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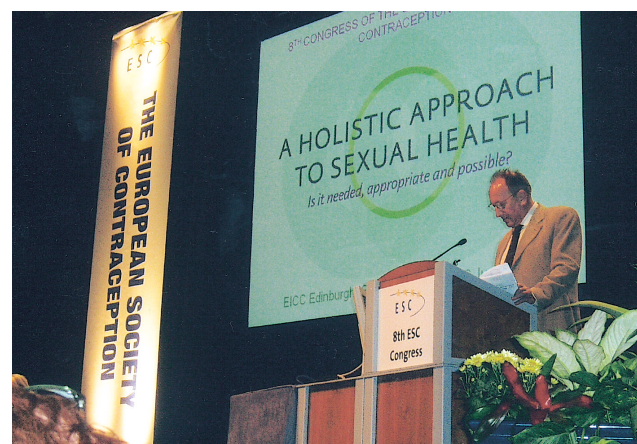
## CONFERENCE REPORT

### The 8th Congress of the European Society of Contraception (ESC), Edinburgh International Conference Centre, Edinburgh, UK, June 2004

A record number, in excess of 1500, of doctors and others, from all over Europe and beyond, gathered at the Edinburgh International Conference Centre (Figure 1) on the occasion of the 8th Congress of the European Society of Contraception (ESC). As well as people from most European countries, I encountered doctors from Chile and Australia. As expected, Edinburgh provided a warm



**Figure 1** The venue for the 8th Congress of the ESC, the Edinburgh International Centre (photograph courtesy of Michael Cox)



**Figure 2** The President of the ESC, Professor Sven Scouby, welcoming delegates to the Congress (photograph courtesy of Michael Cox)

welcome – even small cups of rhubarb and custard at the Opening Reception! (Is this a Scottish custom?)

The ESC was founded in 1988 and since then has held a Congress in various countries every 2 years. The next one will be in Istanbul in 2006. The ESC also organises symposia during non-Congress years and publishes the *European Journal of Contraception and Reproductive Health Care*. The 2004 Congress was organised in association with the Faculty of Family Planning and Reproductive Health Care. Readers who are not familiar with the ESC can consult its website at <http://www.contraception-esc.com/>.

At the Opening Ceremony, delegates were welcomed by the President of the ESC, Professor Sven Scouby (Denmark) (Figure 2) and by the President of the Organising Committee, Professor John Newton (UK). The

## Conference Report/Letters



**Figure 3** The Journal of Family Planning and Reproductive Health Care exhibition stand at the Congress (photograph courtesy of Michael Cox)

proceedings included a fine exposition by David Baird of the considerable debt that we owe to the contribution of many Scots to the humanities and natural sciences.

The theme of this Congress was holism as applied to family planning and sexual health. We discovered that holism cannot easily be translated into several European languages and indeed is a new concept to many. Part of the definition provided for delegates was: "Holism, philosophically, is the concept that the whole is greater than the sum of its parts. The idea that human well-being, physical and mental, is inextricably linked and requires a holistic approach is nowhere more obvious than in sexual health".

Presentations ranged from keynote speeches from distinguished speakers to short free communications and posters. More than 800 authors contributed to the Congress. An important component of these Congresses is the 'meet the experts' sessions in which discussion takes place in small groups. These proved to be so popular that

some had to be repeated. The Congress also featured a commercial exhibition at which the *Journal of Family Planning and Reproductive Health Care* was represented (Figure 3).

It is impossible to adequately review so many contributions, especially as it is not possible to attend more than a few of the presentations in person. However, I will mention Professor Jim Drife who reminded us of the late Professor Sir Dugald Baird's very relevant addition to the now-classic four freedoms of President Roosevelt: freedom of speech and worship and freedom from fear and want – the addition being freedom from the tyranny of excessive fertility.

The social programme included a cycling tour for those who could manage the hills of Edinburgh and a pub tour for those who couldn't! No doubt many visitors new to Edinburgh had a chance to admire this fine city, its superb castle and other historic buildings – not forgetting the shops. The Royal Yacht at Leith was also an attraction.

