Implanon – the single-rod subdermal contraceptive implant.

This relatively new journal is primarily aimed at pharmaceutical physicians, but its Editor-in-Chief, Professor Ronald M. of papers, it will also be useful to clinicians. Each issue is devoted to examining a single drug, with the intention of doing a comprehensive and comprehensive manner. The Editor-in-Chief writes an ‘executive summary’ derived from the review, on the basis of their extensive clinical experience, but are professionals who are not directly or indirectly associated with the manufacturer in a way that would suggest bias. Edwards and Moore2 that did spell out the indications for use for this method. However, in some cases in clinical practice, the manufacturer’s recommendations may not be followed. The commonest indication for hysterectomy is menorrhagia, although it may be more similar to second-trimester abortion. However, in the absence of evidence the CEU advised that, for postpartum insertion, following medical abortion the insertion of intrauterine contraception should be within the first 48 hours or delayed until 4 or more weeks after abortion. This advice from the CEU may be too restrictive but until more published evidence is available an alternative recommendation cannot be made. The CEU would certainly encourage groups to publish their case series of post-abortion IUD insertions (Level III evidence) to increase the evidence base.

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This is unknown but seems unlikely with only two named authors. 6. Were the data summarised and tabulated with synthesis of results? Much of the data were summarised but is difficult to access in a systematic way. 7. Is the interpretation valid and the implications for practice considered? The implied validity for practice are not contentious and contain no surprises.

In summary, this article may provide a useful resource for those who want information on Implanon gathered together, supported by its supporting references. However, clinicians might also want to look at a health technology assessment programme in the National Health Service research and development programme in 2003 that is easily found from the National Electronic Library (NELM).5 Neither is this nor a review from the Centre for Reviews and Dissemination5 of an economical analysis of Implanon are cited. A Cochrane Review protocol has been developed and it is not possible to reverse-implant contraceptives versus other forms of reversible contraception as effective methods of preventing pregnancy.8 As a systematic review will be available in due course.

References
5 http://ogatia.york.ac.uk/online/meshed/2008/011.htm.

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Clinical outcomes and costs with the levonorgestrel-releasing intrauterine system or hysterectomy for treatment of menorrhagia. randomized trial 5-year follow-up.

This study is from all five university hospitals of Finland. In some countries the levonorgestrel-releasing intrauterine system (LNG-IUS) is licensed and/or being used to treat menorrhagia. The commonest form of hysterectomy is menorrhagia, so it is important to consider whether possible alternatives to surgery are effective and cost effective. This study had 5-year results of a previously published 1-year study. Of 236 women referred to the hospitals with menorrhagia, 119 were randomly allocated to LNG-IUS treatment and 117 for hysterectomy. Only 12 women failed to complete the 5-year follow-up. The Health-Related Quality of Life (HRQOL) was measured using the five-dimensional EuroQol system and the RAND 36-item system. The Spielberger Anxiety Inventory, the Beck Depression Inventory and the McCoy Sex Scale were all assessed. Overall satisfaction was assessed by a five-level question.

Cost analysis was calculated taking account of the health practitioners working in primary care in Bedfordshire Health Authority (in the north of England) about preconception care. They concluded that spending 4% from general practitioners, nurses, health visitors, midwives and support staff in July 2000. Most of those who replied were providing preconception care on an opportunistic basis and frequently. Few general practitioners had any written policy. The respondents agreed that advice about smoking, drug use, alcohol, sexually transmitted infections, hepatitis, human immunodeficiency virus and cervical screening. They felt that advice about diet, exercise, supplements, food safety, occupational hazards and state benefits were less important. Giving preconception advice was not a high
NEWS ROUNDUP

Young people ignorant about STIs

The American Social Health Association (ASHA) questioned more than 1000 people aged between 18 and 35 years of age. Although 84% said that they took precautions to prevent sexually transmitted infections (STIs), the follow-up questions showed that this was not true. Although 83% of respondents said that their partner did not have a STI, one in three had never discussed STIs with their partners – so how did they know? Of those questioned, 68% were not worried that they might contract a STI; the well-known ‘It won’t happen to me’ scenario. Nearly half used no protection during vaginal intercourse, 66% used no protection during oral intercourse and only 9% used any protection for oral sex. The survey was mainly designed to identify the level of knowledge about hepatitis A and B, both of which can be transmitted sexually. The authors of the report were concerned by the results that more than half of those surveyed didn’t know that hepatitis A and B can be sexually transmitted, the respondents were unaware that vaccines were available, and did not know if they had been immunised against either of the infections. Although hepatitis B is much more infectious than human immunodeficiency virus, young people seemed to know less about it. Further information is available at: http://www.ashastd.org/press/040504viral hepatitis.html.

