
We know that opportunistic screening is important in picking up otherwise undetected chlamydia. In a prevalence study in Belgium in 2001/2002, opportunistic screening was offered to all sexually active patients aged under 40 years. General practitioners (GPs) were asked to predict the result of those patients they screened. Results were obtained from 530 patients and the prevalence rate was 4.5%. Astonishingly, 70.8% of the infections were unexpected by the GPs, despite this being a population they knew well. The most helpful predictive factor for a patient having an infection was if the patient had had more than one sexual partner in the past year. Of the GP predictions, 56% of GPs felt that low education, and 30% of GPs felt that being of non-Belgium origin, would be associated with infection. The results did not show infection to be linked with either of these factors. The most interesting observation was that GPs who had positive results at the beginning of the study offered more tests throughout the study. More importantly, GPs who had unexpected positive results considered more of their patients to be at risk. Assessing infection risk was shown to be difficult. This study reminds us that more people with chlamydia will be identified in an organised screening programme than by opportunistic screening.

Reviewed by Laura Patterson, MRCPGP, DFFP
GP Non-Principal, Associate Specialist in Family Planning, Swindon, UK


A total of 1697 women were followed up over a period of 7 years after the fitting of a copper IUD. The authors compared the increase in body mass index of the women each year from the baseline figures. A progressive and significant weight gain was observed throughout the first 5 years. Older women gained more weight than did the younger population. There was lack of control for variables, for example, diet or alcohol consumption. However, the authors did study a homogenous group of Brazilian women from the same income group.

This study illustrates the usual increase in weight that women can experience. It will add to the information we can give when counselling a woman about weight gain, especially if they are using a hormonal method of contraception.

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

Organon Laboratories Ltd has been asked by the Medicines and Healthcare products Regulatory Agency (MHRA) to inform healthcare professionals of concerns expressed by the MHRA about the promotion of Cerazette. The MHRA’s concerns relate to two promotional claims made for Cerazette in advertisements for healthcare professionals and in other promotional materials.

First, the MHRA considered our claim that Cerazette has “the efficacy of a combined oral contraceptive” was misleading and not supported by the data available. Prescribers should also be aware that the ‘missed pill window’ for the product is 3 hours and not 12 hours as for COCs.

Second, as with any new drug, long-term epidemiological data are not available for Cerazette; as a result, the MHRA considered that our claim “... with the reassurance of an oestrogen-free pill” gives a misleading impression.

This statement is to correct such impressions. If you have any further questions about these matters or about Cerazette, please contact Organon Laboratories on 01223 432746, or write to the Medical Director at Organon Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 0FL.