A splendid conclusion to the Congress was the Scottish Evening held at the very impressive Royal Museum. The lavish banquet included haggis (not compulsory!). This was followed by a traditional Scottish ceilidh with demonstrations by expert Scottish dancers to help the inexperienced.

Opinions which I heard included "the best Congress ever" from an English doctor and "it's too expensive" from an East European doctor. Both statements are true. Could the ESC manage to sponsor a certain number of East Europeans to future Congresses perhaps?

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#### Editor's Note

Abstracts of the keynote speeches, sponsored symposia, free communications and poster presentations delivered at the 2004 Congress can be viewed on the ESC website at <http://www.contraception-esc.com>.

## LETTERS

### Condom use

Madam

I read with interest the article on 'Condom use amongst men and women attending a genitourinary clinic' published recently in your journal.<sup>1</sup> While the majority of the respondents to the author's questionnaire were aware of condoms, using them was erratic and only sometimes. This is similar to the findings in a study in 2002 from our institution.<sup>2</sup> We found that men and women who reported condom use also had more sexual partners than those who did not report condom use. The incidence of bacterial sexually transmitted infections (STIs) (gonorrhoea and chlamydia) was higher in women who did not use condoms but the incidence of genital warts was higher in those who reported condom use.

During the annual Condom Week (May) and AIDS Day (December) there are concerted campaigns to encourage people to practise safer sex, and condom use is one of the components of this practice. The use of condoms is an acquired practice and is a skill that needs to be learnt. I am of the opinion that many people, whether they attend the genitourinary medicine (GUM) clinic or not, have heard of condoms. It is not from lack of knowledge, but attitude and practice do not synchronise. I wish to suggest that condom manufacturers make more readily available, video demonstrations of 'How to Use a Condom'.

These videos can then be used at family planning clinics, GUM clinics and young people clinics, and so on, for teaching purposes. The incidence of STIs is high among teenagers and condom use is low within this group. Health care workers involved in the care of young people should continue to explore ways of encouraging young people to use condoms properly.

Finally, it should be realised that condom use is one facet of the 'ABC Approach: abstinence, be faithful and condoms'. If young people need sex education, then it is not too soon to teach them about commitment.

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### Emergency contraception: latest changes

Madam

At first glance, this commentary<sup>1</sup> appears to carefully appraise the UK's 2004 approach to emergency contraception (EC). On closer inspection, however, there are a few practice issues that require further clarification. Although there are several reports confirming the continued efficacy of hormonal methods of EC up to 120

hours and the IUD up to 7 days, there are good data to show that the effectiveness of EC decreases over time.<sup>2</sup> The Task Force on Postovulatory Methods of Fertility Regulation showed decreasing effectiveness of EC beyond 72 hours after intercourse.<sup>2</sup> This was particularly noticeable within the progestogen-only group. As well, the safety and efficacy of a single-dose regimen of levonorgestrel (1.5 mg) compared to a two-dose regimen (0.75 mg taken 12 or 24 hours apart) and of single-dose mifepristone (10 mg) for EC, cannot be overemphasised. Earlier treatment is preferable, although these methods can be used effectively for up to 5 days after intercourse. Thus, EC should ideally be taken as soon as possible. As mentioned in your editorial, the IUD still remains a highly effective method of EC up to 7 days after unprotected intercourse. Unfortunately, persisting myths about IUDs continue to limit their prescription for young, nulliparous women, despite the fact that this population group comprises a large proportion of those who seek EC.

If the overall effectiveness of EC is related to elapsed time after unprotected intercourse, it would make sense to provide it to patients in a timely fashion. This would include access to an EC provider (with or without prescription) at an affordable cost. Your editorial discussed the success of walk-in clinics with over 3000 people receiving EC. While the absolute cost was not mentioned, it was reassuring to note that several clinics provided EC free of charge without an age limit.

About 10% of the adolescent population become pregnant in North America each year and 95% of these pregnancies are unwanted.<sup>3</sup> A