Good news about sex and age

A Swedish study reported on several news gathering sites reveals that nearly all 70-year-olds would be sexually active if they could. Nils Beckham from Gothenburg University polled 1658 70-year-olds. In 1971, only 0.8% of 70-year-old women said they were sexually active, now the proportion is 13%. Many more women of this age are living with a partner or are married as compared with 30 years ago. The proportion of men claiming to be sexually active has risen from 50% in 1971 to 69% today. More men tended to have partners who were younger than themselves. Unfortunately, the source for this information is in Swedish, but searching for this information on Google provoked much hilarity. (NB. The author thanks Susan Quilliam for drawing this press release to her attention.)

Topiramate and COC

The levels of interactions between topiramate and COC (containing 35 µg ethinylestradiol and norethindrone) were compared with those between carbamazepine and the COC in a recent publication. Hormone levels were measured over two cycles in groups of women on different doses of topiramate and in one group whose basal metabolic indexes were between 30 and 35. Small, non-significant changes occurred in the groups of women taking any of the doses of topiramate compared with a marked difference in the group taking carbamazepine. The levels of estrogen in the latter group were significantly lowered. The authors suggest that research is needed into ways of promoting HPV clearance and regression of lesions. However, the commentary points out some caveats. The studies showed little difference in those people who had less than 6 months. Most HPV infections are transient and are likely to clear anyway. Many of the infections that do not clear are in people who have been undiagnosed for longer than 6 months. However, using a condom is likely to prevent re-infection with HPV, infection with another type of HPV or other infections. As usual, further research is needed!

BOOK REVIEWS

Obstetrics and Gynaecology: An Illustrated Colour Text

J Pitkin, A Pratte and B Magowan.

This slim but concise book is a highly readable introduction to obstetrics and gynaecology. Most topics are covered on one double-page spread, with good use of illustrations and text boxes. The text is generally well written and also demonstrates a positive attitude to caring for the whole patient. The authors are all hospital-based consultants with experience in both obstetrics and gynaecology. Hospital-based aspects of the specialty are accurate and up to date, however the contraception section is disappointing. The authors think that progestogen implants such as Implanon® are biodegradable and do not require removal. The progestogen-only vaginal Fem-ring® is described as if it is already in clinical use. It is hard to resist the notion that authors concluded that contraceptive, at daily doses of 50–200 mg, does not interact with a COC containing norethindrone and ethinylestradiol and it seems plausible to generalise this finding to other COCs. Women taking topiramate can be reassured that no extra contraceptive precautions or increased dose of COC is required.

Reference
1. National Collaborating Centre for Women’s and Children’s Health. Contraceptive and Sexual Health Services, Leeds, UK

Condoms and HPV infection

We know that some infections with human papilloma virus (HPV) contribute to the development of cervical cancer. A commentary from the American journal reporting on control measures for cancer discuss what advice we should be giving to patients about the role of condoms. The commentary reviews a couple of studies from The Netherlands that suggested that condom use might be associated with the regression of cervical intra-epithelial neoplasia and in men with HPV-related penile lesions. The studies concluded that the results showed that the lesions regressed in the group that used condoms compared with the carefully matched group not using condoms. HPV was more quickly cleared in the condom users also. The researchers suggest we should be advising condom use as a means of promoting HPV clearance and regression of lesions. However, the commentary points out some caveats. The studies showed little difference in those people who had less than 6 months. Most HPV infections are transient and are likely to clear anyway. Many of the infections that do not clear are in people who have been undiagnosed for longer than 6 months. However, using a condom is likely to prevent re-infection with HPV, infection with another type of HPV or other infections. As usual, further research is needed!

Reference

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This study was undertaken as there was no research evidence of the serum levels of medroxyprogesterone acetate (MPA) in the African population. A total of 97 women were recruited and 94 returned for a follow-up visit. Some 24% of the population had used the method for three or fewer injections and the remainder had been using depot medroxyprogesterone acetate (DMPA) for more than a year. The serum MPA was measured by a sample of blood taken before the next injection at the follow-up visit. The results showed no consistent level of MPA and no statistical difference when allowing for body mass index (BMI) and length of time using the method. There was only one woman recorded as being below the level of 0.1 mg/ml of MPA (the level at which ovulation is inhibited).

This study confirms that the levels of MPA at the time of the next injection are not related to BMI or length of time used and levels are very variable in any population. Almost all women will have levels of MPA that will still suppress ovulation. We should be wary of the occasional woman whose levels are low enough not to inhibit ovulation if she is late with an injection.

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