaginal ring versus the combined oral contraceptive for contraception’, ‘Combination contraceptives: effects on weight’, ‘Sponge versus diaphragm with spermicides for contraception’ and ‘Immediate postpartum insertion of intrauterine devices’. Cochrane Reviews are available on the link from www.nelh.nhs.uk.

New Chair for IWHC

The International Women’s Health Coalition (IWHC) has elected a new chair, Kati Marton, of the的世界卫生组织. She is a family planning advisor to the World Health Organization for reproductive health. The IWHC is a global network of more than 350 women’s organizations in more than 100 countries, working to advance women’s reproductive rights and health. The IWHC has a mission to promote women’s reproductive rights and health, as well as to provide resources and support to women’s organizations around the world.

JOURNAL CLUB


Both these studies investigated the prevalence of Chlamydia trachomatis infection in women. The first study from Scotland tested 837 women requesting emergency contraception (EC). They found that the incidence of Chlamydia trachomatis infection in women aged 20–30 years had a significantly higher rate of positive tests for chlamydia than the same age group of general family planning attendees. At 5.3% the prevalence rate was above the level of 3% recommended for cost-effective screening. The second study tested 787 women attending their general practitioners in Belgium. Overall the prevalence rate of chlamydia detected in the population was 4.96% and in a univariate analysis chlamydia infection was strongly associated with attendance for EC. The rate in EC users was 9.2%. The prevalence in the women aged 25–29 years was at 13.7%.

Current advice is to select those under the age of 25 years for chlamydia testing. The commentaries in these articles is that screening criteria for advising chlamydia testing should include those older than 25 years requesting EC. Pharmacists offering advice on EC should include information about chlamydia and where the test can be obtained. These studies reinforce the conclusion from other studies that it is the sexual lifestyle of the individual, rather than the age group to which they belong, that is important.

Reviewed by Judy Murty, DRCOG, MFFP SCMO, Contraception and Sexual Health Services, Leeds, UK


The 72-hour cut-off for the use of hormonal emergency contraception (EC) is neither evidence-based nor biologically plausible. Although effectiveness has been shown to decline with time since unprotected sexual intercourse, it would seem unlikely that it falls to zero at 72 hours exactly. Indeed, the levonorgestrel-only regimen and mifepristone have been shown to be effective when used within 120 hours. This prospective observational study involved the use of the Yuzpe regimen of EC and determined the failure rate in women presenting 72–120 hours (i.e. Days 4–5) after unprotected intercourse with women who started treatment before 72 hours.

The multicentre trial was performed in seven clinical centres. One hundred and sixteen women who had refused postcoital copper intrauterine device (IUD) insertion were assigned to the ‘Days 4–5’ group, and 699 otherwise similar women were assigned to the standard Yuzpe control group. The women returned for follow-up 1 week after the expected start of their next menses. A total of 4.3% of women in the Days 4–5 group and 3.0% of women in the control group were lost to follow-up. The typical use failure rates were four pregnancies in 111

women (3.6%, 95% CI 0.9–9.0%) in the Days 4–5 group and 17 pregnancies in 675 women (2.5%, CI 1.5–4.0%) in the control group. The failure rates during perfect use were 1.9% (CI 0.2–6.8) and 2.0% (CI 1.1–3.5) in the Days 4–5 and the control group respectively. Overall, 99% of pregnancies prevented, perfect use of the Yuzpe regimen on Days 4–5 prevented 77% (CI 15–94) of pregnancies compared with 73% (CI 51–85) in the control group.

Due to the small sample size of 111, the confidence intervals were wide and the study had insufficient power to demonstrate any difference in efficacy with time. The authors concede this deficiency in their study but claim to have demonstrated at least partial efficacy of the Yuzpe regimen beyond the 72-hour cut-off. It is impossible to determine the precise magnitude of this effect as there have not been any trials comparing EC to placebo. The paper concludes that women who request the Yuzpe regimen for EC more than 72 hours after unprotected intercourse should be allowed to receive it.

In the light of current evidence it may indeed be appropriate to adopt this practice for both the Yuzpe and levonorgestrel-only methods. It would be important, however, to inform patients that evidence is limited, and to emphasise the far superior efficacy of the copper IUD.

Reviewed by Louise Melvin, DRCOG, DFFP Specialist Registrar in Obstetrics and Gynaecology, Royal Infirmary of Edinburgh, Edinburgh, UK

Reference

Sexual health on holiday

Marie Stopes International have released a new edition of their successful ‘Passport to Health’, a booklet full of advice about how to maintain or rescue your sexual health while on holiday. It includes a guide to finding your contraceptive supplies while abroad. A copy is available free by sending a A5 stamped addressed envelope to ‘Passport’, Marie Stopes International, 101 DRCOG, MFFP, Visiting Professor in Primary Care Development, Staffordshire University and Freelance General Practitioner and Writer, Abergavenny, UK

Condom advertisement withdrawn

The advertisement for the condom Durex Perform8 has been withdrawn, following three complaints to the Advertising Standards Authority. The advertisement was for billboards that people cannot avoid seeing and reading. The message that longer-lasting sex could be better as well as safer with a condom offended some people. It is often difficult to draw the line between sexual suggestiveness and the promotion of sexual health. Public advertisements about condoms have to be subtle and tasteful because they concern an area of life that is usually private – and about which people have strong feelings.

Comment by P S Arunakumari, MD, MRCOG Specialist Registrar in Obstetrics and Gynaecology, Norwich and Norfolk University Hospital, Norwich, UK

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